**CPD reflection form**

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| **Name** |  | | | | | | | | | |
| **Setting** |  | | | | | | | | | |
| **Date** |  | | | | | | | | | |
| **Training session** |  | | | | | | | | | |
| **CPD format** | **Face-to-face training** |  | **e-learning** |  | **Video** |  | **Reading** |  | **Other** |  |

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| **Please use the space below to reflect on some, or all, the following:**   * **What you have learned and what you would like to learn more about** * **Confidence levels before and after training** * **What impact this training will have on your future practice** * **Any actions you will complete as a result of this training.** |
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| **Feedback from inclusion lead** |
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