

MEMBER CPD RECORD
For Chartered Scientist Revalidation

Name: _____ **Membership grade:** _____

Membership number: _____

Reporting Period Start Date: _____ End Date: _____

*Type or paste your information in the grey boxes below. These will expand accordingly.
 Save and email your form to cpd@ima.org.uk*

Category	Examples
Work based learning	supervising staff or students; reflective practice; research; any training required by your employer; consultancy
Professional activity	involvement in a professional body, mentoring

Formal / Educational

courses & conferences; writing articles or papers; further education

Self-directed learning

reading journals, reviewing books or articles

Other	voluntary work, public service, something that benefits your career or professionalism directly or indirectly

Explain here if you are only able to complete two categories

Institute Acknowledgement *(for IMA secretariat use only)*
 I acknowledge receipt of this statement of CPD activities

Signed.....
 Catherine Richards House, for the IMA Professional Affairs Committee

Date