**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 |