

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

<input type="checkbox"/> New Application 新申請		<input type="checkbox"/> Renewal 註冊續期		Registration No. 註冊編號 : _____	
Name 姓名 (English 英文) (Chinese 中文)	Prof./Dr./Mr./Mrs./Ms. (Surname)		(First Name)		
	(姓)	(名)	教授/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. 辦公室)	(Mob. 手提電話)	(Hm. 住所)		
Email Address 電郵地址					
Fax 傳真號碼					

Part 2 : Clinical Supervision Experience 從事督導工作經驗 *(Please provide updated CV for approval 請提供最新之履歷作審核之用)*

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
_____ Years 年			

Part 3a: Education 教育 For NEW APPLICATION ONLY 只供新申請填寫 *(Please attach copy of certificate. 請附證書副本)*

Qualification 學歷	Major 主修	Institute 學院	Date Awarded 獲取日期

Part 3b : Working Experience 工作經驗 *(Please provide updated CV for approval 請提供最新之履歷作審核之用)*

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

OFFICE USE ONLY						
Bank: _____	CQ: _____	Amt: _____	Bank-in Date: _____	Rept: _____	Staff : _____	Remarks: _____



Asian Professional Counselling and Psychology Association
亞洲專業輔導及心理協會

Clinical Supervisor Registration/Renewal Form
臨床督導註冊/續期申請表格

Part 4: Registration Categories 註冊類別 (Please ✓ in the box)

New Registration 新註冊 HK\$1,600 (With voting right 擁有投票權)

Renewal 註冊續期 HK\$500

For renewal on or before June 30 every registration year. 註冊年度內的 6 月 30 日前續期。

Renewal 註冊續期 HK\$750

For renewal 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。

Renewal 註冊續期 HK\$1,000

For renewal 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>

如欲查詢其他資料，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: