

**REBT/CBT CPD Evidence for Audit**

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| **Name:**  | **Membership Number**  |
| **12 month period from: (month and year)**

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| **REBT/CBT CPD Activities**Please list 5 activities drawn from the listing of acceptable REBT/CBT activities for 12 month period.  There must be a minimum of 6 hours of skills development within these.. Only complete Supervisory or Trainer rows if you have those Accreditations. | **Evidence of Activities**Please list here the evidence you are providing for each activity – and include this evidence with your submission for audit. Use of Reflective Statements is highly recommended. | **Labelled as****Eg CPD – 1.*****Please ensure you attach all evidence.*** |
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| **Supervisory CPD (if you have Supervisor Accreditation):** |  |  |
| **Trainer CPD (if you have Trainer Accreditation):** |  |  |

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| **Additional information:**Please note here any additional information about your CPD for the above time period: |
| **Declaration: I confirm that the above is a true account of my REBT/CBT CPD for the stated time period.****Signature**  **Date**  |