



# Health Professionals Council (Seychelles)

Health Professionals Council  
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## CONFERENCE/ WORKSHOP/ SEMINAR PARTICIPATION RECORD

### Registrant Details

Name: ..... Profession: .....

HPC Registration Number: .....

### Conference/Workshop/Seminar Details

Title: .....

Organising Agency: .....

Date(s): ...../...../..... Venue: .....

Facilitator(s): .....

Role (*tick as applicable*):  Presenter  Organiser  Participant  Other: .....

### Attendance Confirmation (*if applicable*)

I, (*name*) ....., of (*organisation*) ..... confirm that the above-named HPC registrant participated in this conference/workshop on the date specified.

**Signature:** ..... **Date:** ...../...../.....

*\*Attach attendance certificate if applicable*

### Registrant Reflection

What did you learn from the workshop/conference/seminar?

.....  
.....  
.....

How can this learning impact on your professional practice?

.....  
.....

What follow actions do you intend to take?

.....  
.....

**Registrant signature:** ..... **Date:** ...../...../.....