CPD activity template

**Name of the Activity:**

**Name of the Activity Director:**

**Name of the Activity Coordinator:**

**Intended Audience:**

**Number of Trainees:**

**Duration:**

**Mode of Delivery:** *(Distance/Face to face/Blended)*

# overall Aim(s)

# Intended learning outcomes

# List of contents, teaching METHODS AND time table of the actvity

|  |  |  |  |
| --- | --- | --- | --- |
| Topic  | Date  | time /duration  |  Methods of teaching/learning  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Add additional rows as required*

# Professional information on instructors and trainers participating in the activity

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Position | Affiliation | Contact email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Add additional rows as required*

# Methods of participants proof of attendance (check all that applies)

1. Attendance records

 Yes ☐ No ☐

1. Electronic register

Yes ☐ No ☐

1. Others (please specify)

# Methods of CPD activity evaluation (check all that applies)

* Post attendance feedback collection (using ACAPP form)
* Post attendance feedback collection using customized paper forms
* Post attendance feedback collection using customized electronic forms
* Others (please specify)