

# Continuing Professional Development (CPD) Report of Activities



## PERSONAL DETAILS

Title: (Dr, Mr, Mrs, Ms) \_\_\_\_\_ Surname: \_\_\_\_\_  
Given Names: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Private Address: \_\_\_\_\_  
\_\_\_\_\_ Suburb: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## EMPLOYMENT DETAILS

Position Title: \_\_\_\_\_  
Organisation Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_ Suburb: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_  
Business phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Preferred Mailing Address: (Please tick)  Business  Private

## CPD DEFINITION

For full information on the CPD requirements of CPMgr status, as well as a definition of what constitutes eligible CPD, please refer to the policy sheet Continuing Professional Development (CPD).

## MORE INFORMATION

If you require further information on CPD, or the requirements of maintaining CPMgr status, please contact the Membership Team at the Australian Institute of Management SA on 08 8241 8000 or [membership@aimsa.com.au](mailto:membership@aimsa.com.au)

## CPD DECLARATION (Please sign when providing for CPD Audit purposes)

I hereby confirm, that as required under the CPD requirements policy of CPMgr status, I have completed at least 90 hours Continuing Professional Development(CPD) in my triennium defined below and that the details of that completion overleaf are a true and accurate record of my activities.

Reporting Period: this report is for the triennium finishing 31 December \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

