

Individual Learner CPD

Learner Name:	Mr. Tess La	Date:	19/06/2019
Employer:	TEST	Hours Worked Per Week:	0.00
Course Start Date:	04/05/2018	Planned End Date:	30/09/2019
Duration of Programme:		Course Progress:	25 %
OTJ Hours Remaining:	2	OTJ Hours Completed:	2
Course:	QCF Level 5 Diploma - Adult Residential		

Qualification Activities Completed					
Activity Brief	GLH	Date	Activity Brief	GLH	Date
AB3 Positive Outcomes for Individuals & Lead Person Centred Practice Unit 12&16 (P)/66&70 (H)	64	10/04/2018			
AB2 Understand Physical Disability Unit 33(P)/29 (H)	22	22/03/2018			
AB1 Understand the Process and Experience of Dementia Unit 32 (P)/28 (H)	22	01/03/2018			
AB5 Develop Professional Supervision Practice Unit 10(P)/12(H)	39	02/11/2017			

Additional Programme Activities					
Topics	Hours	Date	Topics	Hours	Date
t 1	3	26/05/2019			

CPD Completed			
CPD Activity	Hours	Date	What I have learnt from this activity
Act 1	5	20/06/2019	Some learning

Programme Coordinator Comment (please include comments regarding completion timescale, if not likely to be timely)
Coordinator comment
Learner Comment (please comment on directed and self-directed activities undertaken/ your progression)
Learner comments

I note the above details and confirm that these activities were completed within my working week.

Learner Signature:	<i>learner signature</i>	Date:	19/06/2019
Access Skills Signature:	<i>signature</i>	Date:	19/06/2019

