

Counselling Intern Application Form 見習輔導員申請表格

Part 1 : Personal Information (Please fill in all of the information in English)

(updated 31/08/2011)

<input type="checkbox"/> New Application 新申請 <input type="checkbox"/> Renewal 續會 Membership No. : _____	
Name 姓名(English 英文)	Dr./Mr./Mrs./Ms. (Surname) (Given Name)
Name 姓名(Chinese 中文)	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.)
Fax 傳真號碼	
Email Address 電郵地址	

Part 2 : Education [Please provide a copy of the certificate(s)]*

Qualification 學歷	Major 主修	Institute 學院	Date Awarded 獲取日期

Part 3 : Voluntary/Professional Counselling Experience*

Organization 機構	Country/Region 國家/地區	Position 職位	Clientele 服務對象	Date 日期	
				From 由	To 至

Total number of years in voluntary/professional counselling work 從事義務/專業輔導工作之總年數 : _____ Years 年

**You may add additional sheets if necessary 如有需要請另加附頁*

Remarks :

The application fee is **HK\$400** (The Membership is from graduation to 31 December of the following year). Please make cheque payable to 'Asian Professional Counselling Association (H.K.) Limited' OR bank-in the corresponding fee to (Hong Kong Bank: 808-021620-292) and mail together with the payment slip to "Asian Professional Counselling Association (H.K.) Limited", Department of Counselling and Psychology, Hong Kong Shue Yan University, 10 Wai Tsui Crescent, Braemar Hill, North Point, Hong Kong, C/O Miss. Ceci Lee.

For further information, please visit our website: <http://www.apca-counselling.com>

Enquiry: **2570 7110 (ext. 326 Voice Mail) (Office Hour: 9:00a.m.-6:00p.m.)**

Signature 簽署 : _____ Date of Application 申請日期 : _____

OFFICE USE ONLY					
Bank: _____	CQ: _____	Amt: _____	Bank-in Date: _____	Rept: _____	Staff: _____
Remarks: _____					