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

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

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| Describe an unplanned event or activity that enabled you to learn something new or refresh your knowledge or skills |
| Give an example of how this learning benefitted the people using your service |
| Designated supervisor comments |