

Marriage & Family Therapy Clinic: Live Case Demonstration (Fall 2024)

Course Objectives:

Our Live Case Demonstration is an important feature of AAFT, providing a platform for clinical and intellectual exchange among professionals from different cultures. It provides a rare opportunity for participants to take part in the case formulation and live family interviews conducted by Wai Yung Lee, Ph.D. and other experienced family therapy trainers. The cases cover a spectrum of developmental issues and are referred by professionals from various disciplines. Our approach is trans-disciplinary-oriented, including the fields of psychiatry, psychology, social work, pediatrics, and family medicine.

Course Dates:

10 sessions, from July to December 2024 (Saturdays | 2:00 pm – 5:00 pm)

**Please refer to the application form for specific dates.*

Course Fee:

Non-Members: \$620 per session

\$570 per session **(For AAFT members or participants who enroll in 5 or more sessions)**

Venue:

Asian Academy of Family Therapy, No. 4 Pottinger Street, Central

Tel: (852) 2859 5300

Fax: (852) 2559 1813

Email: info@acafamilytherapy.org

Website: www.acafamilytherapy.org

Application Form

Marriage & Family Therapy Clinic: Live Case Demonstration (Fall 2024)

PERSONAL INFORMATION

Name of Applicant: (Mr./ Ms./ Mrs./ Dr. / Prof.) _____
Work/ Home Address: _____
Contact No.: _____ Fax No.: _____
Email: _____ AAFT 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"/> Research Assistant / Officer |
| <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"/> Nurse (Psychiatric/ General/ _____) | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Occupational/Physiotherapist/Speech Therapist | <input type="checkbox"/> Student (Area of Study: _____) |
| | <input type="checkbox"/> Others (Please specify: _____) |

Working Experience

Current Organization: _____ Position: _____
Nature of Service: _____ No. of service in the field: _____

Please indicate the dates of sessions you would like to join:

- | | | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 20 July 2024 | <input type="checkbox"/> 3 Aug 2024 | <input type="checkbox"/> 17 Aug 2024 | <input type="checkbox"/> 14 Sep 2024 | <input type="checkbox"/> 28 Sep 2024 |
| <input type="checkbox"/> 12 Oct 2024 | <input type="checkbox"/> 2 Nov 2024 | <input type="checkbox"/> 16 Nov 2024 | <input type="checkbox"/> 30 Nov 2024 | <input type="checkbox"/> 14 Dec 2024 |
- Have you ever attended our live case demonstration sessions before? Yes No

WHY ARE YOU INTERESTED IN OUR LIVE CASE DEMONSTRATIONS?

- | | |
|---|---|
| <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: _____ |

HOW DID YOU LEARN ABOUT US?

- | | | | | | |
|--|---|--|----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Website | <input type="checkbox"/> Email | <input type="checkbox"/> Leaflet | <input type="checkbox"/> Friends | <input type="checkbox"/> Schools | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Social service agency | <input type="checkbox"/> Hospital/ Clinic | <input type="checkbox"/> Others, please specify: _____ | | | |

- Personal Data provided in this form will be used for processing your application for registration, academic, administration and statistical purposes. Under the provisions of the Personal Data (Privacy) Ordinance, applicants have the right to request access to, and to request the correction of, their personal data.
- If you do not wish to receive any information from Asian Academy of Family Therapy, please tick this box.