



THE GOVERNING BODY FOR THE SPORT IN AUSTRALIA

CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM

ACTIVITIES FORM

Full Name: (please print) **Registration number:** I certify that I have complied with DSA's CPD requirements as evidenced below.

Signature: **Date:**

No.	Date/Dates	Description of Professional Activity Undertaken (as per the description on the circulated activities list – see Website)	Activity Reference No. (Circulated List – Web site)	No. of Points Claimed (See Website)	Details/evidence of participation in activity (can be an attached certificate, a receipt, an 'signed-off' brochure, or a name + signature of the activity presenter/promoter – or similar*)

* Any reasonable item evidencing participation will be acceptable

Office Use Only:
 1. Approved for inclusion on CPD activities register.
 2. Activities entered/recorded in register

DSA Accreditation Commission per : Date:

Authorised: Date.....
 (State Branch Accreditation Officer)