# ADDITIONAL APPLICATION INFORMATION SHEET

*TO: Hong Kong Marriage and Family Therapy Association*

*c/o The Secretariat, The Department of Applied Social Sciences,*

*The Hong Kong Polytechnic University,*

*Hung Hom, Kowloon.*

|  |  |
| --- | --- |
| Full Name of Applicant : |  |
| Email : |  |
| Membership Type applied : |  |
| Date : |  |

# For Certified Clinical Supervisor only

## Supervision Experiences to Family Therapists or Family Therapy Students

(at least 100 group or individual hours – please attach certification/endorsement or any other evidence from your clinical supervisor(s) or service Agency/Unit, or equivalent professional credentials from a Marriage and Family Therapy Association).

# For Certified Marriage and Family Therapist only

## Academic/Training and Professional Family Therapy Experiences

***Notes:***

1. *Please read the “HKMFTA Certified Therapist” requirements shown on our website carefully for details about educational and practice requirements.*
2. *Applicants must be an HKMFTA Associate/Student Member.*
3. *The supervisor(s) should be on the* ***Certified Clinical Supervisors List*** *as shown in the HKMFTA website.*
4. *For all post-qualification supervised practice hours and supervision hours, applicants should submit a written endorsement by their Clinical Supervisor(s).*
5. ***Please fill in either A or B part.***

### PART A

### For Professional Marriage and Family Therapy Training Program Contents (for Master or Doctor Degree holder)

**Please include only your Master Degree or Doctor Degree courses/subjects relating to marriage and family therapy.** If you have obtained more than one marriage and family therapy degree, you must specify clearly which program each of the courses/subjects belong to. If a course/subject is relevant to *more than one domain*, you may place it under more than one domain, but the semester credits of this course/subject should *not be double counted*. Supervision hours are individual or group not more than 6 persons.

|  |  |
| --- | --- |
| Master Degree Programme: |  |
| Doctorate Degree Programme: |  |

|  |  |  |
| --- | --- | --- |
| Domains | Semester Credits | Month/Year- Month/Year |
| Family Studies (Please list the courses/subjects) |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| Family Therapy (Please list the courses/subjects) |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
|  | | |
| Domains | Semester Credits | Month/Year- Month/Year |
| Human Development (Please list the courses/subjects) |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| Professional Growth and Ethics  (Please list the courses/subjects) |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| Others (Please list the courses/subjects) |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| Total Credits |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Practicum Hours under Master / Doctorate Degree Program(s): | | | | | | |
| Course(s) | Agency/Unit | Period of Service  (e.g May 2010 to  Feb 2011) | Client Contact Hours |  | Supervision Hours | |
| Individual | Group |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | | Total: |  | Total: |  |  |

|  |
| --- |
| Practicum Hours after Graduation: |
| For Post-qualification Practice Hours: include only the supervised professional marriage and family practice and supervision hours from after you were awarded your master's/doctoral degree.  Please fill in the Appendix 1 “Record for Client Contact Hours & Supervision Hours” or submit proof for your marriage and family hours. |

### PART B

### Degree holders who are NOT trained under the program of Marriage and Family Therapy

Please list out all the relevant trainings as below and submit the course syllabus.

|  |  |  |  |
| --- | --- | --- | --- |
| Program and  Institute | Domains | Course Hours | Month/Year- Month/Year |
|  | Family Studies (Please list the courses/subjects) |  |  |
|  | 1. |  |  |
|  | 2. |  |  |
|  | 3. |  |  |
|  | 4. |  |  |
|  | 5. |  |  |
|  | Family Therapy (Please list the courses/subjects) |  |  |
|  | 1. |  |  |
|  | 2. |  |  |
|  | 3. |  |  |
|  | 4. |  |  |
|  | 5. |  |  |
|  | Human Development (Please list the courses/subjects) |  |  |
|  | 1. |  |  |
|  | 2. |  |  |
|  | 3. |  |  |
|  | 4. |  |  |
|  | 5. |  |  |
|  | Professional Growth and Ethics (Please list the courses / subjects) |  |  |
|  | 1. |  |  |
|  | 2. |  |  |
|  | 3. |  |  |
|  | 4. |  |  |
|  | 5. |  |  |
|  | Others (Please list the courses/subjects) |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | 4. |  |  |
|  | 5. |  |  |
|  | Total Hours |  |  |

|  |
| --- |
| Practicum Hours outside training Programme(s): |
| For Post-qualification Practice Hours: include only the supervised marriage and family practice and supervision hours from after you received your training. For all Post-qualification supervised practice hours and supervision hours, you should submit the written endorsement of your Clinical Supervisor(s). The supervisor(s) should be on the Clinical Supervisors List as shown in the HKMFTA website.  Please fill in the Appendix 1 “Record for Client Contact Hours & Supervision Hours” or submit proof for your marriage and family hours. |