

# Self-recorded Education Form

Name of Practice:

<b>Date</b>	
<b>Webinar/Training Duration</b>	
<b>Topic</b>	
<b>Discussion Time</b>	

Summary of Discussion- How will the practice team apply the learnings from the webinar/training?

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Attendance list

<b>Name</b>	<b>Job title</b>	<b>Signature</b>

Name of Practice Manager/Principal GP:

Signature: