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| **Individual Learner CPD** |

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| **Learner Name:** | **Mr. Tess La** | **Date:** | **10/06/2019** |
| **Employer:** | **TEST** | **Hours Worked Per Week:** |  |
| **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:** | **5** |
| **Course:** | **QCF Level 5 Diploma - Adult Residential** | | |

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| **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 |  |  |  |
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| **Additional Programme Activities** |  |  |  |  |  |
| **Topics** | **Hours** | **Date** | **Topics** | **Hours** | **Date** |
| ssadas | 3 | 20/04/2019 |  |  |  |
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| **CPD Completed** | | | | | |
| **CPD Activity** | **Hours** | **Date** | **What I have learnt from this activity** | | |
| Activity 1 | 55 | 25/04/2019 | fgdfgdfg | | |
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| **Programme Coordinator Comment** (please include comments regarding completion timescale, if not likely to be timely) |
| sadasd |
| **Learner Comment** (please comment on directed and self-directed activities undertaken / your progression) |
| gfdgfg |

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

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| **Learner Signature:** |  | **Date:** | **6/25/2019** |
| **Access Skills Signature:** |  | **Date:** | **18/06/2019** |