

Name: _____ **Address:** _____

How did your CPD and supervision activity affect your professional practice?

What are your identified learning development needs for the coming year?

CPD Peer Monitoring Declaration

I confirm that this log contains details of study that I have undertaken in order to fulfil CPD and supervision requirements.

Name of therapist submitting log:.....Signature of therapist submitting log:

Date:

I confirm that I have read this CPD and supervision log and that discussion has taken place about the content and learning needs.

Name of peer reviewer:.....Signature of peer reviewer:.....

Date:.....