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Q1

Personal details

First name **Mustafa**

Last name **Mustafa**

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Q2 **Dental or clinical dental technician**

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?

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?

Q7

No

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

Q8

Respondent skipped this question

Select choose file to attach any supporting documentation to your submission
