

Membership 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 : Education [please provide a copy of the certificate(s)]

Qualification 學歷	Major 主修	Institute 學院	Date of Award 獲取日期

Part 3 : Professional Experience

Organization 機構	Country/Region 國家/地區	Position 職位	Nature 性質	Date 日期	
				From 由	To 至
Face-to-face counselling hours with supervision: _____ hours 從事有督導指導下之輔導面談經驗: _____小時 (please provide letter or certificate from your supervisor)					

Part 4: Clinical Experience (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)	
Face to face counselling hours with clinical supervision 從事有督導指導下之輔導面談經驗				
Group Counselling Hours with clinical supervision 從事有督導指導下之小組輔導經驗				

Remarks :

- 1) Please make cheque amounting to HK\$800.- 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.**
- 2) For further information, please visit our website www.apca-counselling.com or enquire at **25707110 (ext. 326)** during our office hour from 9:00am-6:00pm.
- 3) The membership year is from 1 January to 31 December.

Signature 簽署 : _____

Date of Application 申請日期 : _____

OFFICE USE ONLY

Cheque: _____ ATM: _____ Rcpt: _____ Staff: _____ Remarks: _____ Date: _____