Form B: Annual Supervision and CPD Summary (Qualified Members) 2025

Please familiarise yourself with the current CPD Policy (HIPC or PCIPC) before completing this form.

Returned CPD forms must be typed, not handwritten.

Please keep your own copy of this document for re-accreditation purposes.

Name:	**Date of Qualification:**
I am: **HIPC / PCIPC** registered [please delete as applicable]	

Clinical Work

Minimum of two client-contact hours per week (four per week for first five years of practice)

Total number of therapy hours (provided as a therapist)	
Total number of supervision hours (provided as a supervisor)	
Total number of practice/clinical hours (total of the above)	
Weeks worked	
Average number of practice/clinical hours per week	

Clinical CPD

Supervision				
Type (Consultative or Peer)	Format (Individual or Group)	Number of times over the year	Duration of each meeting (hours)	Totals
Total number of supervision hours				

Courses/ Workshops/ Practicums/ Conferences/ Theory Groups/etc. (For PCIPC qualified members, you need to include evidence of attendance for a minimum of 15% of your Clinical CPD.)	
Description	**Hours**
Total number of hours	

Wider Professional Development (Committee work, complementary professional activities, research, writing, examples of relevant reading, spiritual practice, relevant life experiences)	
Description (please group small items together if they are related, with a just few illustrative examples)	Hours
Total number of hours	

How are you assimilating this new learning/experience into your work? (Recommended wordcount: min 50 / max 250)

How have you incorporated EDI themes into your CPD over the last year? (Recommended wordcount: min 50 / max 250) (HIPC recommends a minimum of 5% of CPD hours during any one year should be focused on EDI themes – please also state if you have not addressed this in the last year)

What areas of need or interest have you identified for the coming year? (Recommended wordcount: min 50 / max 250)

If you have been unable to fulfil any of the requirements or your plans for the last year, please give reasons: (Recommended wordcount: min 50 / max 250)

<u>For TSM/SM only</u> - with reference to the Members' Handbook please indicate what activities you have undertaken which meets the responsibilities of a TSM/SM (e.g., attend Markers' Meetings, being a member of GPTI committees, etc.) Please also give evidence of external EDI training you have attended this year, (this is now a UKCP requirement for all trainers)

Do you intend to retire/reduce your caseload over the next five years? (this means the requirement for supervision changes)	Yes/No

Your Signature:	Date:
Print name of Supervisor: **Signature of Supervisor:**	Date:

CPD Committee will review all forms. Please email to admin@gpti.org.uk 31st January.

If you choose to have a peer group review your form, please complete the task by 31st January with the peer group signing the form. Peer group reviewed forms will be viewed by the CPD committee.

Please **keep a copy** of this document **for re-accreditation purposes**