

Asian Professional Counselling and Psychology Association
亞洲專業輔導及心理協會
Clinical Supervisor Renewal Form
臨床督導續期 申請表格

Part 1: Personal Information 個人資料 *(Please fill in English 請以英文填寫)*

Registration Number 註冊編號			
English Name	Prof./Dr./Mr./Mrs./Ms.		
	(Surname)	(First Name)	
中文姓名	(姓)	(名)	教授/博士/先生/女士/小姐
Name of Organization 工作機構			
Position/ Title 職稱			
Mailing Address 通訊地址			
Telephone Number 電話		(Office 辦公室) (Home 住所)	(Mobile 手提電話)
Email Address 電郵地址		Fax 傳真號碼	

Part 2: Working Experience 工作經驗

Organization 機構	Country/Region 國家/地區	Position 職位	Nature 性質	Date 日期	
				From 由	To 至

Part 3 : Clinical Supervision Experience 從事督導工作經驗

Number of years of practical experience in clinical supervision 從事督導工作總年期	Nature of the clinical supervision 督導工作之性質	Date 日期	
		From 由	To 至

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Part 4: Renewal Categories 續期類別 (Please ✓ in the box 請在格子內加上✓)

- Registered Clinical Supervisor Renewal 臨床督導續期 **HK\$500**
On or before June 30 every registration year 註冊年度內的 6 月 30 日前續期
- Registered Clinical Supervisor Renewal 臨床督導續期 **HK\$750**
From July 1 to September 30 in every registration year 註冊年度內的 7 月 1 日至 9 月 30 日前續期
- Registered Clinical Supervisor Renewal 臨床督導續期 **HK\$1,000**
From October 1 to December 30 in every registration year 註冊年度內的 10 月 1 日至 12 月 30 日前續期

The registration is valid from 1 January to 31 December of that year.

註冊有效期為每年的 1 月 1 日至 12 月 31 日。

Part 5: Payment Method 付款方法

Please make cheque payable to 'Asian Professional Counselling and Psychology Association Limited' or bank in (HSBC#808-021620-292) and mail to "Registration Department, Asian Professional Counselling and Psychology Association, Department of Counselling and Psychology, Hong Kong Shue Yan University, 10 Wai Tsui Crescent, Braemar Hill Road, North Point, Hong Kong". **No cash payment will be accepted.**

請敬備支票，抬頭為「亞洲專業輔導及心理協會有限公司」，或轉賬至匯豐銀行戶口#808-021620-292，並郵寄支票或轉賬通知書至「香港北角寶馬山慧翠道 10 號香港樹仁大學輔導及心理學系亞洲專業輔導及心理協會註冊部收」。本會恕不接受現金。

For further information, please visit our website: <http://www.apcpa.com.hk>

其他資料請參閱本會網址：<http://www.apcpa.com.hk>

Enquires: registration@apcpa.com.hk

查詢：registration@apcpa.com.hk

Signature 簽署：_____

Date of Application 申請日期：_____

OFFICE USE ONLY

Bank: _____ CQ: _____ Amt: _____ Bank-in Date: _____ Rcpt: _____ Staff: _____ Remarks: _____