

**PEER REVIEWER NOMINATIONS: AGREEMENT FORM**

Personal Details of Nominated Peer Reviewer			
Title			
Initial			
Surname			
	Contact number		Email

I, \_\_\_\_\_ the undersigned of \_\_\_\_\_ (organisation) agree to assist the CAPE PENINSULA UNIVERSITY OF TECHNOLOGY (CPUT) in the assessment of the applications to be funded by the CPUT.

I will, in the course of my duties as aforementioned, come into possession of certain confidential information:

This will certify that, in the review of all applications:

1. I will treat all information contained in the applications/proposals, and panel discussions in the strictest of confidence and will not reveal that information to any third party without prior written consent of the CPUT.
2. I will not do or allow anything to be done which might compromise the interest of the CPUT or any of the proposers in respect of any intellectual property rights flowing from the confidential information.
3. I will not use the information contained in the applications for any reason other than for the purpose of providing a peer assessment for the CPUT.
4. I will not participate in a review process where a conflict of interest exists. Should there be doubt about an apparent conflict of interest, I will advise the CPUT, who will then indicate whether participation in the review process is permissible or not.

THUS DONE AND SIGNED AT

\_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_ 2015.

\_\_\_\_\_

SIGNATURE