# CPD Training and Development Activity Application

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| --- | --- | --- | --- | --- |
| Name |  |  | Department |  |
| Job Title |  |  | Place of Work |  |

|  |  |
| --- | --- |
| Course Title |  |
| Provider |  |
| Location of Course / Venue |  |
| Dates |  |
| Cost of course |  |

|  |
| --- |
| Expected learning outcomes  |
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| How will this improve your work and achieve business objectives?  |
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| How will you pass on the knowledge of what you have gained, from this course, to your colleagues/ peers? |
|  |

# Approval

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name  | Signature | Dated |
| Applicant |  |  |  |
| Line Manager |  |  |  |
| Clinical Training Lead |  |  |  |

Please Note:

Attach all course documentation, details and costs to this document.

100% of the course will be reimbursed on completion of the course and receipt of costs.