

O Box 80 Marleston SA 5033 ABN 77 090 873 644 www.arboriculture.org.au

Request for CEU recognition

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Please use one sheet per event or per day for events over multiple days

Member Name	Member No			
Event Name	Date			
Speaker name				
Topic				
Start time		Minutes		
Finish time				
Speaker name				
Topic				
Start time		Minutes		
Finish time				
Speaker name				
Topic				
Start time		Minutes		
Finish time				
Speaker name				
Topic				
Start time		Minutes		
Finish time				
Speaker name				
Topic				
Start time		Minutes		
Finish time				
Total education minutes (do not include breaks or non-teaching time)				
I declare that I have participated in the above education sessions for the duration of time declared. I understand that making a false declaration will result in disciplinary action. Please refer to 4.2. Ethical Issues in the Continuing Education Unit (CEU) Policy.				
Signature	Date			
Where possib	ole, provide details of someone who was at the event and can verify your a	ttendance.		
Name	Phone #			