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**CPD Action Plan**

|  |  |  |
| --- | --- | --- |
| Name: | Date of review: | Year: |

|  |  |  |  |
| --- | --- | --- | --- |
| Objectives for the coming year *(Must be specific, measurable and realistic)* | Actions/training required | Cost | Target date |
|  |  |  |  |

Registrant signature: …………………………………………………………….………. Manager/mentor signature: ………………………….…………………………………....……..