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 Spring '18.
Date(s):	__/__/__ (to __/__/__) Total Days/Hours_____
Type of activity:	☑ Educational ☐ Professional ☐ Work-based ☑ Self Directed ☐ Other _____
Benefits to your practice:	Extended knowledge of TOS which was also be used when updating our protocol for scanning patients
Benefits to service user:	Clear guidelines on scanning TOS were formulated in a recent meeting.
Supporting evidence: *(can include program certificate, notes, presentation, signed training sheet)*	CPD Certificate Uploaded
Additional notes:	

Please complete reflection form for each activity submitted