

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

**Part 4: Experience in clinical supervision (please provides a letter or certificate from your agency or supervisor)**

Number of years of practical experience in clinical supervision 從事臨床督導工作之總年期	Nature of the clinical supervision 從事臨床督導工作之性質	Date 日期	
		From (由)	to (至)
_____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 Ms. LEE, Wing-sze Cecilia. **No cash payment will be accepted.**
- 2) 2) 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.
- 3) The membership 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: \_\_\_\_\_ Rept: \_\_\_\_\_ Staff : \_\_\_\_\_ Remarks: \_\_\_\_\_ Date: \_\_\_\_\_