CPD/CSci/Form

**MEMBER CPD RECORD**

**For Chartered Scientist Revalidation**

**Name:**       **Membership grade:**       **Membership number:**

Reporting Period Start Date:       End Date:

*Type or paste your information in the grey boxes below. These will expand accordingly.*

Save and email your form to cpd@ima.org.uk

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| --- | --- |
| **Category** | Examples |
| **Work based learning** | supervising staff or students; reflective practice; research; any training required by your employer; consultancy |
|       |
| **Reflection [Work Based]** | Please give one or two examples of how CPD activities have benefitted you and those with whom you interact |
|       |
| **Professional activity** | involvement in a professional body, mentoring |
|       |
| **Reflection [Professional]** | Please give one or two examples of how CPD activities have benefitted you and those with whom you interact |
|       |
| **Formal / Educational** | courses & conferences; writing articles or papers; further education |
|       |
| **Reflection [Formal/ Edu.]** | Please give one or two examples of how CPD activities have benefitted you and those with whom you interact |
|       |
| **Self-directed learning** | reading journals, reviewing books or articles |
|       |
| **Reflection [Self-directed]** | Please give one or two examples of how CPD activities have benefitted you and those with whom you interact |
|       |
| **Other** | voluntary work, public service, something that benefits your career or professionalism directly or indirectly |
|       |
| **Reflection [Other]** | Please give one or two examples of how CPD activities have benefitted you and those with whom you interact |
|       |

If you are only able to complete two categories, please give your reasons below

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|       |

**Institute Acknowledgement** *(for IMA secretariat use only)*

I acknowledge receipt of this statement of CPD activities

Signed...............................................................................………………………………

Catherine Richards House, for the IMA Professional Affairs Committee

Date .............................................