

Appendix 4– REFLECTIVE CPD ACTIVITY FORM

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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)	Winter 2016 Newsletter Questions
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:	Enhanced knowledge of those with vascular conditions. Diabetic foot problems, prevention + management
Benefits to service user:	Better informed workforce providing an enhanced service for users
Supporting evidence: (can include program certificate, notes, presentation, signed training sheet)	CPD Certificate uploaded
Additional notes:	

Please complete reflection form for each activity submitted