



Certificate in Fundamental Clinical Training in Cognitive Behavioral Therapy (One year, Level I)

3-day Training Workshop – Module 1 (28-30 April 2012)

Course Content

I. Theories and skills in practicing Cognitive Behavioral Therapy

II. Cognitive Behavioral Therapy for Mood Disorders and Psychosis

III. Overview of different approaches in handling mental health problems

*Interactive workshop with live demonstration, case and group discussion and practice.

Target Participants

Helping professions: social worker, nurse, occupational therapist, physiotherapist, teacher, psychiatry or any interested party. Participants should have a bachelor degree or above.

Fee:

HKD3,000 (including tuition fee, handouts and \$200 membership fee)

Registration:

First-come-first-served. Please send the application form to us enclosed with a crossed cheque payable to “Institute of Cognitive Therapy”

Reminder:

1. Venue: To be confirmed
2. Time: 9:30am to 5:30pm, including one hour lunch time
3. Recommended Reading :
Beck, J.S. (2011). New York: Guilford Cognitive Behavior Therapy: Basics and Beyond (2nd edition)

Trainer:

Prof. Daniel Fu Keung Wong

Department of Applied Social Studies,
City University of Hong Kong

Board Chairman of Institute of Cognitive Therapy
Certified Cognitive Therapist

Tel: (852)2868 3870

Fax: (852)2868 3996

E-mail: icthk.info@gmail.com

Address: 19/F, Shanghai Centre,
No.473-475 Shanghai Street,
Mong Kok, KLN.



認知治療學會
Institute of Cognitive Therapy

Certificate in Fundamental Clinical Training in Cognitive Behavioral Therapy (One year, Level I)

Clinical Training - Module 2 to 4 (May 2012 to March 2013)

Module 2 *Experiential Learning*

8-sessions group to have the first hand experience of cognitive therapy

Module 3 *Skills Laboratory*

8-consecutive weeks, 3 hours per week, small group practice, guided by experienced practitioners.

Module 4 *Clinical Supervision*

-Each trainee can get 15 hours of individual supervision on case work, group work or cognitive therapy workshop within 6 months.

-6 times 3 hourly group consultation, provided by experienced CBT practitioners.

From May 2012 to March 2013

Mainly on Wednesday evening

Fee: HKD16,500

Registration:

Interview is required. *Applicants who received training from other institute, please provide written documents to support your claim.

Consultant

Prof. Daniel Fu Keung Wong

(Board Chairman, Certified Cognitive Therapist)

Ms. Heidi Hui

(Board Vice-chairman, Certified Cognitive Therapist)

Supervisor

Miss Esther Luk (Registered Social Worker)

Miss Shirley Cheng (Registered Social Worker)

Tel: (852)2868 3870

Fax: (852)2868 3996

E-mail: icthk.info@gmail.com

Pre-requisite

Completion of the 3-day training workshop offered by Centre of Cognitive-Behavioral Therapy Education and Training for Chinese People, HKU or

Centre for Cognitive Behavioral Therapy, City U or

have received training from other institute offered professional training on Cognitive Behavioral Therapy

Address: 19/F, Shanghai Centre,
No.473-475 Shanghai Street, Mong Kok, KLN



Certificate in Fundamental Clinical Training in CBT (Level I)

April 2012 to March 2013

Registration for:

Module 1: 3-Day Training Workshop (28-30 April 2012) Module 2 to 4: Clinical Training (May 2012-March 2013)

Personal

Name: (English) _____ (Chinese) _____

Sex : _____ Contact No. : _____ email : _____

Address : _____

Education:

1 _____

2 _____

Training in Cognitive-Behavioral Therapy:

1st time to enroll in this program Have completed this program on _____

Have received training from other institute:

Program title: _____

Name of the Institute: _____

Professional Membership (if any)

	Title	Institute / Board
1	_____	_____
2	_____	_____

Work

Current Position: _____

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1. The personal data collected is strictly for this application only.
 2. The program fee is non-refundable except that the program is cancelled by our Institute.
 3. This program is complied with Our Policy on the arrangement of Typhoon and Rainstorm Signal.(Appendix I)
 4. For candidate registered: Please send this form together with a cheque (in the sum of HK\$3,000 payable to “**Institute of Cognitive Therapy**”) to **Institute of Cognitive Therapy, 19/F., Shanghai Centre, 473-475 Shanghai Street, Mong Kok, Kowloon. Please write your full name and contact no. on the back of the cheque.**
 5. For candidate applying Module 2 to 4: An interview is required. For candidate who did not complete the professional training offered by our Institute, please provide document(s) to support your claim.

Signature: _____ Date: _____

- I accept the aforementioned conditions and agree to send this form online without my signature.
 My registration would only be confirmed after the payment is received.

Institute of Cognitive Therapy

認知治療學會

19/F, Shanghai Centre, No. 473-475 Shanghai Street
Mong Kok, Kowloon, Hong Kong

旺角上海街 473 至 475 號上海中心 19 樓

Phone/電話: 2868 3820

Fax/傳真: 2868 3996

E-mail/電郵: icthk.info@gmail.com

Ordinary Membership Application

Name: (English) (Prof./Dr./Mr./Mrs./Ms./Miss/Others _____) (Surname) (Given Name)	
Name: (Chinese)	Sex: F / M
Working organization:	Position:
Contact no.: (Office)	Contact no.: (Mobile)
Mailing address:	
Email address:	
Academic and Professional Background	
Year and Degree / Cert. obtained	Name of the College / University
1. _____	_____
2. _____	_____
Professional membership /qualification obtained	Name of the professional institute / board
1. _____	_____
2. _____	_____
Past Cognitive Therapy Training track record Year and Degree / Cert. obtained	Name of the Institute / University
1. _____	1. _____
2. _____	2. _____
Signature of Applicant:	Date of Application:
_____	_____

Notes: The membership year is from 1 April to 31 March. Membership approved on or after 1 Oct of each year requires only half of the annual membership fee. Please send this form together with a crossed cheque \$ 200 payable to Institute of Cognitive Therapy. Please write down your full name and contact no. on the back of the cheque. If your application is not successful, we should return the cheque to you.

Official Use Only <input type="checkbox"/> Application approved <input type="checkbox"/> Application not approved Date of admission: _____(dd/mm/yyyy) Due date of admission: _____(dd/mm/yyyy)	Signature: _____(for approval) Membership No.: _____ Fees received on: _____ Cheque no. and issued bank: _____ Receipt No.: _____
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This information is intended only for the use of application of membership for Institute of Cognitive Therapy