**Appendix 1E:**

## CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ATTENDANCE REGISTER

Copy of this register must be forwarded to SACPCMP within 10 working days of the CPD activity as part of the activity evaluation package. This copy must also be kept by the organiser for a period of 3 years after the activity for audit purposes.

*This section to be completed by the CPD Activity Organiser*

| | | | |
|---|---|---|---|
| **Title of Activity:** | | **Date:** | |
| **Venue:** | | **Time:** | |
| **Organiser:** | | **Organiser's Signature:** | |

*This part to be completed by CPD Activity attendees*

| **Surname** | **Forenames** | **Initials** | **Occupation** | **Job Title** | **Full Name of Sponsor (if any)** | **SACPCMP Professional Registration No: (or other)** *Please specify the body with whom you are registered with* | **Attendee Signature** |
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