

DATE

Insert the date the activity was completed or is proposed to be completed

D	D	/	M	M	/	Y	Y	Y	Y

PROVIDER

Insert the name of the provider or publisher of the activity

DESCRIPTION

Insert the title of the activity and a brief description of its content

JUSTIFICATION OF EQUIVALENCE

Insert a brief submission on the equivalence of the activity to that described in the CPD Policy

PRIVACY NOTICE: The Registry is collecting information on this form for the purposes outlined. All information held by the QBCC may be subject to application for access under the *Right to Information Act 2009* (RTI Act).

This is the Consideration of Equivalent CPD Activity Form referred to in clause 4 of the Continuing Professional Development for Adjudicators Policy, Version 1, November 2018.

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