

Activity	Hours	CPD Category	Comments



Name:	Licence Number:
Job Role:	Date First Qualified:
Employer Name:	
I currently hold a <input type="checkbox"/> Conveyancing Licence <input type="checkbox"/> Probate Licence <input type="checkbox"/> Conveyancing and Probate Licence <input type="checkbox"/> and I am also a CLC Registered Manager.	

Date Completed	CPD Activity	Activity Detail/Topics/Syllabus	Organiser	Duration (hours)



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Declaration

I declare the information on continuing professional development provided by this training record is true and accurate to the best of my knowledge and belief, and that my signature is an undertaking to that effect:

CLC Lawyer Signature:	[] Sole Practitioner
Date:	
Employer/Supervisor Name:	
Job Title:	
Employer/Supervisor Signature:	
Date:	

Please return this completed form on request to:
licensing@clc-uk.org with certificates from the CPD provider or records of events provided by your employer.