



NURSING COUNCIL Attendance Sheet for CPD

Lecture Topic Date..... Time

Resource Person/Speaker Venue

Serial number	Designation N.O,CN,	NAME (BLOCK LETTERS)		Telephone Number	Email Address	Signature
		SURNAME	FORENAME (First name)			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Provider/Speaker: Name (RNA,Head Nurse,Speaker...):

Official Stamp/Seal

Signature: