

FORM 4: CICP-ADVANCED 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. Committee Participation

i. How has the applicant contributed to the functioning and outcomes of the committee?

ii. Describe the interpersonal skills demonstrated by the applicant towards other members of the committee.

iii. How has the applicant demonstrated an understanding of, and personal commitment to, ethical practice during his/her committee participation?



2. Staff Health

- i. How has the applicant demonstrated his/her knowledge of staff health issues?

- ii. Describe the applicant's level of involvement in the management of staff health issues.

3. Outbreak or Critical Incident Management

- i. How has the applicant demonstrated his/her knowledge within the context of the incident?

- ii. Describe the applicant's level of involvement in the management of the outbreak/critical incident.

- iii. Describe the interpersonal skills and ethical practice demonstrated by the applicant in the management of issues that arose from the incident.

4. Project Management/Education Program

- i. Describe the applicant's experience and demonstrated skills in managing a specific infection prevention and control project.

 - ii. Describe how the applicant demonstrated knowledge of, and a commitment to ethical practice during the project management.
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