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| **Personal Development Plan (PDP) and Continuing Professional Development Record (CPDR)****for Assessors, Internal Verifiers and External Verifiers of Learning and Development verification groups** |



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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) for Learning and Development verification groups**L&D10: “Reflect on, develop and maintain own skills and practice in learning and development” |

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| **Stage 1 – Identify what you need to know or do to keep your practice up to date** |

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| Date of Activity | Identify your current performance requirements | What did you do that contributed to your CPD? | 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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| Date of Activity | Identify trends and developments relevant to your skills, knowledge and practice | What did you do that contributed to your CPD? | 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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| Date of Activity | Identify and critically reflect on how your beliefs and attitudes influence your own practice | What did you do that contributed to your CPD? | 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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| **Stage 2 – Find out about your current levels of performance** |

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| Date of Activity | Seek feedback, collect information, and continually reflect on your own performance | What did you do that contributed to your CPD? | 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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| Date of Activity | Assess the extent to which your own practice is inclusive and promotes equality and diversity | What did you do that contributed to your CPD? | 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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| Date of Activity | Review and evaluate your own skills, knowledge, and practice against available information | Possible Sources of Evidence | 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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| **Stage 3 – Plan your future CPD requirements****(Remember to link actions identified in stages 1 and 2 to stages 3 and 4)** |

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| Date of Activity | Prioritise areas for development and plan how learning and development will be achieved | What did you do that contributed to your CPD? | 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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| Date of Activity | Inform relevant individuals and use appropriate systems to report and address factors that impact negatively on your own practice | What did you do that contributed to your CPD? | 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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| **Stage 4 – Record your CPD to date and identify any further actions****(Remember to link actions identified in stages 1 and 2 to stages 3 and 4)** |

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| Date of Activity | Access personal development required to carry out work more effectively, and continually use a range of resources to keep your own knowledge, skills and practice up to date | What did you do that contributed to your CPD? | 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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| Date of Activity | Apply new knowledge and skills to consolidate learning, improve your own practice and review the effectiveness of newly acquired knowledge and skills | What did you do that contributed to your CPD? | 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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| Date of Activity | Share knowledge, skills, and improvements to practice with colleagues where it is likely to be beneficial to all concerned | What did you do that contributed to your CPD? | 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:** |  |