**Form 600.2.3.1**

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| **Ref. Number:** | Reference No |
| **Telephone:** | (+357) 22-504-XXX |
| **Fax:** | (+357) 22-504-392 |
| **E-Mail:** | username@dipae.ac.cy |

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| dd | / | mm | / | yyyy |

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| **To:** | Title Fullname |
|  | i.e. Mr/Mrs/Miss Name Surname |
| **From:** | Prof. Mary Koutselini, Chair of the CYQAA Council |

**Short - Term Assignment Offer**

The Cyprus Agency of Quality Assurance and Accreditation in Higher Education (CYQAA) wishes to obtain your services as a **Member (Student) of an External Evaluation Committee** (EEC) for the evaluation/accreditation process of higher education institution/department/programme(s) of study in accordance with the provisions of Laws of 2015 to 2021[L. 136 (Ι)/2015 - L. 132(Ι)/2021].

Details of this task as well as the essential terms and conditions of this offer are cited here below. Should you wish to inquire further before responding, please feel free to do contact CYQAA either by e-mail or by phone.

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| External Evaluation Committee: |  |

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| --- | --- | --- | --- |
| Type | Name | Institution | Reference No |
| Choose Type | Name | Institution Name | Reference No. |
| Choose Type | Name | Institution Name | Reference No. |
| Choose Type | Name | Institution Name | Reference No. |
| Choose Type | Name | Institution Name | Reference No. |

**Time/duration of the assignment:**

The Council estimates thatxxxx (xx) working days in Cyprus will be needed to accomplish the assigned task, from dd to dd mm dd.

**Remuneration:**

1. work allowance of one hundred euro (100 EUR)
2. work allowance of one hundred euro (100 EUR) for studying the material before the visit

It is noted that an income tax of 10% is withheld from the total amount of parts   
(a) and (b).

CYQAA staff will also prepare and disseminate all information relevant to your task and help you communicate with the Council and the other members of your Committee.

***Please kindly note that your reimbursement for the above will be transferred to your preferred bank account, together with your remuneration stated in the previous section, by the Treasury of the Republic of Cyprus after the completion of the visit. The overall payment process usually takes approximately   
two (2) months.***

**If for whatever reason you do not receive your payment, please contact the Accounting Department at (+357) 22-800-779.**

**Procedures:**

Basic procedures are described in the above mentioned [Laws](http://www.dipae.ac.cy/archeia/nomothesia/nomothesia_2015_agency_quality_assurance_en.pdf). As well as in the “[Guidelines for Members of the External Evaluation Committees](http://www.dipae.ac.cy/archeia/entypa/600_1_Guidelines_2.pdf)”. Additional directives on procedures and other relevant details will be discussed by the committees in consultation with the Council of the CYQAA, as required. Procedures include examining applications submitted by the applicant(s) and site visits to the institutions concerned.

Statutory deadlines are adhered for the following actions:

* Drafting of the report by the EEC
* Forwarding of the report to the institution by CYQAA
* Response on the report provided by the institution
* Forwarding of the institution’s response to the EEC when deemed necessary by the Council
* Feedback provided by the EEC on the institution’s response

***All of the above actions are core requirements of the external evaluation and the terms of reference.***

**Association with the institution(s) under evaluation:**

This Short Term Assignment Offer is valid only when the person contacted for participation in the EEC never had or has any financial, professional and/or personal association with the institution(s) under evaluation as indicated in the **Statutory Declaration Confirming the Absence of any Conflict of Interest of the members of the External Evaluation Committees** ([Doc. Number: 600.3](http://www.dipae.ac.cy/archeia/experts/600_3_Declaration_Of_Conflict_Of_Interest)**)** signed by EEC members.

**Conclusion of Agreement**:

This Agreement can only be concluded if:

1. The offer with its terms and conditions is accepted by the responding person and a letter of acceptance is sent to the Council.
2. The **Statutory Declaration Confirming the Absence of any Conflict of Interest of the members of the External Evaluation Committees**(Doc. Number: **600.3)** is signed by the responding person and sent to the Council.

**Personal Data Processing:**

By signing this contract, you acknowledge that CYQAA’s mission is to safeguard quality higher education for the society, which involves informing the public about the experts involved in external evaluation. Therefore, you agree to have your name, institution, and rank published in the External Evaluation Report on the Agency’s website.

Additionally, by signing this contract you provide your consent to have your name, email address, professional profile, expertise, and external evaluation history recorded and maintained in CYQAA’s registry of experts.

Furthermore, the following documents will be required for the conduct of financial transactions (payments):

* Permanent mailing address
* Bank document, which contains the IBAN number and SWIFT code as well as the bank’s logo.

(It is understood that no personal data such as transactions etc. should be displayed on the document.)

* Copy of identification card or passport

The documents will be used strictly and with duly confidentiality for payment purposes alone.

**CYQAA reserves the right to request, and the Chair/Members of the External Evaluation Committee agree to provide the Council of the CYQAA with additional feedback, information and/or clarifications with no additional remuneration.**

**On the basis of the relevant legislation the CYQAA reserves the right to publish the External Evaluation Report on its website and the Chair/Members of the External Evaluation Committee provide their consent.**

Your early response to this offer will be much appreciated.

Prof. Mary Koutselini - Ioannidou

Chair of the Council

οf the Cyprus Agency of Quality Assurance

and Accreditation

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| To: | **The Council of the Cyprus Agency of Quality Assurance and Accreditation in Higher Education** |

***I agree with the abovementioned terms and conditions.***

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| --- | --- |
| Name: | Click to enter Fullname |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | dd-mm-yyyy | Signature: |  |