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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.

|  |  |
| --- | --- |
| 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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|  | Co-author > 5 years ago |
|  | Research collaborator ≤ 5 years ago |
|  | Research collaborator > 5 years ago | Comments about this referee’s expertise |
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|  | Research collaborator > 5 years ago | Comments about this referee’s expertise |
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