

**POST REGISTRATION TRAINING AND LEARNING  
RECORD OF ACHIEVEMENT**

Name  
Address for correspondence

Registration number  
Date of registration  
Date registration period finishes

<b>Date</b>	<b>Duration (hours or days)</b>	<b>Details of training and learning activity (including where appropriate name of provider of training or learning activity)</b>	<b>Please state how the recorded training and learning has contributed to your professional development and informed your practice</b>

<b>Date</b>	<b>Duration (hours or days)</b>	<b>Details of training and learning activity (including where appropriate name of provider of training or learning activity)</b>	<b>Please state how the recorded training and learning has contributed to your professional development and informed your practice</b>

<b>Date</b>	<b>Duration (hours or days)</b>	<b>Details of training and learning activity (including where appropriate name of provider of training or learning activity)</b>	<b>Please state how the recorded training and learning has contributed to your professional development and informed your practice</b>

**TRAINING AND LEARNING IN RELATION TO THE PROTECTION OF CHILDREN AND ADULTS FROM HARM**

Date	Duration (hours or days)	Details of training and learning activity (including where appropriate name of provider of training or learning activity)	Please state how the recorded training and learning has assisted you to contribute to the protection of children and adults from harm

<b>Total training and learning for period of registration</b>	
<b>Hours:</b>	<b>Days:</b>

***Declaration***

I confirm that I have undertaken the activities recorded on this form and that the details I have provided are accurate. I understand that failure to meet post registration training and learning requirements, or the provision of false information in relation to meeting these requirements, may be considered by the Scottish Social Services Council as misconduct.

<b>Signature:</b>	<b>Date:</b>
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