

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.e. SVT AGM 2017, presented at local meeting)	<i>Audit Meeting on analysis of intra-operative scanning day</i>
Date(s):	<i>2/2/17</i> (to <i>1/1/17</i>) Total Days/Hours _____
Type of activity:	<input checked="" type="checkbox"/> Educational <input checked="" type="checkbox"/> Professional <input checked="" type="checkbox"/> Work-based <input type="checkbox"/> Self Directed <input type="checkbox"/> Other _____
Benefits to your practice:	<i>Enhanced personal knowledge Ideas on how to improve our service + for further meetings</i>
Benefits to service user:	<i>Measure of Quality of service Consistency among staff.</i>
Supporting evidence: (e.g. certificate, program certificate notes, presentation signed training sheet)	<i>M.notes uploaded QA report uploaded in 2 parts.</i>
Additional notes:	

Please complete reflection form for each activity submitted