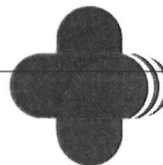


Appendix 4– REFLECTIVE CPD ACTIVITY FORM

REFLECTIVE CPD ACTIVITY FORM



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Name: Penny Gill

Job Role: Senior Vascular Scientist

Description: (i.e. SVT AGM 2017, presented at local meeting)	CPD Answers for Autumn '16
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:	Provided further knowledge of EVAR's + endoleaks.
Benefits to service user:	Better informed workforce.
Supporting evidence: (can include program certificate, notes, presentation, signed training sheet)	CPD certificate uploaded.
Additional notes:	

Please complete reflection form for each activity submitted