

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:

Credentialling 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?