

Ref. no.: \_\_\_\_\_

**Continuous Profession Development**  
**Reporting Form – Research Participation**

**1. Personal details:**

Name:

HKIST Number:

Contact telephone number:

Email address:

**2. Topic and brief description of research:**

---

---

---

**3. Role**

- Investigator
- Rater/ research assistant
- Participant – subject

**4. Total number of hours of participation:** \_\_\_\_\_

**5. Please select and provide the supporting proof of research participation for reference:**

- Consent form
- Research information sheet
- Official letter/ email from institution
- Others (please specify): \_\_\_\_\_

**Signature of member:** \_\_\_\_\_