

**Name:**

**Continuing Professional Development**

**Reflective Learning Log**

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| Event:  Date: Total Training Hours |

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| Why I identified this training as relevant to my professional development: |

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| What were some of the key knowledge/skills/values I have learned from participating in this event: |

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| How will this change the way I do things: |

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| How will I evidence that this has changed my practice: |

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| What further areas of learning has it helped to highlight: |

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| How I intend to further my learning in this area: |

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| How I intend to share my learning with others: |

This reflective learning will allow me to demonstrate adherence to the following professional standards for occupational therapy practice

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| Accountability | Service Users’ best interests | Consent |
| Practice and progress | Competence | Record keeping |
| Collaborative working | Effective communication | Management |