ACIPC | Australasian College for Infection Prevention and Control

CICP-EXPERT PEER REVIEW SUBMISSION FORM

Date:

Peer Reviewer's Name:

Position and Organisation:

Credentialling Applicant's Name:

What is your professional relationship to the applicant?

Other (Specify):

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

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.

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

2. Staff Health

i. How has the applicant demonstrated their 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 their knowledge within the context of the incident?

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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.

Submit the completed Peer Review using the online portal