

**Application for Continuing Professional Development**

Please submit the completed form to the Office, ideally with a copy of associated literature as relevant.

Office staff will email you with formal approval after the application has been considered.

Name and Intake Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of days missed: Placement \_\_\_\_\_\_\_\_\_\_

 Private study \_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_

Approximate costs:

 Fees \_\_\_\_\_\_\_\_\_\_

 For conferences only: Travel \_\_\_\_\_\_\_\_\_\_

 Accommodation \_\_\_\_\_\_\_\_\_\_

 Subsistence \_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_

 TOTAL \_\_\_\_\_\_\_\_\_\_

Once approved i**t is the trainee’s responsibility to make all arrangements.**

**Approval of CPD funding is not an endorsement of the chosen activity.**

**Previous CPD activity**

Name and date of activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total cost \_\_\_\_\_\_\_\_\_\_

Name and date of activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total cost \_\_\_\_\_\_\_\_\_\_

Name and date of activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total cost \_\_\_\_\_\_\_\_\_\_

Note: the trainee must keep a record of this form for future reference.