Peer Review for the Dental Team: National Toolkit

**Appendix 2: PR2 Peer Review Group Cycle Completion Form**

This form should be completed by the facilitator once a peer review group has completed its cycle of meetings.
All sections of this form should be completed by the facilitator.
The facilitator is responsible for submitting all relevant documentation for all members of the group.

This form should be returned electronically to ldcsheffieldsec@gmail.com.
Please note meetings cannot commence until approval has been given by the Sheffield LDC.
Please note handwritten forms will not be accepted.

**Section 1** – Please complete the following: **Facilitator Information**

|  |  |
| --- | --- |
| **Title** | ☐Mr ☐Mrs ☐Miss ☐Ms ☐Dr ☐Prof ☐Other (please specify below) ........................................................................ |

**Forename**

**Surname**

**Status**

**GDC number**
**Performer number (if applicable)**

**Place of work**

**Place of work contact number**

**Email address**

**Name of peer review group**

**Name of organisation funding this peer review group**

**Number of peer review meetings completed in this cycle**

**Date of first meeting in this cycle**

**Date of last meeting in this cycle**

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