1. **Purpose.** Members of staff who receive a grant to the cost of CPD or discretionary travel are requested to complete a short reflection in order that the school has an audit of the impact of the funding. The reflection will be circulated to the school Management Group.

2. **Process.** Please paste the headings into a Word Doc and send to Karen Ross and Sandra Dye shortly after the event is completed. The report should not exceed one side of paper.

3. **Headings:**
   
   a. Name and appointment:
   b. Title of Course, training or event:
   c. Provider:
   d. Total Cost:
   e. School Contribution:
   f. Personal Contribution:
   g. Additional Funding:
   h. Brief description including length & content:
   i. Keywords: (no more than 2)
   j. Please reflect on what you gained from attending this event:
   k. Following this course / event in what way might you alter your practice?
   l. Would you recommend this course to other? Please explain your answer
   m. How will the School of Medicine benefit from your attendance at this event?