

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 supervision from (Institution) _____

Clinical placement period: _____

Total no. of hours of supervision: _____

Mentoring and clinical supervision

Please describe the clinical and professional skills involved with outcome documented:

Mentoring period: _____

Total no. of hours of supervision: _____

3. Please select and provide the supporting proof of clinical supervision for reference:

Invitation letter from institute (specifying supervisory duty, clinical placement period and clinical hours involved)

Others (please specify the type of proof provided): _____

Signature of member: _____