



Membership Application Form
會員申請表

Please read the Notice before completing this form.

填表前請先參閱須知

Name (Chinese) 中文姓名	Name (English) 英文姓名	Sex 性別
Mailing Address 通訊地址		
Contact Number 聯絡電話	E-mail Address 電郵地址	
Position 職位	Working Organization 工作機構	

Attention: Below items indicated with an asterisk(*) apply only to applicants for Registered Member

注意： 以下有(*)記號之項目，祇適合申請註冊會員人士填寫

Academic Qualification 學歷

Qualification 資格	Major 主修	Institution 學院	Award Date 獲取日期

* Title & Year of Dissertation:

論文題目及年份: _____

*** Professional/Clinical Experience 專業經驗**

Organization 機構	Country 國家	Position 職稱	Nature 性質	Date 日期	
				From 由	To 到

*** Practicum/Internship 臨床實習經驗**

Clinical Supervised Site/Organization 接受臨床監督之機構	Country 國家	Service Nature 服務類別／對象	Date 日期	
			From 由	To 到

*** Total practicum/internship hours**

接受臨床監督實習總時數（小時）： _____

*** Professional License/Registration/Membership 專業執照 / 註冊 / 學會資格¹**

Legal Authority/ Professional Psychological Association /Society/Organization 法定機構／專業心理學會 ／團體	Country 國家	License/ Registration/ Membership 專業執照／註 冊／會員資格	License/ Registration/ Member- ship No. 專業執照／ 註冊／會員 編號	Date 日期	
				From 由	To 到

¹The attainment of the above license/professional registration/membership must be based on the Doctoral Degree in Clinical Psychology or equivalent. All described requirements are stated in the criteria for a registered member; therefore, academic curriculum, dissertation, and practicum/internship are fulfilled.

Credential & Character Reference 推薦人資料及專業學會資格

Reference 推薦人名稱	Registered Member No. (if any) 註冊編號（如有）	Make Acquaintance to Applicant for How Long? 認識申請人多久（年數）

Notice 須知

Membership Classes and Fees 會員類別及會費

Class 類別	Application Fee 申請費 (HK\$)	Registered Fee 註冊費 (HK\$)	Annual Fee 年費 (HK\$)
Student Affiliates 附屬會員	100	N/A	400
Associate Member 副會員	100	N/A	600
Registered Member 註冊會員	300	1000	3000
Fellow Member 院士	N/A	N/A	3000

1. Please read the attached membership criteria carefully and obtain the required referee numbers.
請細心閱讀附件之會員申請資格及要求及索取所需的推薦人。
2. Please submit copies of the certificates and transcripts to support your academic qualifications.
請提交證書及成績單影印本，以証明有關之學歷。
3. All documents and respective **non-refundable** application fees can be submitted as follows:
所有文件及相關之申請費(不予退還)可透過以下方法遞交：

By Post 郵遞

Hong Kong Association of Doctors in Clinical Psychology

Room 1201, David House, 8-20 Nanking Street, Kowloon, Hong Kong

Please state "Application for membership" on the envelope

香港臨床心理學博士協會

香港九龍南京街8-20號德惠行1201室

請在信封面註明“會員申請”

By Email 電郵 (Preferred 優先)

Our official email membership@hkadcp.org.hk ("the email address)

透過電郵 membership@hkadcp.org.hk ("會員電郵") 寄予本會。

4. If an application is submitted by post, please enclose a crossed cheque payable to "Hong Kong Association of Doctors in Clinical Psychology Limited" for an application fee. The preferred way is to submit by email. Please deposit the application fee to the Association's official Bank of China Account: 012-916-0-078517-8 (Payee: Hong Kong Association of Doctors in Clinical Psychology Limited) and send a scanned deposit slip together with the application.
如透過郵遞申請，請以劃線支票抬頭“香港臨床心理學博士協會有限公司”遞交申請費。如透過電郵申請，申請費須存入本會中國銀行號碼 012-916-0-078517-8 (戶口名稱:香港臨床心理學博士協會有限公司),並將其存根以電子圖像檔案連同申請文件一併寄回本會上述電郵地址。

