

LEARNING PORTFOLIO (Mandatory)

(Trainees must record this and submit to BVTS@hkcfp.org.hk six-monthly)

To: BVTS@hkcfp.org.hk

From:

Date: _____

Name of Trainee: _____

Status of Training: *C1/ C7/ C13/ C19

Learning Needs (Prioritised)	Learning Methods	Learning Activities	Target Commencement Date	Target End Date

Please make copies of this form as needed. * circle as appropriate

Certification by clinical supervisor:

Signature

(Name in block letters)

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