**Continuing Professional Development**

# **Record Template[[1]](#footnote-1)**

**Please note this is a recording tool. Registrants are NOT required to submit this template as part of their CPD Audit.**

**This tool can be used to populate the relevant fields on the CPD Audit section of the registrant portal if you are called for audit.**

**The fields required to be populated on the registrant system for CPD audit correspond to the fields below.**

1. On the registrant portal, the Review and Plan section must be completed after each 12-month period.
2. On the registrant portal, you must include 30 credits in each 12-month period.
3. It is important that all information identifying any third party is **not** included in any submitted CPD activities as part of your CPD audit submission through the registrant portal. Do not, under any circumstances, provide information that would enable the identification of a service user.
4. Do **not** attach any supporting documentation with your CPD audit on the registrant portal.

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| Name: |  | CORU Registration Number: |  |
| Audit period from: |  | Audit period to: |  |
| Registration Board |  | | |

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| **Implement** | | | **Evaluate & Reflect** | |
| **Date and time spent**  When did you undertake this learning activity? | **Type of Learning Activity**  What was the name of the activity? | **CPD credits**  Approx. 1 CPD credit for every hour of new or enhanced learning achieved | **Learning Outcome**  What have you learnt through completing this activity? How have your skills and knowledge improved or developed? | **Impact on practice**  How have you integrated this learning into your practice? How has this learning made a difference to your capability and performance in your role? |
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| **Review** | **Plan** |
| What do I want or need to learn in the next 12 months? | What learning activities will I do to achieve this in the next 12 months? |
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**Total number of CPD Credits (in the first 12-month period): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| Name: |  | CORU Registration Number: |  |
| Audit period from: |  | Audit period to: |  |
| Registration Board |  | | |

|  |  |  |  |  |
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| **Implement** | | | **Evaluate & Reflect** | |
| **Date and time spent**  When did you undertake this learning activity? | **Type of Learning Activity**  What was the name of the activity? | **CPD credits**  Approx. 1 CPD credit for every hour of new or enhanced learning achieved | **Learning Outcome**  What have you learnt through completing this activity? How have your skills and knowledge improved or developed? | **Impact on practice**  How have you integrated this learning into your practice? How has this learning made a difference to your capability and performance in your role? |
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| --- | --- |
| **Review** | **Plan** |
| What do I want or need to learn in the next 12 months? | What learning activities will I do to achieve this in the next 12 months? |
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**Total number of CPD Credits (in the second 12-month period): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Total Number of CPD Credits for Audit period**

1. Version issued March 2025 [↑](#footnote-ref-1)