

Continuing Professional Development Record (CPD)
Personal record sheet for the period: _____ to _____

Full Name: _____

Please tick: Licensed Surveyor Registered Surveyor Registered Surveying Graduate

Date	Activity	CPD Provider	CPD Code	Cadastral Content Points <i>(CPD Policy Table 4)</i>	General Survey Practice Points <i>(CPD Policy Table 5)</i>
CPD Points Claimed					
Total CPD Points					

I declare that the information provided in this record is true and correct and meets the CPD requirements in the [SBSA CPD Policy](#)
 (Note: Proof of attendance may be requested)

SIGNATURE _____ DATE _____