**Foundation Training Year: CPD Planned learning form**

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| **Trainee pharmacist:** |  | | |
| **Designated supervisor:** |  | | |
| **Date:** |  | **Stage of training  (in weeks)** |  |
| **Title of CPD:** |  | | |

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| What are you planning to learn? |
| How are you planning to learn it? |
| Give an example of how this learning will benefit the people using your service |
| Designated supervisor comments |