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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:*** |  |