5. For the email application, please submit copies of the certificates and transcripts in PDF format to support your academic qualifications. If the institution granting the award is outside Hong Kong, kindly provide a course description and graduation requirement.
請以 PDF 格式經本會電郵提交證書及成績單影印本，以證明有關之學歷。如該機構給予之資格是在香港以外，請提供課程簡介及畢業要求。
6. All submitting e-documents containing personal information are suggested to be protected and encrypted. Accordingly, the applicant will send the password to the Association through a separate email. In any circumstances, the Association will not be responsible for any data loss or trespassing during the electronic data transmission.
本會建議申請人應將包含有個人資料之電子檔案予以加密，並須將相關保護密碼以另一個電郵方式通知本會。然而在任何情況下，本會將不會負責在電子傳遞過程中被資料遺失損壞或被盜竊之風險。
7. The Association reserves the right to request from the applicant to attend an interview and submit a true copy of any required documents when deemed fit. An applicant is responsible for any charges related to such requirements. Failure of such shall be considered as withdrawal of the application.
如情況需要，本會將要求申請人出席面談及提交正本文件以茲證明，相關費用均須由申請人負責。若申請人未能提供相關文件或繳付相關費用，則視放棄申請論。
8. The Membership Sub-Committee of the Association will assign an appropriate membership class to the applicant after the application is accepted and approved.
申請經批核後，協會會將申請人分配到適當的會員類別。
9. The processing time for application is about eight weeks. An applicant shall be advised to pay a registered/annual fee (whatever applicable) only if the application is considered a recommendable submission. The Association will notify the applicant once the application is officially approved.
處理申請時間為八星期。獲推薦之申請人將被通知繳交相關的註冊及年費(如適用者)。申請正式批核後，申請人將獲本會通知。
10. The membership year is from 1st April to 31st March of next year. Membership approved on or after 1st October each year requires only half of the annual membership fee.
會籍年度為 4月1日至來年3月31日。若會員資格於10月1日或以後批核，該會員該年只需繳交一半會員費。
11. Under the Personal Data (Privacy) Ordinance, the data held by the Association relating to applicants and Members will be kept confidential. You may request access to and/or correction of your personal data concerning your application via the email of the Association.
根據個人資料(私隱)條例，本會所得的有關申請人及會員個人資料將予以保密。你可要求查閱和/或更正你的個人資料。如有需要可去信本會。
12. The Association holds personal data of its current and past members. It is also the Association policy to retain the personal data of unsuccessful applicants for future reference purposes for a period of not more than 12 months. After that, your application and all materials you provide will be destroyed.
本會會保留現有會員和舊會員的個人資料。此外，本會亦保留落選者的個人資料，供日後參考之用，為期不超過 12 個月。此後，所有有關申請資料將會全部銷毀。
13. HKADCP reserves the right to reject any application on a case-by-case basis.
本會保留拒絕任何申請的權利。

***Declaration of No Disciplinary Record and Fulfillment of Core Academic Subjects**

紀律刑責與修畢學科聲明

1. Has the applicant ever been convicted of any criminal charges in any countries

申請人曾否在任何國家有刑事紀錄?

Yes 是 No 否

2. Has the applicant ever received disciplinary caution/action from any professional organization(s)?

申請人曾否被任何專業心理學會 / 機構提出紀律上之警告或行動處分?

Yes 是 No 否

3. I have fulfilled and completed the following postgraduate level required core subjects:

本申請人已修畢下列研究院程度課程科目:

Areas	Fulfilled Subject(s) Please ✓
1. Scientific & professional ethics and standards	<input type="checkbox"/>
2. Research design and methodology	<input type="checkbox"/>
3. Statistics /Psychometrics	<input type="checkbox"/>
4. Psychological assessment	<input type="checkbox"/>
5. Psychological therapies/interventions	<input type="checkbox"/>
6. Biological bases of behaviour, e.g., physiological psychology, comparative psychology; neuropsychology, sensation and perception, and psychopharmacology;	<input type="checkbox"/>
7. Social bases of behaviour, e.g., social psychology, group processes, organizational, intercultural awareness, and systems theory	<input type="checkbox"/>
8. Cognitive bases of behaviour. e.g., learning and reasoning	<input type="checkbox"/>
9. Affective basis of behaviour such as emotion, mood, and motivation.	<input type="checkbox"/>
10. Individual differences, e.g., personality theory, human development, and abnormal psychology/psychopathology.	<input type="checkbox"/>

I hereby apply for membership in the Association. I have read and agreed to the rules and regulations of the Association and confirm my attainment of the membership criteria before the submission. I also declare that all information stated herein is true and accurate. I consent to disclose my name; professional qualifications, membership number, and other personal information as approved by HKADCP in General Meeting from time to time to the public by means of but not restricted to the HKADCP website and other publications as approved by HKADCP in General Meeting from time to time.

本人申請成為貴專業協會會員，並已閱讀及同意遵守協會列明之條款及細則及已達到會員申請要求。本人
在本申請書內所填報的各項資料，均屬確實無訛，特此聲明。本人同意但不限於在協會網頁及董事會適時
批准的刊物公開本人的姓名；專業學歷；會員編號及董事會適時批准的個人資料。

Official Use Only

Application not approved

Approved for membership of SA/AM/RM/FM/HM/HA

Remarks (if any)

Signature of Applicant 申請人簽名

Date of Application 申請日期



Hong Kong Association of Doctors
in Clinical Psychology Limited
香港臨床心理學博士協會有限公司

Reference Form

Applicant's Name: _____

To Hong Kong Association of Doctors of Clinical Psychology:

I have been acquainted with the above applicant for ____ years ____ months. I am not related to this individual either by birth or by marriage. To the best of my knowledge, this applicant is in good standing in the profession, and I recommend him/her for the membership application.

Name: _____ HKAPCP membership number (optional): _____

Business address: _____

Contact phone number: _____ (business/mobile)

E-mail: _____

Signature of Referee: _____

Date: _____

This form must be completed, signed by the referee, and returned to HKADCP by post or email.