**ACT CPD Record Form**

|  |  |  |
| --- | --- | --- |
| **Membership number** | **First name** | **Last name** |

|  |  |  |  |
| --- | --- | --- | --- |
| **IDENTIFY** | **ACTION** | **REFLECT** | **RATING** |
| What do I need to know or be able to do? What is the best way for me to learn? | Plan and carry out your CPD activities. What am I already doing? What do I need to do? | What have I learnt? Reflect on the impact of your learning. | Rate how effective the learning was |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |