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)*	Workshop provided by IPEM on Ultrasound Quality Assurance
Date(s):	11/7/16 (to __/__/__) Total Days/~~Hours~~ 1
Type of activity:	☑ Educational ☑ Professional ☐ Work-based ☐ Self Directed ☐ Other _____
Benefits to your practice:	Enhanced knowledge on Ultrasound Quality Assurance which I can use to enhance the service I have set up.
Benefits to service user:	Improved quality Assurance system in the department.
Supporting evidence: *(can include program certificate, notes, presentation, signed training sheet)*	Certificate uploaded
Additional notes:	

Please complete reflection form for each activity submitted