**APPENDIX 3**

**SUPERVISION DEPARTURE FORM**

Date: DD/MM/YYYY

From: Supervisor

To: HKADCP

|  |
| --- |
| Particulars:  |
| Name of Supervisee:  |  |
| Contract Ref.  |  |
| Commencing Date:  |  |

|  |  |
| --- | --- |
| No. of Sessions: |  |
| Date of termination: |  |
| Reason(s) of termination  | Contract expired  |

|  |  |
| --- | --- |
| Checked by: |  |
| Filed by:  |  |
| Filed on |  |

Signed by Supervisee: ........................................... Date: .................................

Signed by Supervisor: ............................................. Date: .................................