**Name: Time Period Covered:**

**Peer reviewer’s name: Date of peer review**

**CPD requirements**

This form is designed to help you to record the various ways in which you have continued your professional development over the past year.

The UKCP’s policy requires a total of 250 hours over a five-year period. This should include a minimum of 15 hours of clinical supervision p.a. The remaining hours may be from the other areas (with a minimum of 20 hours each year).

Please also refer to GASW’s CPD Policy for further guidance on requirements.

Please note it is your responsibility to keep a running total of the hours spent each year on CPD activities.

**Peer Review**

When you are completing your form, we are asking you to contact and to arrange to speak with a GASW colleague (or maybe colleagues, if you are part of a group that meets together) to share what you have done by way of CPD, and what you have learned from it, together. How you do this – online or in person, for example, is entirely up to you. We trust that members will benefit from this task, and approach it in both a supportive and rigorous manner that reflects the importance of continuing professional development for all of us who remain in practice.

**Completing the Form**

Please add a new line per activity. You can expand the boxes as you type. You can add extra lines by holding your curser on the outside of the box and pressing return.

Please add up all your hours and insert the total number in the final box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Supervisions** | **Description (if relevant)** | **What can you say about it? What did you learn from it?** | **Dates (if relevant)** | **No of hours** |
| Supervisor(s) name |  |  |  |  |
| Supervisor(s)  qualifications |  |  |  |  |
| Number of supervision hours |  |  |  |  |
| **Consultations** |  |  |  |  |
| Hours achieved working with 1:1 patients |  |  |  |  |
| Hours achieved running a group |  |  |  |  |
| **Teaching, writing, presentations and qualifications gained** | **Description/activity detail** | **What can you say about it? What did you learn?** | **Dates if relevant** | **No of hours** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Courses, seminars, conferences:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Committees and meetings:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Research:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Reading Books, journals, magazines** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Plays, films, music, podcasts, visual Arts:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Hours** |  |  |  |  |
|  |  |  |  |  |

**Confirmation**

I confirm that I have undertaken the CPD activities detailed on this form during the year

I confirm that I have discussed my CPD with (name)……………………………………………….. inline with GASW’s peer review process

**Signature**\*

**Date:**

\* name can be typed.