

**Le Chéile
Attendance at CPD**



**Confirmation of
Event**

CPD Event Details

Title of CPD Event: _____

CPD Event Venue: _____

Date: _____

SECTION 1: TO BE COMPLETED BY THE *TEACHER ATTENDING THE CPD EVENT*

Teacher Name: _____

School Name: _____

School Address: _____

Date of Attendance: _____

Duration: _____

Signature: _____

Section 2: TO BE COMPLETED BY THE *CPD EVENT FACILITATOR*

I certify that the above named teacher attended the CPD Event as detailed above

Signed: _____

Date: _____