

Appendix 4– REFLECTIVE CPD ACTIVITY FORM

REFLECTIVE CPD ACTIVITY FORM

Name:

Penny Gill



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Job Role:

Senior Vascular Scientist

Description: <i>(i.e. SVT AGM 2017, presented at local meeting)</i>	<i>Thoracic Outlet Manoeuvres + Syndrome</i>
Date(s):	<i>7/3/18</i> (to <i>1/1/18</i>) Total Days/Hours _____
Type of activity:	<input type="checkbox"/> Educational <input type="checkbox"/> Professional <input type="checkbox"/> Work-based <input type="checkbox"/> Self Directed <input type="checkbox"/> Other _____
Benefits to your practice:	<i>knowledge of scanning for TOS reinforced/enhanced.</i>
Benefits to service user:	<i>Protocol was updated + all staff were made familiar with the manoeuvres.</i>
Supporting evidence: <i>(can include program certificate notes presentation signed training sheet)</i>	<i>Minutes from meeting uploaded + verified by manager</i>
Additional notes:	

Please complete reflection form for each activity submitted