**CPD ACTIVITY STATEMENT**

|  |
| --- |
| Office Use Only |
| CA1 |  |  |
| CA2 |  |  |
| CA3 |  |  |
| CA4 |  |  |
|  |  |  |

 **Individual Attendance Sheet**

**Name of Organiser: COMMUNITY LEGAL CENTRES ASSOCIATION**

**Contact person: FIONA HOBBS –** [**lp.pii@communitylaw.net**](file:///C%3A%5CUsers%5CFHVA%5CDropbox%5CFIONA%20HOBBS%20VA%5CSERVICE%20DELIVERY%5CCLIENTS%5C%23003%20CLCA%28WA%29%5C%23003%20CLCA%28WA%29%20-%20LP%26PII%20Admin%5CCPD%20TRAINING%20EVENTS%5CSDO230-6%202016-17%20CPD%20YEAR%5CQuarterly%20-%20December%202015%5Clp.pii%40communitylaw.net)

**Name of event/activity: CLCA QUARTERLY MARCH 2019**

**Dates held: 20-22 MARCH 2019**

**Participant Name**: ……………………………………………………………………………………………………………………………………

**Employer organisation**: ……………………………………………………………………………………………………………………………………

**Email address:** ……………………………………………………………………………………………………………………………………

Competency Areas: CA1 – Practice Management | CA2 – Professional Skills | CA3 – Ethics & Professional Responsibility | CA4 – Substantive Law

| **Session Title** | **Topics discussed** | **Duration**  | **Competency Area** | **Office Use** |
| --- | --- | --- | --- | --- |
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I have attended the above sessions and am eligible for CPD points as approved by the Legal Practice Board.

Participant Signature ………………………………………………………………………………… Date: ………………………………………………...

* Please email your completed form to the CLC Association (WA) at lp.pii@communitylaw.net.
* In order for the CLCA (WA) to meet its obligations to the Legal Practice Board under its QA Provider approval, it is important that all columns of the form be completed.
* Please note, this information may be made available to the Legal Practice Board of WA on request.