

FORM A

CONTINUING PROFESSIONAL DEVELOPMENT

ANNUAL SUMMARY for the period from 1st September to 31st August

Name: _____ Orientation: _____

Email address: _____ UKCP Registration Number: _____

Year of Graduation:

Log of supervision undertaken in the year:

Overview of your clinical hours and a profile of your practice over the last year
(Eg. gender, age, length of time with each client.)

Summary of Continuing Professional Development Undertaken in this Year
(Please attach copies of Certificates of Attendance or appropriate supporting documentation where these have not been issued by the organizer):

How does this fit into your plan for the year?

What is your developmental edge for the coming year?

- I confirm that Professional Will/Professional Practice Executor arrangements are in place.

Please attach a copy of your Professional Indemnity Insurance certificate.

Signed:

Date:
