**雅麗氏何妙齡那打素醫院**

**Alice Ho Miu Ling Nethersole Hospital**

**臨床牧關教育駐院院牧課程申請表**

**Application Form for Clinical Pastoral Education (CPE) Residency Programme**

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姓名 Name：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (中文) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ENG)

性別 Sex：M / F 年齡 Age：\_\_\_\_\_\_\_\_出生日期 Date of Birth：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHOTO

身份證號碼 ID No.：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( ) 國籍 Nationality：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 相片

婚姻狀況 Marital Status：\*已婚/未婚/其他：\_\_\_\_\_\_\_ 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.：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 手提電話 Mobile No.：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

電郵 Email：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 所屬教會 Church：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

能操之語言 Languages：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**學歷** **Education**：

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**其他專業訓練** **Other Professional Training**：

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**牧職經驗 Pastoral experience**：

年份 Year 牧職崗位 Position 任職機構或堂會 Organization or Church

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**三位諮詢人** **Three Referees：**

姓名 Name 機構及地址 Organization and Address 職位 Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**申請人簽署** Signature：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **日期** Date：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*請圈出適用者 Please circle as appropriate

申請資料只供面試之用，內容保密，本中心不會向外披露。

**請回答下列問題**

**Please provide information for the following questions**

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。**

Provide a reasonably full account of your life including important events, relationships with people who are significant to you and elaborate the impact on your development by the aforementioned events and relationships. Describe your family of origin, your current family relationships and your educational growth dynamics.

1. **描述你的宗教生活發展，包括影響你信仰的事件和關係。**

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

1. **按次序描述你的工作經驗，包括職位及工作日期。**

Describe the development of your working experience including a chronological list of positions and dates.

1. **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。**

Illustrate an incident in which you were called to help someone such as the nature of the request, your assessment of the situation, your handling and a summary of evaluation. Please supplement such information in verbatim form.

1. **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。**

Explain your impression of CPE and your learning goals including professional and individual growth aspects. Please elaborate your expectations of the training to achieve your goals.

1. **請遞交你所修讀之「臨床牧關教育」課程之個人及督導的評估副本。**

Please submit all copies of your CPE evaluations by you and your supervisor that completed previously.

1. **分享你報讀一年制駐院院牧課程的原因。**

Express the reason(s) on your enrollment to the 1-year Residency Programme.

# 雅麗氏何妙齡那打素醫院

**臨床牧關教育駐院院牧課程申請諮詢表**

**(請直接寄往新界大埔全安路十一號雅麗氏何妙齡那打素醫院A座一樓院牧部主任院牧收，信封面註明「駐院院牧課程申請諮詢表」)**

申請人姓名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

諮詢人姓名︰\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 任職機構 | ︰ |  |
| 職位 | ︰ |  |
| 與申請人關係 | ︰ |  |
| 聯絡電話 | ︰ |  |

閣下對申請人的認識：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **優** | **良** | **可** | **劣** |
|  |  |  |  |  |
| 申請人健康狀況 | □ | □ | □ | □ |
|  |  |  |  |  |
| 精神狀態 | □ | □ | □ | □ |
|  |  |  |  |  |
| 自律程度 | □ | □ | □ | □ |
|  |  |  |  |  |
| 時間觀念 | □ | □ | □ | □ |
|  |  |  |  |  |
| 與人相處 | □ | □ | □ | □ |
|  |  |  |  |  |
| 有責任感 | □ | □ | □ | □ |
|  |  |  |  |  |
| 牧者心腸 | □ | □ | □ | □ |
|  |  |  |  |  |
| 坦誠開放 | □ | □ | □ | □ |
|  |  |  |  |  |
| 接受意見 | □ | □ | □ | □ |
|  |  |  |  |  |
| 委身程度 | □ | □ | □ | □ |
|  |  |  |  |  |

你認為申請人報讀本院臨牀牧關教育訓練課程，要處理那些方面的問題：

個人成長方面 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

人際關係方面 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

專業成長方面 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

謝謝 閣下寶貴的意見。