



Ag Rialáil Gairmithe Sláinte  
agus Cúraim Shóisialaigh

Regulating Health +  
Social Care Professionals

# Continuing Professional Development Record Templates<sup>1</sup>

1. You must read the [audit guidelines](#) document before completing this record for audit purposes and submitting.
2. It is important that all information identifying any third party must be removed from any records submitted. Do not, under any circumstances, provide information that would enable the identification of a service user.
3. Do **not** attach any supporting documentation with this record.

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<sup>1</sup> Version issued June 2020

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

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?



Implement			Evaluate & Reflect	
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Implement			Evaluate & Reflect	
<b>Date and time spent</b> When did you undertake this learning activity?	<b>Type of Learning Activity</b> What was the name of the activity?	<b>CPD credits</b> Approx. 1 CPD credit for every hour of new or enhanced learning achieved	<b>Learning Outcome</b> What have you learnt through completing this activity? How have your skills and knowledge improved or developed?	<b>Impact on practice</b> 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.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CORU Registration Number**

\_\_\_\_\_  
**Total Number of Pages**