



Date:

Continues Professional Development Activity Form

Name:	Reg. No:
Mobile No:	E-Mail:

Tick the activity you completed and relevant CPD credits for the activity:

Category 1: Developmental Activities Date: Credits:

Details of Activity: _____

Category 2: Work-based Activities Date: Credits:

Details of Activity: _____

Category 3: Individual Activities Date: Credits:

Details of Activity: _____

Feedback:

Relevance of the Activity	☺ ☺ ☹ ☹ ☹	Content of the Activity (technical and other)	☺ ☺ ☹ ☹ ☹
Quality of the presenter	☺ ☺ ☹ ☹ ☹	Overall rating of the Activity	☺ ☺ ☹ ☹ ☹

To help us please specify what training (developmental activities) you feel should be part of the activities.

DECLARATION

I _____ declare that the information contained in this CPD Activity Register form, is complete, accurate and true to the best of my knowledge. I further declare that I understand that I must keep verifiable evidence of all the CPD activities for at least 2 years and PIRB may conduct a random audit of my activity(s) which would require me to submit the evidence to the PIRB.

Signature of PIRB Plumber: _____