



HONG KONG CLINICAL PSYCHOLOGISTS ASSOCIATION

香港臨床心理學家協會

Personal and Confidential

TO: Ms Kelly LAU (Clinical Psychologist) FROM:
(Fax: 2715-3447)

Date:

Please Update Your Personal Information

Personal Information

Name (in full, surname first): _____ (Dr/Mr/Mrs/Ms/Miss*)

Name in Chinese, if applicable: _____

Gender: Male/Female*

Correspondence Address: _____

Telephone Number: _____ (day)
_____ (evening)

Mobile/Pager: _____ Fax: _____

Email Address: _____

Current Employment

Employer category: HKSAR Government/ Hospital Authority/ NGO/Private/ Academic/ Overseas/
Others*: _____

Name of Employer (e.g. SWD, DH-CAS): _____

Job Title: _____

Employment terms (if applicable): a) Permanent/Contract/Temporary/Others*: _____

b) Full-time/ Part-time/Others*: _____

Job specialties (please select no more than 2):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Child Psychiatry/Psychology* | <input type="checkbox"/> Adult Psychiatry/Psychology* | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Child/Adult Rehabilitation* | <input type="checkbox"/> Family/Social Service* | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> General Medical | <input type="checkbox"/> Health Psychology | <input type="checkbox"/> Forensic |
| <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Others: _____ | |

Year of graduation from CP training program: _____

Are you a member of the Division of Clinical Psychology, Hong Kong Psychological Society? Yes/No*

*Circle the appropriate item

Thank you very much!