**雅麗氏何妙齡那打素醫院**

**Alice Ho Miu Ling Nethersole Hospital**

**短期心靈關顧訓練課程申請表**

**Application Form for Short Term Spiritual Care Training Programme**

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

性別 Gender：\_\_\_\_\_\_ 年齡 Age：\_\_\_\_\_\_\_\_出生日期 Date of Birth：\_\_\_\_\_\_\_\_\_\_\_\_ PHOTO

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

地址 Address：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

電郵 Email：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 手提電話 Mobile No.：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

宗教信仰 Religion：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 所屬教會 Church：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

就讀學院 Institution： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_修讀學科 Programme：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

年班 Year： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**曾接受短期心靈關顧訓練** **Previous Short Term Spiritual Care Training**：

日期 Date 訓練中心 Training Centre 地點 Venue 督導 Supervisor

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

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

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

**一位諮詢人** **One Referee：**

姓名 Name 機構及地址 Organization and Address 職位 Position

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

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

\*申請資料只供面試用，不會外洩。

**請回答下列問題，並連同申請表以及報名費(支票抬頭『雅麗氏何妙齡那打素慈善基金會』)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A座一樓院牧部，註︰臨床牧關教育中心收」為確保郵遞成功，請付足夠郵資。**

**Please answer the following questions and attached to the application form with cheque for application fee (payable to “Alice Ho Miu Ling Nethersole Charity Foundation”) for enrollment to Chaplaincy Department, 1/F, Block A, Alice Ho Miu Ling Nethersole Hospital, 11 Chuen On Road, Tai Po, New Territories, Hong Kong (Attn: CPE Training Center). For the sake of successful mailing, please ensure sufficient postage.**

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.

1. **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.

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。可以用逐字報告形式表逹。**

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. You may include this information in verbatim form.

1. **你期望這訓練如何能幫助你逹成上述的目標。**

How this training will be used to meet your goals for doing ministry.

**雅麗氏何妙齡那打素醫院**

**短期心靈關顧訓練課程申請諮詢表**

**(請直接寄回『香港新界大埔全安路十一號雅麗氏何妙齡那打素醫院A座一樓院牧部，註「臨床牧關教育中心」收)**

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

諮詢人姓名 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

任職機構 :

職 位 :

聯絡電話 :

與申請人關係 :

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 | □ | □ | □ | □ |
|  |  |  |  |  |
| 對人關愛 | □ | □ | □ | □ |
|  |  |  |  |  |
| 坦誠開放 | □ | □ | □ | □ |
|  |  |  |  |  |
| 接受意見 | □ | □ | □ | □ |
|  |  |  |  |  |
| 委身程度 | □ | □ | □ | □ |
|  |  |  |  |  |

你認為申請人報讀本院短期心靈關顧訓練課程，在那些方面可以幫助他：

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。