**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**