Peer Review Initial Information Sheet

**1) Contact information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of VNFIL Provider | | |  | | |
| Address | | |  | | |
| Telephone, fax, e-mail | | |  | | |
| Contact persons | Name | | | | Contact (e-mail) |
| Director/Manager |  | | | |  |
| Peer Review Facilitator |  | | | |  |
| Other persons responsible |  | | | |  |
| **2) Starting point** (e.g. prior evaluations, national quality requirements applicable etc.) and decision to conduct Peer Review (taken when and by whom?) | | | | | |
| **3) Aims and purpose of the Peer Review** | | | | | |
| **4) External organisation** | | Single Peer Review  Reciprocal Peer Review  Peer Review in a Network | | | |
| **5) Internal organisation** (Describe who is responsible for which tasks.) | | | | | |
| **6) Overview of the procedure and time schedule** | | | | | |
| Activity | | | | Time frame and due dates | |
| Self-evaluation | | | |  | |
| Self-Report (due 1 month before Visit at the latest) | | | |  | |
| Preparation of Peer Visit | | | |  | |
| Peer Visit | | | | Give 2 possible dates (reserve a half week)  Date 1:  Date 2: | |
| Peer Review Report | | | |  | |
| Action Plan and Improvements | | | |  | |
| **7) Quality Areas**    7.1) Special evaluation questions for the Peers    7.2) Requests concerning the Peers – required expertise, from which institution(s) etc. | | | | | |
| **8) Further comments and requests to the Co-ordinating Body (if applicable)** | | | | | |

**9) Annex a list of possible Peers with name, address and contact information**