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| **Personal Development Plan (PDP) and Continuing Personal Development Record (CPDR)** |



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| **Personal Details** |

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| Name: |  |
| Verification Group No.(s)covered in submission: |  |
| Covering Session From / To: | 1 August 2022 – 30 June 2023 |

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| **Auditable Requirements** |

You must complete this section as accurately as possible and only enter N/A where this does not apply.

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| Occupational or Registrable Qualifications |  |
| Date Obtained: |  |

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| Teaching Qualifications |  |
| Date Obtained: |  |

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| Assessing Qualification(s) |  |
| Date Obtained: |  |

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| Internal Verifier Qualification(s) |  |
| Date Obtained: |  |

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| External Verifier Qualification(s) |  |
| Date Obtained: |  |

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| **Personal Development Plan (PDP)**  |

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| **Planned Outcome** |

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| Where do I want to be by the end of this period? What do I want to be doing? (This may be evolutionary or “more of the same”). |

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| Stage1What do I want/need to learn and why? | Stage 2What will I do to achieve this? | Stage 3What resources or support will I need? | Stage 4Target dates for review and completion | Stage 5What will my success criteria be? (How have I implemented my learning and what impact has this had at work/outside work)? |
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| **Continuing Personal Development Record (CPDR)**  |

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| **Standardisation Criteria** |

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| HN | Contribute to the effectiveness of the external verification process – Outcome 4 – Evidence Requirements – Standardisation Activity |
| SVQ | Work with others to ensure standardisation of assessment practice and outcomes – Performance Criteria (4) – Standardisation Activity |

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| Dateof Activity | What did you do that contributes to your CPD? (Include verification group, if applicable) | What did you learn from this activity that relates to some aspect of your CPD? | How would you implement this learning? | Is there any further action? | Insert the number of CPD hours completed |
|  |  |  |  |  |  |
| **Select the check box for each role you undertook for this activity:**Assessor/Lecturer [ ]  Internal Verifier [ ]  External Verifier [ ]  Occupational [ ]  |

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| **Select the check box for each role you undertook for this activity:**Assessor/Lecturer [ ]  Internal Verifier [ ]  External Verifier [ ]  Occupational [ ]  |

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| **Declaration** |

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| **Assessment Strategy Requirement – Assessors/Lecturers with a vocational qualification remit** |

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| Please select the check box to confirm that you meet the occupational requirements of the Assessment Strategy for your area of expertise in any one academic session (if applicable). |[ ]

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| **Assessment Strategy Requirement – Internal Verifiers with a vocational qualification remit** |

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| Please select the check box to confirm that you meet the occupational requirements of the Assessment Strategy for your area of expertise in any one academic session (if applicable). |[ ]

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| **Assessment Strategy Requirement – External Verifiers with a vocational qualification remit** |

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| Please select the check box to confirm that you meet the occupational requirements of the Assessment Strategy for your area of expertise in any one academic session (if applicable). |[ ]

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| **External Verifier Signature:** |  |
| **Date:** |  |

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| **Senior External Verifier Signature:** |  |
| **Date:** |  |