



Health Professionals Council  
Continuing Professional Development

**Activity Record**

Registrant's name: ..... Profession: .....

HPC Registration Number: .....

**Description of CPD Activity**

Type of Activity: .....

Date(s): ...../...../..... Time: ..... Venue: .....

Organised/Facilitated by: ..... (If applicable)

**Describe the activity and your role in it**

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**Learning Outcome(s)**

Briefly state what you learnt from this activity?

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**Impact at Work**

Explain how can this learning/review impact on your professional practice?

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**Attendance Confirmation** (if applicable)

I, (name) ....., of (organisation) .....  
confirm that the above-named HPC registrant participated in this conference/workshop/training on the  
date specified.

Signature: .....

Registrant Signature: .....

Date: ...../...../.....

*\*Attach attendance certificate if applicable*