Peer Review Declaration

**Section 3** – Declaration (to be completed by the facilitator)

I confirm that under guidance from the Sheffield LDC, all the information provided is correct and I agree to provide a report on completion of the peer review cycle.

Full Name:

Date:

This form, once completed, and signed by the facilitator, should be returned electronically to the LDC: [LDCsheffieldsec@gmail.com](mailto:LDCsheffieldsec@gmail.com)

The facilitator must keep a record of any meeting agendas, minutes, attendance records, meeting evaluations and CPD certificates.