**ACT CPD Record Form**

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

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| **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 |
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