**Continuing Professional Development**

**(CPD)**

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| **NAME:**  **MEMBERSHIP No:** | |  | **LISTED THERAPIES:** | | | |
| **Date of CPD activity** | **Name of workshop / diploma / related training / book read / video watched etc** | **T/G** | **Reflective practice:** | | | **Number of CPD Hours** |
| What I learned from this activity | | How this learning has benefitted my practice |
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|  | | | | Total time spent on therapy-specific activities (T) | |  |
| Total time spent on general / other activities (G) | |  |
| **Total time spent on CPD** | |  |

**Log Sheet**