



MEMBERSHIP APPLICATION

I would like to apply for: (appropriate)

- General membership / Membership Upgrade (Please complete Part I & III)
- Certified Counsellor (Please complete Part I, II & III)
- Approved Counselling Supervisor (Please complete Part I & III)

Name of Applicant : English _____ Chinese _____

NOTES TO APPLICANTS:

This application form should be typed or written in block letters. Please use separate sheets for details or explanations if necessary. **The completed application form should be returned to The Secretariat, HKPCA, c/o CUSCS, Inter-University Hall, The Chinese University of Hong Kong, Shatin, N.T., Hong Kong.**

1. You are requested to attach photocopies of certificates, transcripts and other relevant documents to support information given in your application. If the institution granting the qualification is outside Hong Kong, please provide details such as course descriptions, graduation requirements or award specifications.
2. All information given in this form will be treated as STRICTLY CONFIDENTIAL.
3. Provision of full and complete information in your application and completion of all items on the application form is obligatory for selection purposes.
4. Under the Personal Data (Privacy) Ordinance, you may request for access to, and/or correction of your personal data in relation to your application. All personal information collected will be kept by the Association for 2 years after membership has become inactive.
5. **For General Membership applicants:**
 - The membership committee will assign an appropriate membership category to the applicant. **Submit a cheque of HK\$100 as non-refundable application fee** for each General Membership application (except Fellows who are not elected by application). Issue the cheque crossed and payable to "**The Hong Kong Professional Counselling Association Limited**" and send it by postal mail. An application will be processed only after the application fee is received.
 - The processing time of application for General Membership is at least 10 weeks. The Association will notify the applicants by email once the application is officially approved.
 - The membership year is from 1 January to 31 December. Membership approved on or after 1 July of each year requires only half of the annual membership fee.
6. **For Approved Counselling Supervisor applicants:**
 - No Application Fee is needed for Approved Counselling Supervisor.
 - Applicants must be a HKPCA Member, Associate Fellow, or Fellow with no unpaid membership fees. Membership application can be submitted at the same time.
 - The processing time of application for Approved Counselling Supervisor is at least 3 months. The Association will notify the applicant by email once the application is officially approved.
 - Please submit documents to verify your professional counselling and professional supervision experience.

Official Use Only

- Application is not approved
 approved for membership of AF / M / AM / JM / SM / Affiliate
 approved for Certified Counsellor / Candidate for Certified Counsellor
 approved for Approved Counselling Supervisor

Signature: _____ Date: _____
(for approval)

Membership No. : _____ Notification sent on: _____

Fees received on : _____ Membership Card sent on: _____

Receipt No.: _____

PART I – PERSONAL PARTICULARS

Membership no.: _____ (if you are already a HKPCA member)

Name : English _____ (Mr./Mrs./Ms./Dr./others _____ *)

Chinese _____ **Gender** : Male / Female *

H.K.I.D. No.

(Letter and first 3 digits):

				X	X	X	(X)
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or Passport No.: _____

Mailing Address : _____

Telephone No. : Mobile _____ Office _____

Home _____ Fax _____

Email : _____

Working Organization : _____

Position : _____

*Delete where inappropriate.

Academic Qualifications (in reverse-chronological order)

Qualification	Major	Institution	Date Awarded

Professional Experiences (in reverse-chronological order)

Organization	Country/Region	Position	Nature	Date	
				From	To

Total number of years in post-qualification full-time (or part-time equivalent) professional counselling work: _____

Total number of years in post-qualification full-time (or part-time equivalent) professional counselling supervision work: _____

PART II – CERTIFIED COUNSELLOR

Notes:

1. Please read the “HKPCA Certified Counsellor” requirements shown on our website carefully for details about educational and practice requirements.
2. **Submit a cheque of HK\$500 as non-refundable application fee, which includes the first year of certification fee if your application is approved.** Make the cheque crossed and payable to “The Hong Kong Professional Counselling Association Limited”.
3. Applicants must be a HKPCA Member, Associate Fellow, or Fellow with no unpaid membership fees. Membership application can be submitted at the same time.
4. The processing time of application for Certified Counsellor is at least 3 months. The Association will notify the applicant by email once the application is officially approved.
5. Applicant who has not possessed enough supervised practice hours or supervision hours would be considered as Candidate for Certified Counsellor.
6. The supervisor should be on the **Approved Counselling Supervisor List** as shown in the HKPCA website.
7. For all post-qualification supervised practice hours and supervision hours, you should submit the written endorsement by your Approved Counselling Supervisor(s).

A) Professional Counselling Training Programme Contents (320 contact hours):

Include **only** your **relevant Master Degree courses**, and exclude all non-degree courses. If you have obtained more than one counselling degree, you must specify clearly which programme the courses belong to. **Contact hours** are the actual hours required by each course in classroom, laboratory, tutorial, or seminar contact. Typically, the credit or unit hours of each course have a corresponding number of contact hours. If a course is relevant to *more than one domain*, you may place it under more than one domain, but the contact hours of this course should *not be double counted*, but be split between the domains.

Compulsory Domains:

Counselling Theories & Orientation (Please list the courses):

_____ Contact Hours

Helping Process & Skills (Please list the courses):

_____ Contact Hours

Other Domains (At least 3 out of 5):

Human Growth and Development (Please list the courses):

_____ Contact Hours

Social and Cultural Foundation (Please list the courses):

_____ Contact Hours

Measurement and Appraisal (Please list the courses):

_____ Contact Hours

Programme Evaluation (Please list the courses):

_____ Contact Hours

Group Work (Please list the courses):

_____ Contact Hours

Total: _____ Contact Hours

B) Supervised Practice (450 hours) and Supervision (100 hours)

The supervisor should be on the Approved Counselling Supervisor List as shown in the HKPCA website.

For all post-qualification supervised practice hours and supervision hours, you should submit the written endorsement by your Approved Counselling Supervisor(s).

For Practicum Hours under Master Degree Programme(s): Include **only** supervised counselling practice and supervision **during and as part of** your relevant counselling-related **Master’s Degree** programmes, i.e., only those hours **required and recognized** by the master's degree. **Exclude** any counselling work hours **before you began** your master's degree programme. List clearly supervision **hours** and supervision **format** (*group* hours or *individual* hours separately).

For Post-qualification Practice Hours: Include **only** the supervised professional counselling practice and supervision hours **after you are awarded your master's degree**.

Practicum Hours under Master Degree Programme(s):

Period of Service	Agency/Unit	Nature of Service	Contact Hours	Name of Supervisor	Supervision Hours	Supervision format

Total: _____ Total: _____

Post-qualification Practice Hours (at least 150 practice hours and 50 supervision hours):

Period of Service	Agency/Unit	Nature of Service	Contact Hours	Name of Supervisor	Supervision Hours	Supervision format

Total: _____ Total: _____

PART III – DECLARATION

I declare that the information given above is true and accurate. I have read the Association Code of Ethics and undertake to abide by and operate within it at all times. I understand that my personal information will be kept in file for 2 years after membership has become inactive.

Signature of Applicant: _____ **Date of Application:** _____