

11 月份講座

日期	講座	講員
7 Nov 2015 9:30 - 17:30	<p>Focusing therapy 聚焦治療</p> <p>具體學習目標包括：</p> <ol style="list-style-type: none"> (1) 理解什麼是聚焦的特點 (2) 創造溫和及支持的態度去探索 (3) 學習簡短的聚焦方法 (4) 培育並辨識自己內在的 Felt Sense。 (5) 學習自我在場，聆聽自己內在的訊息。 (6) 學習如何整理內在空間 	<p>Joseph sing</p> <p>Mr. Joseph Sing is a Certified Focusing Trainer in America Focusing Institute. He is Clinical Supervisor of Hong Kong Shue Yan University. Counsellor and group facilitator of the Green Pasture Whole Person Development Centre. He holds a Master in Counselling University of New England, Australia, a Post Graduate Certificate in Clinical Supervision of Counselling from Institute of Professional Education and Knowledge, as well as a Professional Counselling Certificate in Satir Growth Model of Green Pastures.</p>
30 Nov.2015 6:30-9:30PM	<p>初步認識『認知障礙症』-老“腦”初探站</p> <p>具體學習目標包括：</p> <ol style="list-style-type: none"> 1. 簡介認知障礙症【認知障礙症的本港的概況、定義、臨床診斷、評估、類型、病程/階段、症狀、評估及治療】 2. 介紹照顧認知障礙症患者所需的基本照護原則、知識和技巧 3. 介紹預防及處理認知障礙症患者出現的行為及心理症狀 4. 介紹認知障礙症家屬/照顧者的壓力和情緒狀態，及協助他們運用恰當技巧來調適，及例如放鬆練習 5. 介紹社福/社區資源 6. 護腦貼士 7. 十大警訊 	<p>溫麗貞</p> <p>(香港註冊護士、香港教育學院教育輔導文學碩士、澳洲西雪梨大學基層護理碩士) 溫姑娘任職護士工作超過二十年【當中有關長者照顧及認知障礙症工作經驗超過五年】；2004年曾參與香港家庭福利會護老者訓練先導計劃，其中包括老人癡呆症範疇，並於同年12月在醫管局舉辦家居照顧及護老者訓練工作坊及分享會。 2011年參與基督教聯合那打素社康護理服務，籌辦為期兩年的腦退化症家居治療服務計劃(到戶訓練)。 現職仁愛堂腦伴同行中心參與有關長者健康監察、照顧及訓練。</p>

Hong Kong Shue Yan University, Academic Building,

Venue: 10 Wai Tsui Crescent, Braemar Hill, North Point, Hong Kong

Map: <http://goo.gl/mkIq>

Targets: Helping professionals: counsellors, psychologists, psychiatrists, social workers; Teachers and career Masters, Students majoring in Counselling-related discipline

Language: Cantonese supplemented with English

Fee:

講座	收費	人數	課室
Focusing therapy 聚焦治療	HK\$200 (APCA embers)/ HK\$350 (Non-APCA members)	50	H302
初步認識『認知障礙 症』-老“腦”初探 站	HK\$100 (APCA embers)/ HK\$250 (Non-APCA members)	110	LG120

**✳free for HKSJU BSS in Counselling and Psychology year 3 and 4 students
(enrollment through HKSJU arrangement) ✳**

**** Discount for workshops will also be given to participants submitting
application together with NEW MEMBERSHIP APPLICATION****

Registration



ASIAN
PROFESSIONAL
COUNSELLING
ASSOCIATION (H.K.)
亞洲專業輔導協會(香港)

Asian Professional Counselling Association (H.K.)

亞洲專業輔導協會(香港)

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

Remarks

1. Only application with COMPLETED ENROLLMENT FORM & BANK SLIP / CROSSED CHEQUE will be accepted.
2. Application will be accepted on FIRST-COME-FIRST-SERVED BASIS, confirmation will be sent by email.
3. Fees are non-refundable.
4. Receipt of application fee and Certificate of Attendance issued by “**Asian Professional Counselling Association (Hong Kong)**” will be given to the participants at the end of the course.
5. If Tropical Cyclone Warning Signal No. 8 or above, or Black Rainstorm Warning Signal is issued, the workshop will be cancelled. Details of postponement or other arrangements will be announced afterwards.

Enquiries

Tel.: (852) 2806 7326 <Voicemail>

Email: admin@apca-counselling.com

Website: <http://www.apca-counselling.com>



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Enrollment Form

OFFICE USE ONLY	<input type="checkbox"/> HK\$	<input type="checkbox"/> Date:
	<input type="checkbox"/> Ref. No.:	<input type="checkbox"/> Receipt No.:
		<input type="checkbox"/> Cert No.:
Course Name: Please tick <input checked="" type="checkbox"/> to indicate your choice of the workshops.	<input type="checkbox"/> Focusing therapy 聚焦治療 <input type="checkbox"/> 初步認識『認知障礙症』-老“腦”初探站	
Salutation:	Dr. / Prof. / Mr. / Mrs. / Ms. / Others: _____	
Name: (To be shown on Cert.)	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:		
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.: _____	