

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

Number of years of practical experience in clinical supervision 從事臨床督導工作之年數 : _____ Years 年

Remarks :

- 1) Please make cheque amounting HK\$1,600.- 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 Miss. Liu, Jing Amanda. **No cash payment will be accepted.**
- 2) For further information, please visit our website www.apca-counselling.com or enquire at **21048232**.
- 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: _____