**Learning Objective**: Click or tap here to enter text.

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| **CPD undertaken***Title & c-number* | **CPD completion date** | **Learning outcomes***What were the learning outcomes from this CPD linked to your learning objective?**What knowledge, skills or insights did you gain?**Did the CPD allow you to achieve the anticipated learning outcomes? If so, how? If not, why not?* | **Impact of CPD***How will this CPD impact your professional practice?**Has this CPD encouraged you to change the way you practise?**What benefits will this bring for your patients, peers, practice, or organisation?* | **Further Learning***Has this CPD highlighted any further learning or development needs for yourself or others you work with?**How will you address these needs?* | **Additional reflections** |
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