

BRITISH PSYCHOANALYTIC COUNCIL CONTINUING PROFESSIONAL DEVELOPMENT 2015 CPD Form 2

SUMMARY PERSONAL RECORD *One copy to be sent with CPD Form 1, one copy to be kept for 6 years.*

Name:

Date:

| ACTIVITIES UNDERTAKEN | Hours | Date |
|---|-------|------|
| A. Clinical Learning (receiving supervision, consultation, individually or in groups, where clinical work including the registrant's own is presented; minimum of 15 hours per year. If you are applying to register in more than one category, you should have 15 clinical hours in your main area of work and an appropriate number of hours in any additional categories. | | |
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| | | |
| TOTAL <i>(minimum 15 hours)</i> | | |
| Please state any CPD activity you have found particularly helpful and why (optional): | | |

This form may be duplicated if necessary. Send this form, together with CPD Form 1, to Janaki Hemaratne, BPC, Suite 7, 19-23 Wedmore Street, London N19 4RU to receive by Friday 29 January 2016 at the latest. Please ensure you affix the correct postage to your envelope. A4 envelopes require large letter stamps. Please retain a copy for 6 years for Audit. .../continues

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|---|-------|------|
| B. General CPD (A range of general CPD activity <u>relevant to psychoanalytic and psychodynamic clinical practice</u>; minimum of 15 hours per year (not including personal therapy); general CPD activity will include continuing education; professional activity; self directed learning; and professional administration. | | |
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| | | |
| TOTAL (minimum 15 hours) | | |
| Please state any CPD activity you have found particularly helpful and why (optional): | | |

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