AHSCA
The Association of Hydraulic Services Consultants Australia

PERSONAL RECORD OF CPD ACTIVITIES

Name of Member: ……..

CPD Activity for Period 1st July …… till 30th June ……

Contact address, phone, fax or email ……

Date of Activity	Nature of CPD Activity completed	Venue of Activity	CPD Points

I hereby certify that the aforementioned record is true and correct.

Signature of Member: …… Date: ……..……

Please maintain this as a record of your Continuing Professional Development. Forward a completed copy to the CPD Coordinator by no later that the 31st July each year to receive your allocation of CPD Points.

Office use:

Date received: …… Date processed: ..……..

Assessment of activity: Points to be allocated: ……..

Signature:……..

for the AHSCA WA Chapter CPD Assessment Committee