

Application Number: \_\_\_\_\_

# PART 2

## Application Forms

### FORM 1: APPLICATION FORM AND DECLARATION

Application Number: \_\_\_\_\_

#### Personal Details

Name: \_\_\_\_\_

Preferred Postal Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

#### Work Details

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

#### Declaration

I,.....

state that the details documented in this application are true and correct.

I also state that I am not currently subject to any outstanding legal or disciplinary actions associated with my professional practice.

I further understand that the information provided in this application may be verified by ACIPC and may be used to evaluate the credentialling process.

I agree that my name (as a CICP) and professional profile will be posted to the ACIPC website and profiled in ACIPC communications.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## FORM 2: CURRICULUM VITAE

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### PROFESSIONAL QUALIFICATIONS

(include tertiary courses and certificates)

List all relevant qualifications, including the following details: name of course; name of institution where course undertaken; year undertaken; duration of course; year of completion. Include current studies and planned year of completion. Certified copies of your qualifications must accompany this package. Do not send original documents.

### AWARDS

List any awards or grants you have received.

### EMPLOYMENT HISTORY

List in reverse chronological order, all relevant professional experience commencing with your current position. Include place of employment; position held; commencement date; resignation date. Provide contact details for your current employer and referees to enable verification by ACIPC.

### CONTINUING EDUCATION

List all relevant continuing education programs you have attended over the past three (3) years e.g. short courses, workshops, seminars and conferences.

### PROFESSIONAL ACTIVITIES

Provide a description of all professional activities in which you have been involved over the past three (3) years. Your description should include your level of involvement and the duration of your involvement at this level.

### PUBLICATIONS

Provide details and a copy of all relevant publications over the last three (3) years.

### EDUCATION AND RESEARCH

List and provide a brief description of your participation in any significant/relevant education or research endeavours over the past three (3) years. List all publications using a standard referencing format.

### QUALITY IMPROVEMENT ACTIVITIES

Provide a brief description of any quality improvement activities you have implemented in your infection control role in the last three (3) years.

### OTHER ACTIVITIES

List any other activities or achievements over the past three (3) years that you believe will support your application.

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## FORM 3: PEER REVIEW

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](mailto:admin@acipc.org.au)

Peer Reviewer's Name: \_\_\_\_\_

Position & Organisation: \_\_\_\_\_

Re-Credentiaing Applicant's Name: \_\_\_\_\_

What is your professional relationship to the applicant?

- Serve on same committee: .....
- Applicant's Supervisor
- Applicant's Client
- Other (please 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 this application in confidence:

Yes	No

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## FORM 3: PEER REVIEW (cont.)

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### Committee Participation

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

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

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

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AND ONE OF THE FOLLOWING:

Staff Health Issue

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

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

Outbreak/Critical Incident Management

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

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### FORM 3: PEER REVIEW (cont.)

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

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

#### Project Management/Education Programme

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

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

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## FORM 4: MARKING GUIDE

### PART A – Component – Reflective Commentary

A reflective commentary detailing the applicant's professional journey since the last credential was awarded. **The commentary should include a critical review of your contribution to infection control demonstrating insight, growth, and reflection.**

#### Reflective Commentary 1

	Met	Partially Met	Not Met
What the applicant learned about themselves.			
What led to this discovery.			
How the applicant's perspective has changed in relation to an element of infection control practice (e.g. education, policy development, consultation, surveillance).			
How the applicant has/will respond to this change in perspective and any learning or development needs associated with this response.			

#### Reflective Commentary 2

	Met	Partially Met	Not Met
What the applicant learned about themselves.			
What led to this discovery.			
How the applicant's perspective has changed in relation to an element of infection control practice (e.g. education, policy development, consultation, surveillance).			
How the applicant has/will respond to this change in perspective and any learning or development needs associated with this response.			

#### Reflective Commentary 3

	Met	Partially Met	Not Met
What the applicant learned about themselves.			
What led to this discovery.			
How the applicant's perspective has changed in relation to an element of infection control practice (e.g. education, policy development, consultation, surveillance).			
How the applicant has/will respond to this change in perspective and any learning or development needs associated with this response.			

### PART B – Component – Curriculum Vitae

	Met	Partially Met	Not Met

### PART C – Component – Peer Review Submission

	Met	Partially Met	Not Met