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**Q1**

Personal details

First name **brent**

Last name **wallwork**

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**Q2**

**Dentist or dental specialist**

In what capacity are you making this submission?

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**Q3**

**Respondent skipped this question**

Company/organisation name

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**Q4**

Please enter your Dental Council Person ID/registration number

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**Q5**

**Agree**

Do you agree/disagree with the proposed Infection Prevention and Control Practice Standard?

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Proposed Infection prevention and control practice standard

**Q6**

**No**

Does any element of the proposed Infection Prevention and Control Practice Standard require clarification or further guidance?

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**Q7**

**No**

Do you have any further comments on the proposed Infection Prevention and Control practice standard?

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**Q8**

**Respondent skipped this question**

Select choose file to attach any supporting documentation to your submission

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