## Carer Awareness for General Practice

## PROFESSIONAL DEVELOPMENT point submission form

The Carer Awareness education kit has been approved by RACGP for two CPD activity points and by ACRRM for one hour of professional development (2020-2022 triennium). North Western Melbourne PHN will manage these points on behalf of the other Victorian PHNs.

If you have delivered a local education session (face-to-face or webinar), please provide details of the event and attendees below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Your PHN details** | | **Education event details** | |
| Contact name |  | Event name |  |
| Email |  | Date and time |  |
| Phone |  | Location |  |

Please select the appropriate option:

This was an in-person event and I have attached a copy of the signed registration sheet

This was an online event and I have attached evidence of attendee engagement

(e.g. GoToWebinar or Zoom report showing attendance and attentiveness at webinar)

This was an online event and I confirm all people listed attended the full event and are eligible to receive CPD points

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Date \_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE ALL ATTENDEE INFORMATION ON THE FOLLOWING PAGE**

**CARER AWARENESS IN GENERAL PRACTICE - EVENT ATTENDEE DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **First name** | **Last name** | **RACGP number** | **ACRRM number** |
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**Please send completed form and accompanying evidence to** [**education@nwmphn.org.au**](mailto:education@nwmphn.org.au)