



Health Professionals Council (Seychelles)

Health Professionals Council
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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

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Learning Outcome(s)

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

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Impact at Work

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

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Registrant signature: _____

Date: _____