Hong Kong Institute of Speech Therapists 香港言語治療師公會



Ref. no.:	

Continuous Profession Development

	Reporting Form – Research Participation
1.	Personal details:
	Name:
	HKIST Number:
	Contact telephone number:
	Email address:
2.	Topic of research:
3.	Role
	Investigator Participant – subject, rater or research assistant
4.	Total number of hours of participation:
Sig	gnature of member:
Re	marks: please attach support document e.g. completed paper, proposal, information
	ant ate for our reference

sheet etc. for our reference