**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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