

## 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 Allied Health 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