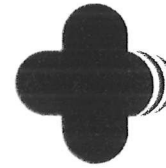


Appendix 4– REFLECTIVE CPD ACTIVITY FORM

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)	CPD Answers Autumn 15.
Date(s):	__ / __ / __ (to __ / __ / __) Total Days/Hours _____
Type of activity:	<input checked="" type="checkbox"/> Educational <input type="checkbox"/> Professional <input type="checkbox"/> Work-based <input checked="" type="checkbox"/> Self Directed <input type="checkbox"/> Other _____
Benefits to your practice:	Good update for me on NICE guidelines for VV's
Benefits to service user:	Improved knowledge + understanding to apply to daily practice
Supporting evidence: (can include program certificate notes + presentation signed training sheet)	CPD Certificate uploaded
Additional notes:	

Please complete reflection form for each activity submitted