



CPD Self-Certification form

To be retained by the member for six years

Personal details

Member's name:

Membership category:

Please tick box*

Full

Seconded

Non-earner

Membership number:

Summary

CPD year:

| | Requirement | Actual |
|------------------------|-----------------|-----------------|
| Structured CPD hours | ...hours | ...hours |
| Unstructured CPD hours | ...hours | ...hours |
| Total | ...hours | ...hours |

I certify the above to be a complete CPD record. Non-core subjects have been included to no more than one half of the required hours.

Signature:

* Please refer to CPD Guidelines.

Date: