

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 of supervision: _____

Mentoring and clinical supervision

Area involved:

Outcome:

Total number of hours of supervision: _____

Signature of member: _____

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