
Page 1

Q1

Personal details

First name **Patty**

Last name **Chiu**

Page 2

Q2

Oral health therapist

In what capacity are you making this submission?

Page 3

Q3

Respondent skipped this question

Company/organisation name

Page 4

Q4

Please enter your Dental Council Person ID/registration number

Page 5

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
