



Health Professionals Council (Seychelles)

Health Professionals Council
Residence de L'Hermitage
Block B, Room B2
Hermitage
Mahé
Republic of Seychelles
Tel: (+248) 4303745/ 2606128
Email: registrarhpc@health.gov.sc

PEER REVIEW RECORD

Registrant Details

Name:

HPC Number	
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Profession: Place of Work:

Peer Reviewer Details

Name: Profession:

Place of Work: Telephone N^o: (+)

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: / /