

Registration No. : \_\_\_\_\_

**Part 1 : Personal Information (Please complete in English)**

Name 姓名(English 英文)	Dr./Mr./Mrs./Ms.		
	(Surname)	(First Name)	
Name 姓名(Chinese 中文)	(姓)	(名)	博士/先生/女士/小姐
Mailing Address 通訊地址			
Name of Organization 工作機構			
Position / Title 職稱			
Telephone Number 電話	(Off.)	(Hm.)	(Mob.)
Email Address 電郵地址			
Fax 傳真號碼			

**Part 2 : Professional Counselling Training received since last registration [please provide a copy of the certificate(s)]**

Organization 機構	Country/Region 國家/地區	Type and Topic of Counselling Training 輔導培訓類型及主題	Total hours of training 訓練總時數	Date of Award 獲取日期

Total hours of counselling training at APCA recognized institutes/centers within the past year: \_\_\_\_ hours.

**Part 3: Clinical Experience within the past year (please provides a letter or certificate from your agency or supervisor)**

Nature of Clinical experience 臨床經驗類別	Total Hours: 總時數	Target group: 輔導對象群	Date 日期	
			From (由) to (至)	
<b>Face to face counselling hours with clinical supervision</b> 從事有督導指導下之輔導面談經驗				
<b>Group Counselling Hours with clinical supervision</b> 從事有督導指導下之小組輔導經驗				

**Remarks :**

1) Annual Fee for registration renewal:

- HK\$280.- for renewal on or before June 30.
- HK\$450.- for renewal from July 1 to September 30.
- HK\$600.- for renewal from October 1 to December 30.

2) Have to finish at least 30 hours of Professional Counselling Training **within 3 months** at the time of renewal. (for those who renew the registration on or before 30 September)

3) Please make cheque payable to “[Asian Professional Counselling Association \(H.K.\) Limited](#)” or bank in (Hong Kong Bank 808-021620-292) and mail the cheque or payment slip together with this form to [Asian Professional Counselling Association \(H.K.\) Limited, Department of Counselling and Psychology, Hong Kong Shue Yan University, 10 Wai Tsui Crescent, Braemar Hill Road, North Point, Hong Kong, C/O Ms. LEE, Wing-sze Cecilia](#). **No cash payment will be accepted.**

4) For further information, please visit our website [www.apca-counselling.com](http://www.apca-counselling.com) or enquire at **25707110 (ext. 326)** during our office hour from 9:00am-6:00pm.

5) The registration year is from 1 January to 31 December.

Signature 簽署 : \_\_\_\_\_

Date of Application 申請日期 : \_\_\_\_\_

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OFFICE USE ONLY

Cheque: \_\_\_\_\_ ATM: \_\_\_\_\_ Rcpt: \_\_\_\_\_ Staff : \_\_\_\_\_ Remarks: \_\_\_\_\_ Date: \_\_\_\_\_