

## CPD TRAINING RECORD

Continuing professional development

Name: .....

Membership Type: ..... Membership No: .....

Period from: ..... to: .....

### Human Givens Journal (Please note that reading the journal is an essential CPD requirement)

Please record below the titles of those journal articles or features that you found particularly helpful or interesting:

Date	Title of article	Comments

### Other CPD activity

Date	ACTIVITY TAKEN Please note course title and provider name, where applicable	Comments

