INSTITUTION OF ENGINEERS PAPUA NEW GUINEA INCORPORATED

Post Office Box 881 WAIGANI NCD 131, Papua New Guinea
Phone: (675) 325 8763 or 3258765 Facsimile: (675) 3258718 Email: memberservices@iepng.org

CA05 FORM - *Summary of Continued Professional Development (CPD) Activities*

List in chronological order the CPD activities you have undertaken in the last **THREE (3)** years [or since your last assessment if undertaking a Continued Registration Assessment (CRA)] starting with the most recent to enhance or maintain your current knowledge or skills. Continue on another page and attach to this form if needed.

Taken as a whole the CPD you present should show how you have taken reasonable steps to maintain your competence in all parts of your practice area, and across the full range of competence elements. Achievement is assessed on the learning and its application, **NOT** the total hours spent. However unless at least 50 hours per year of good quality CPD is undertaken it may be difficult to meet the standard.

Name of Applicant:	**Membership/Registration Number :**

Description of activity and learning. Please record when it occurred, the actual time spent; form of activity (eg. short course, conference, reading, technical lectures, formal study towards qualification, research, discussion groups, workshops, symposia, voluntary service roles); title (if applicable); and describe the benefit to your practice.					**Tick [√] the relevant areas of general learning (as appropriate)**												**Formal Assessment Involved Y/N and outcome**
Date(s)	**Actual Hours**	**Form of Activity**	**Title**	**What did you learn? What are the benefits to your practice?**	**1.Knowledge**	**2.Local Knowledge**	**3. Define problems**	**4. Design solutions**	**5. Responsibility**	**6. Management**	**7. Risk**	**8. Ethics**	**9. Recognise Effects**	**10. Communication**	**11. Maintain currency**	**12. Judgement**	
					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

CA05 FORM - *Summary of Continued Professional Development (CPD) Activities*

Name of Applicant:					Membership/Registration Number :												
Description of activity and learning. Please record when it occurred, the actual time spent; form of activity (eg. short course, conference, reading, technical lectures, formal study towards qualification, research, discussion groups, workshops, symposia, voluntary service roles); title (if applicable); and describe the benefit to your practice.					Tick [√] the relevant areas of general learning (as appropriate)												Formal Assessment Involved Y/N and outcome
Date(s)	Actual Hours	Form of Activity	Title	What did you learn? What are the benefits to your practice?	1.Knowledge	2.Local Knowledge	3. Define problems	4. Design solutions	5. Responsibility	6. Management	7. Risk	8. Ethics	9. Recognise Effects	10. Communication	11. Maintain currency	12. Judgement	
					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	