

Post qualification Experience Form (Part I)

To : Secretary, Occupational Therapists Board

Application for Registration as an Occupational Therapist in Part I of the Register under Section 12(1)
(*a/b/c) of the Supplementary Medical Professions Ordinance
by *Mr/Ms _____

(Name of applicant)

The above-named person applies for Part I registration and I confirm the following.

- (a) The job description and duty list of the applicant's employment is/are attached. (please attach the job description and duty list with supervisor's signature)
- (b) The average monthly hours of supervision, and mode and channel of supervision between the applicant and supervisor(s) on each of the following areas are#:

Areas <i>(see Note 1)</i>	Mode of supervision <i>(see Note 2)</i>	Channel of supervision <i>(see Note 3)</i>	Average monthly hours of supervision
Administrative			(a)
Clinical			(b)
Supportive			(c)
Overall monthly hours of supervision: (a) + (b) + (c) <i>(see Note 4)</i>			

- (c) The applicant *is/was continuously employed on a *full-time basis/part-time basis (please specify)
 (_____)

(Details of part-time employment)

with _____

(Name of employing organization)

holding the position of _____

(Position held)

from _____ to _____. The applicant's business address(es) *is (are)/

(Date)

(Date)

was (were) _____

During the above period, the applicant *has taken/has not taken leave for more than one month. *Period of leave taken was from _____ to _____ and from _____ to _____.

(Date)

(Date)

(Date)

(Date)

Signature of Supervising Part I Occupational Therapist : _____

Name of Supervising Part I Occupational Therapist : _____

Registration Number : _____

Current Post Title : _____

Organization : _____

Contact Telephone Number : _____

Business Address : _____

Date : _____

Please use separate sheets where necessary.

* Please delete as appropriate