|  |  |
| --- | --- |
| **TITLE** |  |
| **Sub-title** |  |
| **Facilitator/s** |  |
| **Aim** |  |
| **Learning outcomes – by the end of this session participants will know/will be able to:** |  |
| **1** |  |
| **2** |  |
| **3** |  |
| **Intended audience** |  |
| **Maximum number (if applicable)** |  |
| **Support required to run session** |  |

**PATHOLOGY NETWORK CPPD SESSIONS**

**Interested in presenting a session and want to get involved or have ideas for future session, please complete and return this form to** **m.bhogal1****@nhs.net four weeks prior to any planned session.**