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| Continuing Professional Development  Record | | | | | | | | | | | |
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| **NAME:** |  | | | | | | | | **START DATE:** |  | |
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| **JOB TITLE:** | | |  | | | | | | **END DATE:** |  | |
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| **CHARTERSHIP NUMBER:** | | | | CM | | | | |  |  |  |
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| **Date(s)** |  | **Type of CPD** | |  | **Activity** |  | **Impact** |  | **Action** |  | **Length** |
|  |  | *1.Work based learning*  *2.Professional activity*  *3.Formal / Educational*  *4.Self-directed learning*  *5. Other* | | | *Name of course/event or description of your activity* |  | *What did you learn?* |  | *How will you apply this knowledge? Is further action required?* |  | *How long was the course/event/activity* |
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| ***Total amount of annual CPD hours:*** | | | | | | | | | | |  |