Refuel

Name

Ph/Mob

Address

Registered states

Registration Nº AIA member Nº

Continuing Professional Development Record

Completion of this form satisfies the record keeping requirement of the relevant jurisdiction. This form will be the basis for periodical audits and must be retained for five years.

Date	Activity	Provider name	Location (state)	Design	Documentation	Proiect Delivery	Practice Management	Formal points	Informal points
29.08.09	Sustainability in the tropics	Knowledge Services	VIC	X		X		2.0	
				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		
							TOTAL:		

I hereby declare that the above information is both true and correct.

Signature

Date

Refuel

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29.08.09	Sustainability in the tropics	Knowledge Services	VIC	X		X		2.0	
				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		
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				☐	☐	☐	☐		
				☐	☐	☐	☐		
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				☐	☐	☐	☐		
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				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		

TOTAL:

I hereby declare that the above information is both true and correct.

Signature

Date