香港和解中心
Hong Kong Mediation Centre

CPD Record Submission Form

Name of Accredited Mediator	
Membership Number	
Date of Submission	
CPD period	_____ (DD/MM/YY) to _____ (DD/MM/YY)

Date	Activity (please specify the type - training, professional activity or voluntary work)	Organiser	CPD points
		Total CPD points =	

*Use additional sheets if necessary.

I declare and certify that all particulars given on this form are true and correct.

Signature of Applicant: _____ **Date:** _____

Room 504, 5/F, West Wing, Justice Place, 11 Ice House Street, Central, Hong Kong
Tel: 852 2866 1800 Fax: 852 2866 1299 Email: admin@mediationcentre.org.hk

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