Your details



Trauma & Resilience: The Lived Experience of Trauma

Continuing Professional Development Learning Record

Complete and save a copy of this form to create your own record of CPD you've undertaken or to further embed your learning.

Your name:			
Date completed:			
Activity Name:	Trauma & Resilience: The Lived Experience of Trauma		
Time spent engaged in the activity:			
	(including completing this form)		

After watching or listening to the activity, consider the following:

1. What were three key messages that were covered in the activity?

2. Identify your learning goal and how the activity's content aligned with that goal.			
3.	What actions are you going to take to use the learni	ings to improve and/or change your practice? For	
	 example: Explore the topic further in a supervision session or with a peer/colleague Identify and read the latest research Undertake additional courses, study or training Search MHPN's webinar or podcast libraries for more PD content Join an MHPN network to connect with other practitioners for networking, peer support or PD 		
4	Please note any other reflections on the topic or act	tivity	
Τ.	Trease note any other reflections on the topic of act	iivity.	
	ental Health Professionals' Network BN 67131543229	Email webinars@mhpn.org.au	
PC Fli	ostal D Box 203 nders Lane C 8009	Telephone 1800 209 031	