



Health Professionals Council
Continuing Professional Development

Conference / Workshop / Seminar Participation

Registrant Details

Name: _____ Profession: _____

HPC Registration Number: _____

Conference/Workshop/Seminar Details

Title: _____

Organising Agency: _____

Date(s): _____ Venue: _____

Facilitator(s): _____

Role (*circle as applicable*): Presenter Organiser Participant

Other: _____

Attendance Confirmation (*if applicable*)

I, (*name*) _____, of (*organisation*) _____ confirm that this HPC registrant participated in this conference/workshop on the date specified.

Signature: _____

Date: _____

Attach attendance certificate if applicable

Registrant Reflection

What did you learn from the workshop/conference/seminar?

How can this learning impact on your professional practice?

What follow actions do you intend to take?

Registrant signature: _____

Date: _____