

# CPD LOG

## GUIDANCE NOTES FOR COMPLETING THE ACTIVITY LOG

We prefer this log to be filled in digitally. If printed and scanned, please keep resolution set at low, to limit file size.

<b>COLUMN 1</b>	<b>Activity number on log sheet:</b> You do not need to add any information to this column.
<b>COLUMN 2</b>	<b>Date:</b> Day, month and year of the first day of the activity.
<b>COLUMN 3</b>	<b>Total Duration:</b> Total time, including time spend off site, that you spent on the activity (To the nearest half day).
<b>COLUMN 4</b>	<b>Client Contact Details:</b> This section must be completed in full for us to perform evaluation and verification. If any of this information is not available, we may ask you to supply us with more evidence.
<b>COLUMN 5</b>	<b>Standard/reference:</b> If standard for your activity is not referenced in the corresponding the equivalent standards list, please contact the CBQA Global for advice and/or submit to CBQA Global, with your CPD logs.
<b>COLUMN 6</b>	<b>Contact Details of the company that employed you:</b> the company that employed you, i.e. your employer or client if consultancy/contracted activity. This section must be completed in full for us to perform evaluation and verification. If any of this information is not available, we may ask you to supply us with more evidence.
<b>COLUMN 7</b>	<b>Declaration of competence</b> You declare that the activity was conducted adequately and professionally and that the presented information is accurate.

**PLEASE COMPLETE THE ACTIVITY LOG DECLARATION BELOW:**

<b>Name &amp; Initials</b> (Enter below)	<b>Registration Number</b> (Enter below)	<b>Existing Grade</b> <b>(Trainer, Auditor, Lead Auditor)</b>	<b>Declaration:</b> I declare that all information submitted is accurate and is representative of the activity I have carried out. Note: CBQA Global may verify any information provided, and discovery of any falsified information will likely result in suspension from the register.
			Sign or print name:

1	2	3	4	5	6	7
<b>Number</b>	<b>Dates</b> (DD/MM/YY)  <b>STATE:</b>  Start and finish dates of the activity on site	<b>Total Duration of Audit/Training/Webinar/etc in Hours</b>  <b>STATE:</b>  Number of hours of <b>your</b> involvement	<b>Contact details of the company</b>  <b>PROVIDE:</b> <ul style="list-style-type: none"> <li>• Client contact name</li> <li>• Complete address</li> <li>• Telephone/fax number:</li> <li>• E-mail address</li> </ul>	<b>Standard/Reference</b> (e.g : SKKNI/ISO 27701, CIPM, etc)  <b>STATE:</b>  Full Reference incl. date of standard	<b>Contact details of the company that employed you</b>  <b>PROVIDE:</b> <ul style="list-style-type: none"> <li>• Company name</li> <li>• Complete address</li> <li>• Contact Name</li> <li>• Position within Organisation</li> <li>• Contact telephone number</li> <li>• Email address</li> </ul>	<b>Declaration of competence</b> (This person declares that the activities were conducted adequately and professionally and that the presented information is accurate)  <b>PROVIDE:</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position</li> <li>• Registration number: (if applicable)</li> <li>• Contact telephone/fax number</li> <li>• Email address</li> </ul>