

HOSPITAL PLAY SPECIALIST REGISTRATION COUNCIL
EVIDENCE TEMPLATE

Workshop/seminar attendance for NZHPSReg PD requirement

This template is provided as guidance of the evidence that should be held within a professional portfolio for verification of your PD record prior to Registration)

Details of PD undertaken

Workshop Title:

(include additional information if the title does not provide sufficient information for assessment purposes)

Presenter: Name:

Role:

Venue:

Date of workshop or seminar:

Time of workshop:

Relevance to PD goals/service development:

Summary of the key points/findings/new knowledge *(provide at least three points of interest)*

Illustrate how this workshop may influence your practice *(does it support your current knowledge / way of working or has it highlighted a potential change in practice? Link this to current role and goals)*

Identify any workshop handouts/personal notes held:

Identify if feedback provided within HPS Service:

Date:

Verification by professional leader/ team leader

Signature

(print name/role)