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Reflective	Reflective Practice Record  Jame: Date of Activity: Description of Activity or Event:		
	Reflection:	What have you learnt?	
	Reflection:	How will you use it at work? How can you pass this knowledge on to others?	
	Reflection: result?	Do you need to continue your learning? Do you feel/think any differently as a	

Signature\_\_\_\_

Date\_\_\_\_\_