



Expressive Arts Therapy Association of Hong Kong (EATAHK)

Review Form for Professional Indemnity Insurance

I meet the following requirements (Please "✓" the appropriate box ☐):

- ☐ EATAHK professional members ☐ EATAHK associate members
☐ Registered creative arts therapist

GENERAL INFORMATION			
Name of Applicant:		Phone No:	
Company Name: (Private Practice)		Email Address:	
Address:			
PROFESSION REGISTRATION (for registered therapist only)			
Professional Title:			
Issuing Authority/ Organization:			
Registration Number:		Date of first issue:	
		Valid till:	
EDUCATION AND TRAINING			
Name of Approved Training Program:			
Name of the Training Institution:			
Year of Entry		Year of Graduation	
Name of Approved Supervisor:			
Professional Title:		Valid Registration No:	
Issuing Authority:			
DECLARATION BY APPLICANT			
I have informed my supervisor of this application. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I hereby declare that the information submitted as indicated above is true and correct. I agree to respect and uphold the code of ethics of my professional organization.			
Signature:		Date:	

Recommended by EATA HK (for office use)

<input type="checkbox"/> Support	<input type="checkbox"/> Reject	Reasons:	
	Countersigned by: (Identifying no. of second reviewer)		
Identifying no. of reviewer		Date:	

Notes:

EATAHK associate members should be under clinical supervision by a qualified supervisor upon completion of recognized training program hosted by an accredited university/training institute