

雅麗氏何妙齡那打素醫院
Alice Ho Miu Ling Nethersole Hospital
臨床牧關教育訓練課程申請表

Application Form for Clinical Pastoral Education (CPE) Training Programme

姓名 Name : _____ (中文) _____ (ENG)

性別 Sex: *M / F 年齡 Age: _____ 出生日期 Date of Birth: _____

身分證號碼 ID No.: _____ () 國籍 Nationality : _____

婚姻狀況 Marital Status : *已婚/未婚 子女 Children : _____ 子/ _____ 女

配偶姓名 Spouse's Name : _____

配偶職業 Spouse's Occupation : _____

地址 Address : _____

聯絡電話 Tel. : _____ 傳呼機/手提電話 Pager/Mobile No. : _____

傳真號碼 Fax No. : _____ 所屬教會 Church : _____

能操之語言 Languages : _____

任職機構 Organization : _____ 職位 Position : _____



學歷 Education :

年份 Year 課程 Course 神學院或大學 Seminary or University

年份 Year	課程 Course	神學院或大學 Seminary or University
_____	_____	_____
_____	_____	_____
_____	_____	_____

其他專業訓練 Other Professional Training :

日期 Date 課程 Course 主辦機構 Organization

日期 Date	課程 Course	主辦機構 Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____

曾接受臨床牧關訓練 Previous CPE Training :

日期 Date 訓練中心 Training Centre 地點 Venue 督導 Supervisor

日期 Date	訓練中心 Training Centre	地點 Venue	督導 Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

三位諮詢人 Three Referees :

姓名 Name 機構及地址 Organization and Address 職位 Position

姓名 Name	機構及地址 Organization and Address	職位 Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

報讀課程

Programme Options:

- | | |
|--|--|
| <input type="checkbox"/> 暑期密集課程
Summer Intensive Unit | <input type="checkbox"/> 秋季密集課程
Fall Intensive Unit |
| <input type="checkbox"/> 春季延伸課程
Spring Extended Unit | <input type="checkbox"/> 春季晚間延伸課程
(專為前線醫護人員而設) |
| <input type="checkbox"/> 駐院院牧訓練
Year Long Resident Training | <input type="checkbox"/> Spring Evening Unit
(designed for frontline medical and nursing staff) |

申請人簽署 Signature : _____

日期 Date : _____

* 請圈出適用者 Please circle as appropriate

請回答下列問題，並連同申請表一併寄回「香港新界大埔全安路十一號雅麗氏何妙齡那打素醫院員工中心一樓九號室」

Please answer the following questions and attached to the application form for enrollment to “Rm J/1/9, Staff Centre, Alice Ho Miu Ling Nethersole Hospital, 11 Chuen On Road, Tai Po, New Territories, Hong Kong”:

1. 描述你的生命成長歷程。當中的重要人物與事件對你有何重要影響，並且形容你與家人的關係及學習上的成長動力。

A reasonably full account of your life, including important events, relationships with people who have been significant to you, and the impact these events and relationships have had on your development. Describe your family of origin, your current family relationships and your educational growth dynamics.

2. 描述你的宗教生活發展，包括影響你信仰的事件和關係。

A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief systems.

3. 按次序描述你的工作經驗，包括職位及工作日期。

A description of the development of your work (vocation) history, including a chronological list of positions and dates.

4. 敘述你一次助人的經驗，包括事件、你如何評估該困難、如何處理，並作一簡單的評估。若你曾修讀 CPE，可以用逐字報告形式表達。

An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the “problem”, what you did, and a summary evaluation. If you have had previous CPE, include this information in verbatim form.

5. 你對「臨床牧關教育」的印象及你的學習目標，包括專業方面及個人成長方面。你期望這訓練如何能幫助你達成上述的目標。

Your impression of CPE and your educational goals, including how this training will be used to meet your goals for doing ministry.

6. 如你曾修讀「臨床牧關教育」課程，請遞交所有個人及督導的評估副本。

Those with previous CPE should give copies of previous CPE evaluations written by you and your supervisor.