

# CPD GROUP EVENT ASSESSMENT SUBMISSION FORM



## 1. GROUP/COMPANY DETAILS

PREVIOUS ASSESSMENTS:   
CPD EVENTS CALENDAR:

ISNSW  
EVENT  
CODE **OFFICE USE ONLY**

Group/Company Name: .....

Contact Person:..... Date: .....

Phone: ..... Fax: .....

Email: .....

Address: .....

## 2. EVENT DETAILS (e.g. seminar/training)

**Please note:** You are requested to send a list of attendees once the event has been completed.

Event date: .....

Event Times and Durations: .....  
(Show break times separately)

Event name: .....

Event location: .....

Event organiser (if different to above): .....

Organiser contact details (if different to above): .....

Have you previously run this event before? If so, when and where?: .....  
.....

How many people are you expecting to attend the event? .....

## 3. CHECKLIST OF ATTACHMENTS

- Program with details**
  - Times and Durations (show break times separately)
  - Topics covered (heading plus detailed explanation)
- I have read the current ISNSW CPD Policy, and I am satisfied that the learning being undertaken as described in this submission, meets the requirement of that policy.**

**PLEASE COMPLETE THE FOLLOWING PAGE**

**WARNING!!!** This form should be submitted for CPD assessment prior to your event being held. ISNSW may charge a late fee if the event has already been held.

