

**CPD Endorsed Activity Form**

*Please allow up to 5 working days for approval, send the completed form to* endorse[dCPD@cisi.org.](mailto:endorsedCPD@cisi.org) *All fields are mandatory.*

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| --- | --- |
| *Your Name:* |  |
| *Company Name:* |  |
| *Contact Information* |  |
| *Activity Title:* |  |
| *Activity Date:* |  |
| *Activity Description:* |  |
| Who is it aimed at?  *(E.g. Financial Planners/Paraplanners/Business*  *Owners etc.)* |  |
| *Trainer/Speaker Name:* |  |
| *Trainer / Speaker Biography:* |  |
| *Learning Objectives:* |  |
| *Learning Outcomes:* |  |
| *No. of CPD Hours:* |  |
| *Publish event on the CISI website (please include link)* |  |

By submitting this form to the CISI and upon approval you agree that this CPD is for learning purposes and not for business development. The CISI reserves the right to reject any further Endorsement should this be proved otherwise.