

CPD 1 Registration Form

Title	_____	First Name(s)	_____	Surname	_____
Employer	_____		Role/Job Title	_____	
Address	_____		Home Address	_____	
	_____			_____	
	_____			_____	
Post Code	_____		Post Code	_____	
Tel No	_____		Home Tel No	_____	
Fax No	_____		Other Memberships	_____	
IMIS Membership No	_____			_____	
Membership Grade	_____			_____	
Date of Registration	_____			_____	

Any changes to the above should be notified to the IMIS Secretariat

Office Use Only	Registration Accepted	Details Entered	Employer Support	
------------------------	------------------------------	------------------------	-------------------------	--

CPD 2 Annual Record of CPD Activity

Name
IMIS No

To be returned to CPD Office, IMIS on your annual anniversary of joining the IMIS CPD Scheme

Date	CPD Activity Undertaken (use one of the codings see overleaf)	No of Hours	Name of Provider CPD	Learning Objectives	Learning Outcomes	Resulting Action	Employers' Comments

CPD Activities: Coding (for use with form CPD 2)

Code	Description	Code	Description	Code	Description
1 _*	Full-time Residential Course	2 _*	Full-time Non-Residential Course	3 _*	Day Release/Evening Course
4 _*	Seminar/Conference/Exhibition	5 _*	Distance/Open Learning	6 _*	Computer-Based Training
7	Structured Self Study/Reading Assignments	8	Writing Papers/Articles for Publication	9	Attendance at Professional Institute Meetings/Activities
10	Coaching/Tutoring/Teaching/Monitoring Others	11	Making Presentation/Speaking at Conferences, Seminars	12	Secondments/Special Projects
13	Networking/Sharing Good Practice	14	Relevant Voluntary or Public Office Activities	15	Other (Please Specify)

* If leading to a recognised qualification or award through examination or formal assessment please circle the number (①) when entering details on Form CPD 2.

CPD 3 Entry Audit

Name
IMIS No

This form establishes the skills, qualifications and CPD you have acquired or undertaken at the point of entering the IMIS CPD Scheme

Date	Academic & Vocational Qualifications	Level	Grade	Examining Body	Membership of Other Professional Bodies		
					Professional Body	Grade	Date Admitted

Areas of Expertise/Specialisms

Skills/Expertise/Application	Evidence to Support Claim	When Acquired?	Still Competent?	Further Development Needed?	
				Y	N

CPD 3 Cont'd

Identified Training and Development Needs		Link with Business Objectives	Proposed CPD Route
Self Identified	Employer Identified		
1			

2				
3				
4				
5				
Career Aspirations				Relevant Personal Interests
Short Term	Target Date	Long Term	Target Date	

CPD 4 Record of Experience

Name
IMIS No

Use this form to chronologically record professional experience and relevant voluntary/public office experience

Date Started	Date Promoted	Professional Experience Gained/Voluntary/Public Office Experience Gained	Type of Business/Type of Work	Job Title	Employer Organisation	Level of Accountability	No of People Reporting to You	Position of Direct Line Manager/Person
--------------	---------------	--	-------------------------------	-----------	-----------------------	-------------------------	-------------------------------	--

--	--	--	--	--	--	--	--