

Ref. no.: _____

Continuous Profession Development
Reporting Form – Supervision

1. Personal details:

Name:

HKIST Number:

Contact telephone number:

Email address:

2. Type of supervision:

🍏 **Student supervision**

Student from (Institution):

Total no. of hours: _____

🍏 **Mentoring and clinical supervision**

Area involved:

Outcome:

Duration: _____

Signature of member:

Remarks: please attach support document e.g. invitation letter etc. for our reference