

**CPD Reporting and Audit Information**

Continuing Professional Development (CPD) is the means by which practitioners broaden and deepen their knowledge, skills and awareness, to develop the personal and professional qualities necessary for the effective practice of dance movement therapy. DTAA sees CPD as part of a lifelong professional learning process.

The DTAA’s CPD requirements are intended to support the obligation of registered Professional Members to maintain currency of practice. Thus, it is recommended that CPD is spread over a broad range of learning opportunities.There are two categories from which the annual required 20 hours of CPD may be accrued:

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

Over the three year audit period, at least 20 of the 60 hours (20 hours per year times three years), should be accrued within Categories A1 and A2.

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

**Reporting**

Before renewal of membership each year, Professional Members must report their CPD for that financial year, by completing Sections One and the appropriate number of forms from Section Two of the attached forms. For **each** activity you attend (in Category A or B), the appropriate Activity Report (Section Two) must be completed. The summary chart (Section One) tells you which form will be required for each category. Then the total number of hours per Activity Code is entered into the form and this is added up to make the totals for Category A, Category B, and total CPD.

Once CPD is documented and your renewal fees have been paid, then you will receive your annual Certificate of Currency.

**Audit**

Every year approximately one-third of the Professional Members will have their CPD documentation audited by the Professional Membership Committee. This is a quality assurance process for the DTAA, ensuring that members are undertaking appropriate CPD and documenting it correctly.

Members being audited will be advised by email and asked to provide appropriate evidence of their CPD uploaded to their profile on the WildApricot portal to substantiate what they have written on their forms.

**Submitting this form**

When you have completed this form, please save it as one pdf file and upload it your profile on DTAA’s membership system Wild Apricot. Information on how to access WildApricot is available here: <https://dtaa.org.au/members-resources/>

**CPD Reporting Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of member** |  | **Reporting period** | 1/7/2018 -30/6/2019 |

**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 Sections 1 and 2 of this form*. See the preceding Cover Letter for more complete instructions on completing this form.***

**Section 1: Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity code**  | **Total CPD Category A**  | **Section 2** **Form to complete** | **Documentation needed** | **Number of hours for year**  |
| **A1** | Imparting knowledge relating to DMT through formal presentations, teaching, research and peer-reviewed publications | Form A | Please attach promotional material |  |
| **A2** | Attendance at person-to-person courses, workshops, seminars and conferences | Form A | Please attach certificate of attendance |  |
| **A3** | Contributing to DTAA activities – executive, committees, writing for Moving On | Form B | Please attach pro-forma C signed by convener |  |
| **A4** | Participation in online facilitated learning  | Form C | Please attach certificate or flyer |  |
| **Total CPD Category A**  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity code** | **Total CPD Category B**  | **Section 2 Form to complete** | **Number of hours for the year**  |
| **B1** | Personal dance practice: participation in dance movement activities that reinforce therapeutic skills | Form C |  |
| **B2** | Participation in peer learning groups (logged on journal/ group reporting form). | Form C |  |
| **B3** | Participation in online non-facilitated learning(logged on journal/ group reporting form). | Form C |  |
| **B4** | Reading dance movement therapy articles and books (logged on journal/ group reporting form). | Form C |  |
| **Total CPD Category B**  |  |  |

|  |  |
| --- | --- |
| **Total annual CPD Category A (must be 15 or more)** |  |
| **Total annual CPD Category B (no more than 5)** |  |
| **Total annual CPD (A + B must total 20 or more)** |  |

**For each activity claimed, please complete the appropriate template. Copy any template as many times as needed**

**Section 2: CPD Activity Reporting Templates**

**Form A: Activity Report – to be used for CPD Activity Categories A1 and A2**

|  |  |
| --- | --- |
| **Activity code (A1 or A2)** |  |
| **Activity description** |  |
| **Topic** |  |
| **Facilitator/Convener** |  |
| **Relevance to your current****professional work** |  |
| **Host organisation or** **event provider** |  |
| **Date(s)** |  |
| **Location**  |  |
| **Number of hours**  |  |
| **Documentation attached:** **Certificate of attendance or other** |   |

**Form B: Report for Contribution to DTAA Activities – to be used for A3**

|  |  |
| --- | --- |
| **DTAA Committee name or Other activity** |  |
| **Convener of DTAA Activity** |  |
| **Description of your personal contribution to this activity and its relevance to DTAA** |  |
| **Number of Hours (as agreed upon by Convener** |  |

**Form C: Journal/Group Report –used for Categories A4, B1, B2, B3, and B4**

|  |  |
| --- | --- |
| **Activity Code (A4, B1, B2, B3, or B4)** |  |
| **Article reference** **Or name of Group** |  |
| **Hours claimed** |  |
| **Number of people in group** |  |
| **Reflection on content of article or group learning and its relationship to your practice (suggested word length 300 words):** |

**Declaration**

I confirm that this information is true and correct and that I can provide documentation of it if required. I am aware that the DTAA may audit this proces and require me to provide documentary evidence of these claims

**Name:**

**Signature:**

*(please insert electronic signature here or typed name)*

**Date:**