

**REBT/CBT CPD Evidence for Audit**

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| **Name:** | **Membership Number** |
| **12 month period from: (month and year)**   |  |  |  | | --- | --- | --- | | **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.*** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Supervisory CPD (if you have Supervisor Accreditation):** |  |  | | **Trainer CPD (if you have Trainer Accreditation):** |  |  | | |
| **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** | |