

**Certificate in Counselling Children with Special Educational Needs**

**Application Form**

<b>Personal Details</b>		<b>Title: Mr. / Mrs. / Ms. / Miss</b>	
<b>Name in English (same as HKID):</b>		<b>Name in Chinese:</b>	
<b>HKID No.:</b>		<b>Date of Birth:</b>	
<b>Telephone / Mobile No.:</b>		<b>E-mail Address:</b>	
<b>Postal Address:</b>			

<b>Academic Qualification (in descending chronological order):</b>			
<b>Date of Attendance</b>		<b>School / Tertiary Institution</b>	<b>Qualifications Obtained</b>
<b>From</b>	<b>To</b>		

<b>Work Experience (in descending chronological order):</b>			
<b>Dates</b>		<b>Organization</b>	<b>Position</b>
<b>From</b>	<b>To</b>		

<b>Payment</b>			
I hereby attach payment of course fees for the above selected module(s):			
<b>Amount:</b>		<b>Cheque No.:</b>	

\*I declare that the above information is true and correct, and I agree to all of the terms and conditions contained herein, and intend to be bound thereby.

<b>Signature:</b>		<b>Date:</b>	
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**Pre-course Questionnaire**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The following questions will help us to ensure you get the most out of this training course.

**1. What do you expect to gain at the end of this course?**

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**2. What does your organization/company expect the course to do for you?**

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**3. What aspect(s) you would like to know more about students with SEN?**

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**4. How the instructor(s) would be helpful in the learning process?**

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**5. What is/are the challenge(s) you facing in handling students with SEN?**

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**6. Have you had any other training similar to this course?**

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