

### The Chinese University of Hong Kong Department of Social Work Continuing Professional Education

## Membership Scheme General Guidelines

#### **OBJECTIVES**

The membership scheme aims at:

- 1. Encouraging lifelong professional education in human service areas
- 2. Enhancing closer connection between CPE and participants
- 3. Grasping the training needs of human service professionals

4.

#### PRIVILEGES

The eligible CPE members

- 1. Are entitled to enjoy **20% discount** for CPE programmes
- 2. Could get up-to-date news, including activities of our Department, postgraduate programmes, CPE programmes and publication releases through email

3.

#### **NEW APPLICATION**

Applicants should have:

1. Joined at least TWO programmes organized by CPE since 2001;

**AND** 

2. Completed the programmes with **Certificates of Attendance** awarded by our Department

3.

#### RENEWAL OF MEMBERSHIP

Members who would like to renew their membership are requested to:

1. **WITHIN** the membership period **OR AFTER** the membership expires Joined and completed **one** CPE programme:

#### **APPLICATION PROCEDURES**

- 1. Complete and return (i) the application form *and* (ii) a completed survey
- 2. **No membership fee** is necessary
- 3. The membership is valid for **ONE year** from the date of confirmation

Please send the completed application form by fax, mail, or email to our Department.

Fax: 852-2603-5018

Address: CPE, Department of Social Work, The Chinese University of Hong Kong, Shatin, N.T.

Hong Kong.

Email: cpe@swk.cuhk.edu.hk

Enquiry: 852-3943-1704

Website: <a href="https://web.swk.cuhk.edu.hk/en-gb/">https://web.swk.cuhk.edu.hk/en-gb/</a>

	For office use only
☐ Accepted ☐ Rejected  Membership No.: <u>CPEM</u>	Valid Period:

# THE CHINESE UNIVERSITY OF HONG KONG DEPARTMENT OF SOCIAL WORK CONTINUING PROFESSIONAL EDUCATION MEMBERSHIP SCHEME

<b>Application Form for Renewal Applicants</b>				
<u>Perso</u>	onal Particulars			
Full Name (English):   Mr.   Ms.   Dr.		(Chinese):		
Contact Telephone No.:		_ E-mail Address:		
<u>Осси</u>	<u>pation</u>			
Occup	pation:			
Name	e of Organization	:		· · · · · · · · · · · · · · · · · · ·
* Ty	rpe of Organization (a) Education (c) Medical Architecture (e) Others: (	nal Institution Association	☐ (b) Governmental Depart ☐ (d) Non-governmental O )	rganization
			☐ (c) 11 or above  d completed in our Departs	<pre>* Please tick appropriate box(es ment:</pre>
	Course Code (or commencing date of course)		Course Name	
1				
(You a Profe	are invited to sha	n programmes. Your	perience, views and commer	nts after joining our Continuing d 100 words, either in English or s.)

To better understand your specific training interests and needs, you are invited to answer the following questions. Your inputs are very important as it would help our Department better plan for our future development and programs tailoring to meet your different training needs.

How many CPE courses have you taken since our CPE set up in 2001?					
☐ 3-4 ☐ 5 or above					
What is your area of interest at most?					
☐ Clinical practice ☐ Human service management					
☐ Information technology application ☐ Research and programme evaluation					
Others (Please specify:)					
What programmes or topics would you like us to offer in the future?					
Do you get any financial support for taking courses relating to your job?					
☐ Yes (from where:) ☐ No					
Which clienteles are you mainly serving for? (You may choose more than one option.)					
☐ Children & adolescents ☐ Parents & couples ☐ Elderly					
☐ Hospital Patients ☐ The unemployed					
Others (Please specify:)					
What is your highest education level achieved?					
☐ Bachelor's degree ☐ Master's degree ☐ Doctoral degree					
Others: (Please specify:)					
I confirm that all information provided on this form is true and correct.					
Signature: Date:					

#### **Remarks:**

- The Department of Social Work reserves the right to make any alterations to the membership scheme.
- Confirmation of application will be issued via email.
- The personal data provided on application forms are used by Continuing Professional Education (CPE) only for membership application and future promotion purposes. All personal data collected will be treated as strictly confidential. Under the provision of the Personal Data (Privacy) Ordinance, applicants have the right to request access to and make correction of their personal data. Applicants wishing to make amendments on personal data should submit written requests to CPE by email to cpe@swk.cuhk.edu.hk