**CPD Annual Return 2024**

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Current Job Role/Title:** | |  | |
| **Health Care Institution:**  **Work E-mail:**  **Personal E-mail:** | | | **Landline Number:**  **Mobile Number:** |

**CPD Hours Guidance:**

* Full/Associate/Student: 40 hours
* Affiliate Member: 20 hours
* Senior Honorary Associate: 10 hours

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| --- | --- | --- | --- |
| **Category** | **Examples** | **Impact of Learning  on Practice** | **CPD  hours/points** |
| **Individual:**  Self-directed learning |  |  |  |
| **Individual:**  Professional activity |  |  |  |
| **Internal:**  Work-based learning |  |  |  |
| **External:**  Formal educational activity |  |  |  |

**All Other Regulatory Body Registrations** (please add as necessary) **(please add as necessary)**

|  |  |
| --- | --- |
| **Registration Number:**  **Registration Number:** | **Regulatory Body Contact Person:**  **E-mail:**  **Phone Number:**  **Regulatory Body Contact Person:**  **E-mail:**  **Phone Number:** |
| **I am not registered with another regulatory body 🞏** | |

**As part of my registration with UKBHC:**

1. I agree to comply with the [UKBHC Code of Conduct for Healthcare Chaplains (Sept 2024), Agreement to Principles document](https://www.ukbhc.org.uk/wp-content/uploads/2024/12/2024_10_04-Conduct-of-Conduct-and-Agreement-to-Principles.docx)and abide by all UKBHC policies.
2. I confirm that I am working as a professional in healthcare chaplaincy/professional in spiritual care in the UK and/or the Republic of Ireland.
3. I agreeto information-sharing permissions to enable regular regulatory checks between the UKBHC and any listed regulatory body, and any other appropriate authorities, to enable the annual regulatory checks done by UKBHC to assure good standing of registrants and public safety in practice.
4. I agree to provide details ofany new registrations obtained with other regulatory bodies, including dates of registration, and appropriate contact details.
5. To my knowledge, I am not subject to any formal disciplinary processes, and should this change, I agree to inform the [UKBHC Registrar](mailto:registrar@ukbhc.org.uk) and [Lead Officer for Registration](mailto:registration.lead@ukbhc.org.uk) as soon as possible. I understand that should I be the subject to a disciplinary process, my UKBHC registration will be suspended pending the outcome of any pertinent investigation processes.
6. I confirm that I have a Disclosure Certificate as required by my employer to work in healthcare or professional spiritual care (Enhanced DBS, Enhanced PDG, AccessNI). This is expected to be at an enhanced disclosure level.
7. I confirm that I have completed and have evidence of valid safe-guarding training relevant to my work as a healthcare chaplain/spiritual care professional.
8. I can confirm that, if my healthcare chaplaincy role requires me to represent a faith or belief position (or, if I am spending time in role that is clearly representative of a faith or belief position), I will ensure that my employing body holds appropriate evidence of relevant endorsement to the faith or belief position represented, and that this is kept current (as per my faith/belief tradition requirements). Should this change, my employer will be notified.

Signature of registrant/member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

2024 CPD annual summary forms are due on 28th February 2025.

Email: [registrar@ukbhc.org.uk](mailto:registrar@ukbhc.org.uk)

*Please retain a copy of this report for your personal records.*