



Counselling and Research Centre

Post-Graduate Certificate in Clinical Supervision (Counselling)

(APCPA-approved training course for the registered clinical counselling supervisor)

APPLICATION PROCEDURES

1. Application forms must be submitted by post to: Dr. TSE, Pui Chi, Department of Counselling and Psychology, Hong Kong Shue Yan University, 10 Wai Tsui Crescent, Braemar Hill Road, North Point, Hong Kong.
2. All application documents should be put in an envelope on which "**Application for PCCSC**" should be marked.
3. Applicants should
 - attach a recommendation letter from either current employer or a person in the academic who knows applicants well.
 - attach one full set of photocopies of certified credentials including transcripts, certificates of awards, etc.
3. Successful applicants will be required to present their original copies of credentials for verification at the time of registration.
- 4. Deadline of the application: 1-Aug-2016**
5. Places will be offered to qualified applicants on a first-come-first-served basis.
6. Venue for the course: Hong Kong Shue Yan University, 10 Wai Tsui Crescent, Braemar Hill Road, North Point, Hong Kong

◆ **PAYMENT METHOD:** Please send the completed application form together with a crossed cheque for the course fees payable to "**Counselling and Research Centre**".

◆ **TENTATIVE LECTURE TIMETABLE & COURSE FEES:**

Course Structure	Dates	Time & hours	Fee (\$)*
Lectures	Sept 8, 22, 29, (Thursdays) Oct 6, 13, 20, 27, Nov 3, 10, 17, 24, Dec 1	19:00 – 21:30 30 hours	26000
Supervision-Individual Live	To be finished by the end of April-2017	6 hours	
Supervision-Group	To be finished by the end of April-2017	8 hours	
Supervisory works	To be finished by the end of April-2017	20 hours	
Private study and coursework	To be finished by the end of May-2017	80 hours	

☎ **ENQUIRIES : Tel : 2104 8228 (Dr. TSE, Pui Chi)**
☎ **Email : pctse@hksyu.edu**

Fax : 28068044;



Counselling and Research Centre
Enrolment Application Form

Program Title Post-Graduate Certificate in Clinical Supervision (Counselling) (PCCSC)

Intake: (Month / Year): _____

Date of Application: _____

Mr. / Miss. / Ms.	Name in English (Surname first):	Name in Chinese:
HKID No.:	Date of Birth:	
Tel. (Day):	Tel. (Night):	
Tel:(Mobile):		
Facsimile:	E-mail:	
Postal address:		

Educational attainment at undergraduate and postgraduate levels

The minimum entrance requirement for this programme is a relevant Hons Diploma or Hons Degree in Counselling.

Course	Institution	Year Enrolled	Year Completed

Practical Counselling Experience

Please list your current employment and positions you have held and you consider relevant to the programme.

In order to benefit from the programme, you are required to have at least 3 years practical counselling experience within which you must have at least 300 hours clinical practice. You may include certified copies of relevant references.

Employer	Duration: From / To	Position or Duties	Full or Part time

** Please submit relevant qualification certificates when you submit the application*

Payment

I hereby attach payment of course fees for the above selected modules(s): Amount: _____

Cheque No.: _____

Signature:	Date:
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