



Health Professionals Council
Continuing Professional Development

Activity Record

Registrant Details

Name: _____ Profession: _____

HPC Registration Number: _____

Description of CPD Activity

Type of Activity: _____

Date: _____ Time: _____ Venue: _____

Organised/Facilitated by: _____

Describe the activity and your role in it

Learning Outcome(s)

What have you learned through completing this activity? How have your skills and knowledge improved or developed?

Impact at Work

How has this learning made a difference to your professional practice?

Registrant signature: _____

Date: _____