

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



Details of requester - please provide name/ organisation name/phone/email

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CPD Activity Details

Title of CPD Activity (Name that will be published on the Board's website)		
CPD Activity - ongoing or sessional <ul style="list-style-type: none"> Ongoing means that the activity will be repeated on multiple occasions Sessional means that was 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) Please 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 recorded Please advise if a certificate/record of attendance was provided to participants or recorded by an organisation		
Assessment Principles Please advise if the CPD Activity was assessed and if so, by what method. If no assessment was required, please mark "N/A" in the box		
Board Discretion Please provide reasons as to why the request for registration for approval was not made in advance and why the Board should exercise its discretion to retrospectively grant approval		

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 was an open event 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 the CPD activity was in-house, was it conducted by external or internal CPD activity provider Please advise if the CPD activity provider was 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 Was the CPD activity provider a Registered Training Organisation accredited with Tasmanian Qualifications Authority? If so, please provide the Accreditation Number.	Yes <input type="checkbox"/> No <input type="checkbox"/> Tick/mark which is applicable	Accreditation Number (provide below)