



**Health Professionals Council**  
**Continuing Professional Development**

**Peer Review Record**

**Registrant Details**

Name: \_\_\_\_\_ Profession: \_\_\_\_\_  
HPC Registration Number: \_\_\_\_\_ Place of Work: \_\_\_\_\_

**Peer Reviewer Details**

Name: \_\_\_\_\_ Profession: \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Peer Review Details**

Date: \_\_\_\_\_ Duration: \_\_\_\_\_

Summary of issues raised during discussion:

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Agreed suggestions for further learning and development:

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Action Plan

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Re-review date (*if applicable*): \_\_\_\_\_

**Registrant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Peer reviewer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_