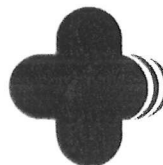


## Appendix 4– REFLECTIVE CPD ACTIVITY FORM

### 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>Summer '17 CPD Questions.</i>
Date(s):	<i>_ / 7 / 17</i> (to <i>_ / _ / _</i> ) 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:	<i>Extended Vascular / scientific knowledge</i>
Benefits to service user:	<i>Better informed workforce enhancing the service provided.</i>
Supporting evidence: (can include program certificate, notes, presentation, signed training sheet)	<i>CPD certificate uploaded.</i>
Additional notes:	

*Please complete reflection form for each activity submitted*