

Marriage & Family Therapy Clinic: Live Case Demonstration (Spring 2019)

The Live Case Demonstration provides a rare opportunity for participants to take part in the case formulation and live family interviews conducted by the Clinical Director and other experienced family therapy trainers. The cases cover a spectrum of developmental issues and are referred by professionals from different disciplines. Our approach is trans-disciplinary-oriented. Our clinical work is backed up by a team of experts that encompasses a multi-disciplinary background including the field of psychiatry, psychology, social work, pediatrics, and family medicine.

Our Live Case Demonstration had initiated an interest in clinical observation and hands on practice in Hong Kong, as well as Mainland China and Taiwan. In collaboration with the Department of Family Medicine & Primary Healthcare (HKWC), this program is one of the highlights provided by the Asian Academy of Family Therapy.

Course Details

Period:	January 2019 – May 2019 (Please refer to application form for dates)
Time:	2:00 p.m. to 5:00 p.m. on Saturdays
Venue:	AAFT, Lecture Hall, 5/F, Tsan Yuk Hospital, 30 Hospital Road, Sai Ying Pun, Hong Kong
Fee:	\$550/session (\$500/session for members of the AAFT) (Enroll 5 sessions or more, \$500/session) Payable to “ Asian Academy of Family Therapy Limited ”

Application

- ✧ Please send your application form together with the crossed cheque to 6/F, Tsan Yuk Hospital, 30 Hospital Road, Sai Ying Pun, Hong Kong (**Payable to “Asian Academy of Family Therapy Limited”**).
- ✧ Applicants whose enrolments are successful will receive a confirmation not later than 2 weeks before the commencement of the course by email. If you do not hear from us by then, please contact us at 2859-5300.
- ✧ All fees paid are non-refundable and non-transferable unless;
 - (i) the applicant’s enrolment is unsuccessful or (ii) the session is cancelled.
- ✧ **NO MAKE-UP CLASSES CAN BE ARRANGED.**
- ✧ Receipt will be distributed in the first session attended.

Application Form

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Personal Information

Name of Applicant: (Mr./ Ms./ Mrs./ Dr. / Prof.) _____

Work/Home Address: _____

Contact No.: _____ Fax no.: _____

Email: _____ AAF membership no. (if any): _____

Payment

Amount: _____ Bank: _____ Cheque no.: _____

Education

Highest Degree Acquired: _____ Year attained: _____

Institute: _____

Profession (please "✓" and delete as appropriate):

- | | |
|---|---|
| <input type="checkbox"/> Clinical / Educational Psychologist | <input type="checkbox"/> Family Therapist |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Doctor (Family Physician / Pediatrician / Psychiatrist / _____) | <input type="checkbox"/> Student Guidance Officer <input type="checkbox"/> Research Assistant / Officer |
| <input type="checkbox"/> Nurse (Psychiatric / General / _____) | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Occupational Therapist / Physiotherapist/ Speech Therapist | <input type="checkbox"/> Student (Area of Study: _____) |
| <input type="checkbox"/> Others (Please specify: _____) | |

Work Experience

Current Organization: _____ Position: _____

Nature of Service: _____ No. of service in the field: _____

Please indicate the dates of sessions you prefer:

- ☐ 26 Jan 2019 ☐ 16 Feb 2019 ☐ 23 Feb 2019 ☐ 2 Mar 2019 ☐ 16 Mar 2019
- ☒ 30 Mar 2019 (FULL) ☐ 13 Apr 2019 ☐ 4 May 2019 ☐ 11 May 2019

Have you ever attended our live case demonstration sessions before?

☐ Yes ☐ No

Reasons for Interest in the Live Case Demonstration:

- | | |
|---|---|
| <input type="checkbox"/> For the benefit of current job (working with families) | <input type="checkbox"/> Interested in pursuing a career in family therapy |
| <input type="checkbox"/> For personal growth | <input type="checkbox"/> Interested in taking formal training in family therapy |
| <input type="checkbox"/> Self-interest: _____ | <input type="checkbox"/> Others: _____ |

The Way You Learnt About Us:

- ☐ Website ☐ Email ☐ Leaflet ☐ Friends ☐ Schools ☐ Newspaper
- ☐ Social service agency ☐ Hospital/ Clinic ☐ Others, please specify: _____

✚ Personal Data provided in this form will be used for processing your application for registration, academic, administrative and statistical purposes

✚ Under the provisions of the Personal Data (Privacy) Ordinance, applicants have rights to request access to, and to request the correction of, their personal data.

✚ If you do not wish to receive any information from The Academy of Family Therapy, please tick this box. ☐