**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.

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

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| **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? |
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| **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? |
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| **Implement** | | | **Evaluate & Reflect** | |
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| **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? |
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| **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? |
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**I, the undersigned, certify that the information contained in this Record of CPD Activities is correct in all respects.**

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**Signature Date**

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**CORU Registration Number Total Number of Pages**

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