

Continuing Professional Development Annual Summary Form (Psychotherapy)

Name: _____

Summary period (see your membership renewal form): Start _____ to 1st Sept 2011

Address: _____

List below all CPD activities, continuing on a separate sheet if necessary.

Clinical work – Basic requirement: A minimum of 4 client hours per week for the first 5 years, thereafter UKCP HIPC registrants must maintain some clinical practice.		
Date	Details	Hours
Supervision – Basic requirement: A minimum of 8 supervision sessions per year with an appropriately qualified and experienced supervisor.		
Date	Details	Hours
Trainers only: Contributions to training beyond own training programme		
Date	Details	Hours

Record of research activity. reading ,using, participating, and/or conducting research

Date	Details	Hours

Training courses, workshops, seminars, conferences, presentations attended.

Date	Details	Hours

Relevant reading, books, articles, reviews, etc

Date	Details	Hours

Record of publications, training, workshops, presentations, given

Date	Details	Hours

Any additional CPD activity contributing to your development as a practitioner, including service to psychotherapy organisations, personal therapy, peer group meetings, relevant personal interests

Date	Details	Hours

I confirm that this is a true record of my professional development during the period shown above.

Signed _____ Date _____

I confirm that this is a true record of the professional development of _____
(name of member supervised) during the period shown above.

Supervisor Name (Print) _____

Supervisor Signature _____ Date _____