

5 year Continuing Professional Development Endorsement Form (C/E/O)

This form covers the period of time from..... to.....

1. Basic requirements: Every Transactional Analyst will be required to receive regular supervision of his or her professional work at a minimum of 8 supervision sessions (minimum of an hour per occasion) per year with an appropriately qualified and experienced supervisor as stated in the UKATA Code of Professional Practice
2. A minimum of 250 hours of CPD activity over the five-year period with normally a minimum of 20 hours during any year in that period.

5 Year Peer Group Review: Every 5 years the member meets with a group of not less than 3 colleagues (at least one of whom should be from outside the member's orientation and, if possible, the UKATA).

The member presents their portfolio including logs, Annual CPD summary forms and certificates of attendance and professional indemnity insurance for the last 5 years.

The member, with help from the group, reflects on the CPD undertaken and what s/he has gained personally and/or professionally from it.

The member will also discuss his/her current learning needs and make a plan for future CPD.

The group members give feedback and decide whether or not to endorse the portfolio. The group may decide to recommend a further course of action prior to endorsement of the portfolio. On satisfactory completion of the monitoring process the member submits the signed endorsement form confirming his/her ongoing professional development to the UKATA Administrator.

If the member concerned disagrees with the assessment or the recommendations of the group an appeal can be made through UKATA Ethics and Professional Practices Committee. If a member fails to maintain effective CPD, or provide the necessary documentation, they will be referred to UKATA Ethics and Professional Practices Committee.



Name of Member

Please give the total number of hours for each activity for the five years covered.

| Activity | Total Number of hours | |
|--|-----------------------|-------|
| | 1:1 | Group |
| Clinical work | | |
| Supervision received | | |
| Supervision Given | | |
| Training courses workshops etc. attended | | |
| Training and workshops etc. offered | | |
| Research Activities | | |
| Reading | | |
| Other e.g. committee work, examining | | |

1. Member's Review on CPD over the last 5 years: (what have you gained/lost/developed/learned and how has this informed your professional development)
2. Observations, growing edges, strokes from Group Members:
3. Plan for the next 5 years:





Peer group met on (date)

The group confirms that: (Member's name)

Address
.....

is pursuing effective ongoing professional development and we confirm the CPD as claimed by the member for the last 5 years.

Peer Group Members (please write clearly)

Name (Print) Signature

Name (Print) Signature

Name (Print) Signature

Name (Print) Signature

Member's Name (Print) Signature

Member's Supervisor (Print)..... Signature

The member should return the completed form to the UKATA Administrator with the membership renewal due 1st October.

Forms can be posted to the UKATA address (above) or scanned and emailed to the email address.

