

**FORM CPPD2**

You must use this form to record *two* written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance.

Please retain as evidence if requested by JCCP

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| **Reflective account:** |
| **What was the nature of the CPPD activity and/or practice-related feedback and/or event or experience in your practice?** |
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| **What did you learn from the CPPD activity and/or feedback and/or event or experience in your practice?** |
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| **How did you change or improve your practice as a result?** |
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| **Please describe how this is relevant to your modality or your scope of practice, and patient safety, care or experience?**  e.g. Dermal fillers and patient safety. Consent and patient understanding. |
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