

**CPD Reporting Form**

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| **Name of member** |  | **Reporting period** | 1/7/2017 -30/6/2018 |

**Annual CPD requirement – 20 hours**

**Category A:** Minimum annual requirement – 15 hours.

The total annual requirement of 20 CPD hours may be accrued from Category A only.

**Category B:** Maximum claimable annual allowance - 5 hours

**Please complete both sections of this form: *Section 1 - Summary*, and *Section 2 - CPD Activity Reporting Form* and *Reflective Journal* (overleaf) for hours reported.**

**Section 1: Summary**

|  |  |  |
| --- | --- | --- |
| **Activity code**  | **Total CPD Category A**  | **Number of hours for the year (minimum of 15)** |
| **A1** | Imparting knowledge relating to DMT through formal presentations, teaching, research and publications |  |
| **A2** | Contributing to DTAA activities – sub-committees, publications, etc |  |
| **A3** | Attendance at person-to-person courses, workshops, seminars and conferences  |  |
| **A4** | Participation in online facilitated learning  |  |
| **Total CPD Category A**  |  |

|  |  |  |
| --- | --- | --- |
| **Activity code** | **Total CPD Category B**  | **Number of hours for the year (maximum of 5)** |
| **B1** | Personal dance practice: participation in dance movement activities that reinforce therapeutic skills |  |
| **B2** | Participation in peer learning groups  |  |
| **B3** | Participation in online non-facilitated learning |  |
| **B4** | Reading and taking notes on dance movement therapy journals and books (logged in a reflective journal). |  |
| **Total CPD Category B**  |  |

**Section 2: CPD Activity Reporting Template**

**For each activity claimed, please complete this template. Copy as many times as needed.**

**Category A**

|  |  |
| --- | --- |
| **Activity code** |  |
| **Activity description** |  |
| **Topic** |  |
| **Facilitator** |  |
| **Relevance to your current****professional work** |  |
| **Host organisation or** **event provider** |  |
| **Date(s)** |  |
| **Location**  |  |
| **Number of hours**  |  |
| **Documentation attached:** **Certificate of attendance or other** |   |

**Category B**

|  |  |
| --- | --- |
| **Activity code** |  |
| **Activity description** |  |
| **Topic** |  |
| **Facilitator** |  |
| **Relevance to your current****professional work** |  |
| **Host organisation or** **event provider** |  |
| **Date(s)** |  |
| **Location**  |  |
| **Number of hours**  |  |
| **Documentation attached:** **Certificate of attendance or other** |   |

**Category B5: Reflective Journal Reporting form**

|  |  |
| --- | --- |
| **Article reference** **(author, date, title, publication, place: publisher)** |  |
| **Reflection on content and its relationship to your practice (suggested word length 150 words):** |