

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) 2019-2020
Request for CPD Activity Points (for prospective event)



CPD Activity Details		
Title of CPD Activity (Name that will be published on the Board's website)		
CPD Activity - ongoing or sessional (Ongoing means the activity is repeated on multiple occasions. Sessional means that it is a once off event/activity)	Sessional <input type="checkbox"/> Tick/mark if applicable Date(s):	Ongoing <input type="checkbox"/> Tick/mark if applicable
Duration of CPD Activity (hours) (Provide an agenda, running sheet and/or flyer/brochure, website link to the activity if available)		
Mode of Delivery (Classroom/conference, e- learning, distance learning correspondence, workshop etc)		
CPD Activity Description (What are the learning outcomes or objectives of the CPD - provide dot point summary)		
Attendance/participation (Will if a certificate/record of attendance will be provided to participants or recorded by an organisation)		
Assessment Principles (Is the CPD is to be assessed and if so, by what method. If no assessment is to occur, please mark "N/A" in the box)		
Comments/additional information (if required)		

Details of CPD Activity provider		
CPD activity provider - organisation and specific trainer (if known) Please provide name, business address, phone number including mobile, email address and website (if applicable)		
Open event or in-house training Please advise if the CPD activity is an open event where or only available to a specific organisation's staff	Open Event <input type="checkbox"/> Available only to a specific organisation (in house training) <input type="checkbox"/> Tick/mark which is applicable	
If in-house training event, will it be conducted by an external or internal CPD activity provider Please advise if the CPD Activity provider is external to the organisation or staff undertaking the CPD Activity	Training provider external to the organisation <input type="checkbox"/> Training provider internal to the organisation <input type="checkbox"/> Tick/mark which is applicable	
Accredited Training Provider Is the CPD Activity provider accredited? If so, please provide their Accreditation Number if known	Yes <input type="checkbox"/> No <input type="checkbox"/> Tick/mark which is applicable	Accreditation Number (provide below)

Further information	
Please provide Name/phone/email if the Board requires further information	