

## 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

Peer Reviewer's Name:

Position & Organisation:

Re-Credentialing 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

## 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?

## FORM 3: PEER REVIEW (cont.)

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


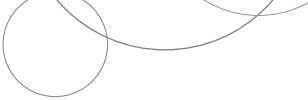
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Describe the interpersonal skills and ethical practice demonstrated by the applicant in the management of issues that arose from the incident.

### 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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