**Continuing Professional Development**

# **Record Templates[[1]](#footnote-1)**

It is important that all information identifying a patient or service user must be removed from any records submitted. Do not, under any circumstances, provide information that would enable the identification of a service user.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | CORU Registration Number: |  |
| Audit period from: |  | Audit period to:  |  |
| Registration Board  |  |

|  |  |
| --- | --- |
| **Implement** | **Evaluate & Reflect** |
| **Date and time spent**When did you undertake this learning activity?  | **Type of Learning Activity** What was the name of the activity?  | **CPD credits** Approx. 1 CPD credit for every hour of new or enhanced learning achieved | **Learning Outcome** What have you learnt through completing this activity? How have your skills and knowledge improved or developed?  | **Impact on practice**How have you integrated this learning into your practice? How has this learning made a difference to your capability and performance in your role? |
|   |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Implement** | **Evaluate & Reflect** |
| **Date and time spent**When did you undertake this learning activity?  | **Type of Learning Activity** What was the name of the activity?  | **CPD credits** Approx. 1 CPD credit for every hour of new or enhanced learning achieved | **Learning Outcome** What have you learnt through completing this activity? How have your skills and knowledge improved or developed?  | **Impact on practice**How have you integrated this learning into your practice? How has this learning made a difference to your capability and performance in your role? |
|   |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Implement** | **Evaluate & Reflect** |
| **Date and time spent**When did you undertake this learning activity?  | **Type of Learning Activity** What was the name of the activity?  | **CPD credits** Approx. 1 CPD credit for every hour of new or enhanced learning achieved | **Learning Outcome** What have you learnt through completing this activity? How have your skills and knowledge improved or developed?  | **Impact on practice**How have you integrated this learning into your practice? How has this learning made a difference to your capability and performance in your role? |
|   |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Implement** | **Evaluate & Reflect** |
| **Date and time spent**When did you undertake this learning activity?  | **Type of Learning Activity** What was the name of the activity?  | **CPD credits** Approx. 1 CPD credit for every hour of new or enhanced learning achieved | **Learning Outcome** What have you learnt through completing this activity? How have your skills and knowledge improved or developed?  | **Impact on practice**How have you integrated this learning into your practice? How has this learning made a difference to your capability and performance in your role? |
|   |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Review** | **Plan** |
| What do I want or need to learn in the next 12 months?  | What learning activities will I do to achieve this in the next 12 months?  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**I, the undersigned, certify that the information contained in this Record of CPD Activities is correct in all respects.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CORU Registration Number Total Number of Pages**

1. This template is for information purposes only is subject to change [↑](#footnote-ref-1)