# ACTIVITY LOG

## FOR PROFESSION

*Record. Reflect. Improve. Excel.*

- PROFESSIONALISM
- KNOWLEDGE
- SKILLS
- IMPACT

Name: _____ Employee / ID No.: _____

Profession / Role: _____ Period From: _____

Department / Practice Area: _____ Period To: _____

| DATE | ACTIVITY / TASK PERFORMED *(What was done?)* | OBJECTIVE / PURPOSE *(Why was it done?)* | OUTCOME / IMPACT *(What was achieved?)* | LEARNING / INSIGHT *(What I learned?)* | EVIDENCE / REFERENCE *(If any)* |
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### REFLECTION

What are my key takeaways from this period?
How will I apply this learning to improve my practice?

_____

_____

_____

_____

### GOALS / NEXT STEPS

What will I focus on next?
What actions will I take?

_____

_____

_____

_____

### VERIFICATION

I confirm that the activities recorded above are accurate and completed by me.

Signature: _____

Date: _____

Supervisor (if required): _____

Signature: _____

Date: _____

PROFESSIONAL IN CONDUCT | CONTINUOUS IN LEARNING | FOCUSED ON IMPACT | *Better Every Day Stronger Together*