

Continuing Professional Development Log Book

Personal Details

Full Name																									
Address																									
Home Number																									
Work Number																									
Mobile Number																									
Fax Number																									
Email Address																									
Specialist Skills	<table> <tr> <td>Business planning</td> <td><input type="checkbox"/></td> <td>Change management</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Coaching</td> <td><input type="checkbox"/></td> <td>Finance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fundraising</td> <td><input type="checkbox"/></td> <td>Governance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Human resources</td> <td><input type="checkbox"/></td> <td>Interim management</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Law</td> <td><input type="checkbox"/></td> <td>Recruitment</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Revenue generation</td> <td><input type="checkbox"/></td> <td>Strategic planning</td> <td><input type="checkbox"/></td> </tr> </table>	Business planning	<input type="checkbox"/>	Change management	<input type="checkbox"/>	Coaching	<input type="checkbox"/>	Finance	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Governance	<input type="checkbox"/>	Human resources	<input type="checkbox"/>	Interim management	<input type="checkbox"/>	Law	<input type="checkbox"/>	Recruitment	<input type="checkbox"/>	Revenue generation	<input type="checkbox"/>	Strategic planning	<input type="checkbox"/>
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Revenue generation	<input type="checkbox"/>	Strategic planning	<input type="checkbox"/>																						
Professional Qualifications/ Certified Training																									

Personal Feedback Record, *if applicable*

Date	Mentor	Debrief Date	Project Date(s)	Brief outline of issues brought to the debrief

Feedback for Other Consultants Record

Date	Mentor	Debrief Date	Project Date(s)	Brief outline of issues brought to the debrief

Self-Learning

Structured Training Record

(e.g. Training Workshop)

Date	Event	Hours

Further Learning Record

(Written material studied, articles written, training sessions led, peer group meetings)

Date	Activity	Hours

Self-Evaluation Consultancy Skills

(A good consultant has certain skills. How well do you perform on those skills? Do a critical self-assessment, if possible together with your close peers. In what skills are you strong, in what weak? Plan your own learning based on that evaluation).

Skill	Score (1-5)	Comments	Learning needed
Analysing problems			
Reporting written			
Reporting oral			
Facilitating			