**Unplanned CPD Outcome - Evaluation document**

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| Name: |  | Membership number: |  |

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| **Act**  Date activity was completed:  What activity did you complete?  Why did you complete this activity? |
| **Evaluate**   1. How was the CPD activity relevant to your work? 2. What learning outcome do you feel was met? 3. How has the training you have undertaken supported your role? |