Peer Review for the Dental Team: National Toolkit

**Appendix 1: PR1 Peer Review Group Application Form**

The facilitator is responsible for submitting all relevant documentation for all members of the group.
All three sections of this form should be completed by the facilitator once a peer review group has been established. The sections are this form, the member details form and the declaration.

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**

**Contact number**

**Email address**

**Name of peer review group**

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

**Proposed date of first meeting**

**Date of peer review facilitator training course attended**

**Total number of members in the group**

**Number of practices involved in the group**

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