

CONTINUING EDUCATION AND TRAINING (CET) PROGRESS REPORT FORM: 01 APRIL 2008 UNTIL 31 MARCH 2009

Name and Surname: _____

Your Registration No. with the Council: _____

CET Activity	Name of Service Provider	Venue Activity Held	Date	Telephone or email address of Service Provider	Number of Hours	For Office Use
Conference(s)						
Seminar(s)						
Workshop(s)						
Additional Qualification(s)						
Other Activity(ies)						
TOTAL HOURS						

Record of your CET hours appear on the Status Report Form (bottom left) that accompanied your invoice for annual fee. Blank spaces indicate that you did not submit your CET hours previously.

All Professionals must fill in and return this form by 30 June 2009. By signing this form the professional certifies that the information provided is correct.

Signature: _____

Date: _____