

**Continuing Professional Development
Summary of Personal Development Plan (PDP)**

PDP of _____

College membership No. _____ (This **Must** be completed)

I confirm that the information given on this form is accurate and correct

Signature

Summary of PDP

Period covered by this PDP

Personal objectives agreed on

Objectives reviewed on

Learning Objectives Set:

Learning Objectives Met:

Other Achievements:

Total number of hours undertaken on CPD activities during the year

Internal _____

External _____

Please retain evidence of attendance at all external meetings. The College will ask you to submit this evidence if your return is selected for a random audit. Full information will be give to you at the time if this is the case.

Remaining Gaps:

Constraints or Resource Issues Arising:

Actions Required to Address the Constraints:

Objectives to be transferred to the next Year:

Names of members of your peer group

Name	_____	College membership no.	_____
Name	_____	College membership no.	_____
Name	_____	College membership no.	_____
Name	_____	College membership no.	_____
Name	_____	College membership no.	_____
Name	_____	College membership no.	_____

Please note, the College may, for audit purposes, contact one or more members of your peer group in connection with this Form E. You will be notified if this is the case.

Summary verified by _____ Date _____
(Signed by one member of your Peer Group)

DATA PROTECTION ACT 1998 STATEMENT



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