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|  | **Human Resources Division**  **Referees Form**  **Required for applications for promotion to Associate Professor, Clinical Associate Professor, Research Associate Professor, Professor, Clinical Professor, Research Professor** |

Applicant name:

* Read Policy Section 9 before completing this form.
* You must provide the details below for at least five referees.

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| Name: | |  | | | |
| Position Title: | |  | | | |
| University/Institution: | |  | | | |
| Country | |  | | | |
| Location: | | NZ | | Australia | International |
| Contact Phone Numbers: | |  | | | |
| Contact Email Address: | |  | | | |
| **Relationship information** | | | | | |
|  | Past colleague in the same Department | | Comments about your relationship with this referee | | |
|  | Co-author ≤ 5 years ago | |
|  | Co-author > 5 years ago | |
|  | Research collaborator ≤ 5 years ago | |
|  | Research collaborator > 5 years ago | | Comments about this referee’s expertise | | |
|  | Acquaintance in the same/similar research area | |
|  | Same/similar research area, not personally known | |
|  | Other - please specify (eg, co-supervisor): | |

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