

International Nursing Review, Reviewers' Form

Title:	
First name:	
Last name:	
Qualifications: (main professional, highest academic)	
Current position:	
Institution:	
Unit or department:	
E-mail:	
Address 1:	
Address 2:	
City:	
State and postal code:	
Country:	
Phone:	
Speciality/Research Expertise: (Minimum of 6 keywords from attached list)	
Other reviewing commitments:	
Publication record: (number of papers published in refereed journals over past 5 years)	

Number of reviews you would be able to undertake each year:	3-4: 4-6: 6-8:
Do you agree to abide by the rules of confidentiality attached to reviewing unpublished papers?	
Will you be able to let us know within 2 weeks if you are unable to review a paper?	
Do you agree to return your reviews within the allotted period of 6 weeks (note that an extension can be negotiated if necessary)?	