## QUANTAS SYSTEM TRAINING AND PERSONNEL CERTIFICATION LIMITED

196 Rose Street. Edinburgh. United Kingdom. EH2 4AT Phone: 07440461689

Quantascert.co.uk / info@quantascert.co.uk

## Continuing Professional Development (CPD) Log

## **Guidance Notes for CPD Log**

In addition to the guidance below, please refer to 'Renewal of Certification Criteria and Requirements' section of the 'Requirements for Certification as an QST Auditor (All Schemes)' document. Pages 21-23. We do prefer that the log is filled in digitally, however should you wish to print out, fill in and scan your log, please keep the resolution set at 'low' to limit the file size. Should you wish to submit more CPD than this document provides space for, **then please use multiple instances of this document** and label the sheet number and document appropriately. **Please do not allow the boxes to expand to another page.** Keep the pages laid out as they are currently.

| Column 1 | Date: Day, month and year when CPD was                           |  |  |  |  |
|----------|--|--|--|--|--|
|          | undertaken   |  |  |  |  |
| Column 2 | <b>Duration:</b> Total time spent on each CPD activity.          |  |  |  |  |
|          | We will apply a 'weighting' (see guidance below).                |  |  |  |  |
| Column 3 | Type of activity: Please classify as structured,                 |  |  |  |  |
|          | semi-struc <mark>tured or</mark> unstructured                    |  |  |  |  |
| Column 4 | Details of activity: Depending on the type of                    |  |  |  |  |
|          | activity this could involve recording title of training          |  |  |  |  |
|          | courses, s <mark>eminars,</mark> conferences or lectures (either |  |  |  |  |
|          | attended or delivered), title of books, technical                |  |  |  |  |
|          | journals read or articles published. Preparation                 |  |  |  |  |
|          | time for new lectures/courses etc may be                         |  |  |  |  |
|          | accepted, however repeat presentations will not.                 |  |  |  |  |
| Column 5 | Description of activity and how it meets CPD                     |  |  |  |  |
|          | requirements: Evaluation of CPD requires a degree                |  |  |  |  |
|          | of subjective judgement. To ensure that the value                |  |  |  |  |
|          | of any given activity to the individual is able to be            |  |  |  |  |
|          | measured, we require you to provide a case for                   |  |  |  |  |
|          | acceptance of any activity you submit, and this                  |  |  |  |  |
|          | must be supported by sufficient, appropriate                     |  |  |  |  |
|          | evidence. This will involve you making and                       |  |  |  |  |
|          | retaining records of your activities.                            |  |  |  |  |
| Column 6 | Contact details of   |  |  |  |  |
|          | tutor/lecturer/organiser/manager: To enable us                   |  |  |  |  |
|          | to perform evaluation and verification, please                   |  |  |  |  |
|          | supply us with the contact details of someone who                |  |  |  |  |
|          | can independently verify your CPD activity e.g.                  |  |  |  |  |
|          | tutor/lecturer/organiser/manager etc. ALL                        |  |  |  |  |
|          | CONTACT DETAILS MUST BE SUPPLIED unless the                      |  |  |  |  |
|          | activity performed is unstructured or you have                   |  |  |  |  |
|          | submitted a formal certificate, or equivalent, that              |  |  |  |  |
|          | verifies the CPD activity.                                       |  |  |  |  |

| Name & Initials | <b>Certification Number</b> | Sheet Number  | <b>Declaration:</b> I declare that all |  |
|-----------------|-----------------------------|---------------|--|--|
| (Enter below)   | (Enter below)               | (Enter below) | information submitted is accurate      |  |
|                 |                             |               | and has been verified as required.     |  |
|                 |                             |               | <b>Note:</b> QSTPCL may vertify any    |  |
|                 |                             |               | information provided, and any the      |  |
|                 |                             |               | discovery of any falsified information |  |
|                 |                             |               | will likely result in suspension from  |  |
|                 |                             |               | the register.                          |  |
| 0               |                             | of            | Yes / No (delete as necessary)         |  |

Please fill in the CPD log below referring to the guidance on the following page and the guidance in the certification criteria

| certification | criteria.    |                   |                     |  |                                   |
|---------------|--------------|-------------------|---------------------|--|-----------------------------------|
| DATE          | Duration of  | Type of Activity  | Details of Activity | Description of activity and              | Contact details                   |
| (DD/MM/YY)    | CPD in hours | # Structured      |                     | ho <mark>w it meets</mark> the CPD       | (see previous                     |
|               | 1            | # Semi-structured |                     | requirements (please                     | page) of tutor /                  |
|               | y y          | # Unstructured    |                     | rem <mark>ember to a</mark> ttach copies | lecturer /                        |
|               | 1            |                   |                     | of re <mark>levant doc</mark> uments)    | organiser /                       |
|               | 7            |                   |                     |  | manager                           |
|               | 1            |                   | KTY                 |  | Company Name:                     |
|               |              |                   |                     |  | Contact Name:                     |
|               |              |                   |                     |  | Position:                         |
|               |              |                   |                     |  | Phone/Fax:                        |
|               |              |                   |                     |  | Email ID:                         |
|               |              |                   |                     |  | Information<br>Verified: Yes / No |
|               |              |                   |                     |  | Company Name:                     |
|               |              |                   |                     |  | Contact Name:                     |
|               |              |                   |                     |  | Position:                         |
|               |              |                   |                     |  | Phone/Fax:                        |
|               |              |                   |                     |  | Email ID:                         |
|               |              |                   |                     |  | Information<br>Verified: Yes / No |
|               |              |                   |                     |  |                                   |