

# REFLECTIVE LEARNING FORM

*To be retained by participant*

Event date: \_\_\_\_\_

Title of learning event: \_\_\_\_\_

\_\_\_\_\_

Duration (length) of learning event: \_\_\_\_\_

**Bath GP  
Education &  
Research Trust**

C/O Bath Institute for  
Rheumatic Diseases  
Trim Bridge  
Bath  
BA1 1HD

Tel: 01225 448444  
Fax: 01225 336809

## Topics Covered / What were your learning objectives

## Reflections on how this has and will help *you* in the future

## How this will change your practice? Are there any outstanding actions for *you* from this learning event?