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| **Personal Development Plan (PDP) and Continuing Professional 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: |  |

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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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| **A minimum of two entries are required for each verification group. Multiple verification groups can be covered in one entry (if relevant):*** One entry advising how you plan to keep your occupational expertise/subject knowledge up to date
* One entry advising how you plan to standardise as an SEV / EV
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| **Stage1**What do I want/need to learn and why? | **Stage 2**What will I do to achieve this? | **Stage 3**What resources or support will I need? | **Stage 4**What will my success criteria be? How will I implement my learning and what impact will this have? | **Stage 5**Target dates for review and completion |
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| **Continuing Professional Development Record (CPDR)** |

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| **A minimum of two entries are required for each verification group. Multiple verification groups can be covered in one entry (if relevant):*** One entry advising how you kept your occupational expertise/subject knowledge up to date
* One entry advising how you standardised as an SEV / EV
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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 your CPD? | How would you implement this learning? | Is there any further action? | 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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| 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 your CPD? | How would you implement this learning? | Is there any further action? | 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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| **Continuing Professional Development Record (CPDR) continued** |

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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 your CPD? | How would you implement this learning? | Is there any further action? | 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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| 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 your CPD? | How would you implement this learning? | Is there any further action? | CPD hours completed |
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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** |
| If applicable, please select the check box to confirm that you meet the occupational requirements of the Assessment Strategy for your area of expertise in this academic session |[ ]

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| **Assessment Strategy Requirement – Internal Verifiers with a vocational qualification remit** |
| If applicable, please select the check box to confirm that you meet the occupational requirements of the Assessment Strategy for your area of expertise in this academic session |[ ]

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| **Assessment Strategy Requirement – External Verifiers with a vocational qualification remit** |
| If applicable, please select the check box to confirm that you meet the occupational requirements of the Assessment Strategy for your area of expertise in this academic session |[ ]

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

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| **Senior External Verifier(s) Signature:** |  |
| **Date:** |  |