

## Post Registration Training and Learning

### Record of Achievement

Name:  
Address for correspondence:

Registration number:  
Date of Registration:  
Date registration period finishes:

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 contributed to your professional development and informed your practice

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**Total training and learning for period of registration**

**Hours:**

**Days:**

**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.

**Signature:**

**Date:**