

FORM 2: CICP-PRIMARY PEER REVIEW SUBMISSION FORM

The reviewer must send this form directly to ACIPC, GPO Box 3254, Brisbane Qld 4001, OR by fax to 07 3211 4900 OR email to admin@acipc.org.au

Peer Reviewer's Name:

Position and Organisation:

Credentiailling Applicant's Name:

What is your professional relationship to the applicant?

Applicant's supervisor

Applicant's client

Professional colleague

Other (Specify):

How long have you known the applicant in a professional capacity? (years)

In what capacity have you worked closely with the applicant?

Please acknowledge your willingness to handle all information associated with this application in confidence.

Yes

No

1. Role Performance

Please describe the applicant's performance in relation to their infection prevention and control role.

2. Ethical Behaviour

Please describe how the applicant has demonstrated ethical practice in this role. (e.g. works within scope of practice; is respectful to others; maintains confidentiality).