

Please provide a summary of your CPD activities by returning this form with your membership renewal by November 2008

Name Membership No:
 Signature

PART ONE: DIRECT SHIATSU CPD: 12 HOURS MINIMUM REQUIRED

CPD directly related to Shiatsu post-graduate study	DETAILS	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08
Practical Workshops													
Teacher Training													
Theory Workshops													
Anatomy and Physiology													
Other													
Other direct shiatsu related activities	DETAILS	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08
Research													
Reading													
Writing													
Mentoring													
Peer / Teacher communication													
Other													
CPD business skills training	DETAILS	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08
Clinic management													
Tax and office skills													
Advertising and promotion													
Other													
TOTAL													

PART TWO: ADDITIONAL CPD: NO MINIMUM HOURS REQUIRED

CPD: allied studies - courses & workshops	DETAILS	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08
Counselling													
NLP													
Acupuncture													
Massage													
Sacrocranial Therapy													
First Aid													
Other													
Other													
Continuing personal development and Ki awareness	DETAILS	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08
Moving Arts and Exercise													
Residentials / extra workshops etc													
Meditation													
Other													
TOTAL													

FOR GUIDANCE ON HOW TO FILL IN THIS FORM PLEASE REFER TO THE ATTACHED GUIDANCE NOTES OR CALL THE SHIATSU SOCIETY (UK) ON 0845 130 460

PLEASE RETURN TO THE ADMINISTRATOR, THE SHIATSU SOCIETY (UK), P O BOX 4580, RUGBY, WARWICKSHIRE, CV21 9EL

THANK YOU FOR PARTICIPATING IN OUR VOLUNTARY SCHEME!