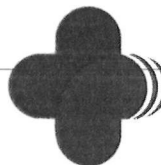


## Appendix 4– REFLECTIVE CPD ACTIVITY FORM

### REFLECTIVE CPD ACTIVITY FORM



THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

**Name:** Penny Gill

**Job Role:** Senior Vascular Scientist

<b>Description:</b> (i.e. SVT AGM 2017, presented at local meeting)	CPD Answers for Autumn '16
<b>Date(s):</b>	__/__/__ (to __/__/__) Total Days/Hours _____
<b>Type of activity:</b>	<input checked="" type="checkbox"/> Educational <input type="checkbox"/> Professional <input type="checkbox"/> Work-based <input checked="" type="checkbox"/> Self Directed <input type="checkbox"/> Other _____
<b>Benefits to your practice:</b>	Provided further knowledge of EVAR's + endoleaks.
<b>Benefits to service user:</b>	Better informed workforce.
<b>Supporting evidence:</b> (can include program certificate, notes, presentation, signed training sheet)	CPD Certificate uploaded.
<b>Additional notes:</b>	

Please complete reflection form for each activity submitted