



Asian Professional Counselling Association (H.K.)

亞洲專業輔導協會(香港)

Energy Diagnostic and Treatment Methods

能量診療法介紹講座

講座簡介:

能量診療法是由心理學家 Dr. Fred Gallo 發明的一項治療技巧，是眾多能量心理學治療技術之一。能量心理學是心理學中的一個新分支，主要研究人類能量系統對於人類認知、情緒及行為的影響。Dr. Fred Gallo 結合了應用運動學及思想領域治療的元素，利用能量心理學的原則發明能量診療法，以迅速減少或消除情緒困擾。通過肌肉測試，治療師與受助者找出受困擾情緒影響的相關經絡，然後通過點擊經絡上的某些穴位抒解困擾。研究指出能量診療法能有效及迅速地抒解多種情緒困擾，包括壓力、恐懼、創傷反應、衝動及抑鬱情緒。能量診療法可以作為一種獨立治療技巧，亦可以配合各種傳統心理治療模式。

講者簡介:

沈啟明博士 (Dr. Edward Shen) 是一位擁有超過 20 年豐富經驗的臨床心理學家。他受訓於香港及加拿大，並在當地取得其博士學位及居住了超過 20 年。沈博士更擁有傳統中醫背景，在加拿大是一位註冊草藥師。在加時，他受訓於能量診療法的始創人 Dr. Fred Gallo。回港後沈博士一直從事能量治療的推廣工作。目前，沈博士在香港大學講學，並在思哲心理服務中心及明德醫院醫療中心執業。

Date:	22 March 2014, Saturday
Time:	2:30pm-4:30pm
Venue:	Room103, Library Complex, Hong Kong Shue Yan University 12 Wai Tsui Crescent, Braemar Hill, North Point, HK.
Targets:	People who are working in the helping profession: Psychologists, counsellors, psychiatrists, social workers, teachers, and/or people majoring in human related subjects.
Language:	Cantonese
Fee:	HK\$200(APCA members/ HKSYU current students)/HK\$300 (Non-APCA members)

**** Discount for workshop will be given to those who join the membership on the day of workshop.**

Deadline of application: 18 March 2014 (postmark as reference)



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Registration

1. Complete the [ENROLLMENT FORM](#), and settle payment by [BANK TRANSFER](#) OR [CROSSED CHEQUE](#) to the following bank account:

Payee: *Asian Professional Counselling Association (H.K.) Ltd.*
Account No.: *HSBC 808-021620-001*

2. Submit your application with [ENROLLMENT FORM](#) & [BANK SLIP/CROSSED CHEQUE](#) by post to:

ASIAN PROFESSIONAL COUNSELLING ASSOCIATION
Department of Counselling and Psychology, Shue Yan University
10 Wai Tsui Crescent, Braemar Hill, NORTH POINT, HONG KONG

Enquiries

Tel.: (852) 2806 7326 <Voicemail>
Email: admin@apca-counselling.com
Website: <http://www.apca-counselling.com>



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Enrollment Form

**Please fill in all information.*

OFFICE USE ONLY	<input type="checkbox"/> HK\$ <input type="checkbox"/> Ref. No.:	<input type="checkbox"/> Date: <input type="checkbox"/> Receipt No.: <input type="checkbox"/> Cert No.:
Course Name:	能量診療法介紹講座	
Salutation:	Dr. / Prof. / Mr. / Mrs. / Ms. / Others: _____	
Name: <i>(To be shown on Cert.)</i>	English:	Chinese:
APCA Membership:	Membership No.: _____	<input type="checkbox"/> Non-member
Employer:	_____	
Type of Service:	UID (for C&P students): _____	
Correspondence Address:	_____	
Telephone:	Mobile: _____	Office: _____
Email:	_____	
Your expectation towards this workshop/course: _____		
Payment:	<input type="checkbox"/> I hereby declare to pay HK\$ _____ for application to captioned workshop <input type="checkbox"/> BANK DEPOSIT Date: _____ Ref. No.: _____ <input type="checkbox"/> CHEQUE Bank: _____ Cheque No.: _____	

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