# **Clinical Case Supervision**

## by

**Prof. Joyce L. C. MA**, Centre Director and **Professional Consultants**, Family and Group Practice Research Centre, Department of Social Work, CUHK

# **MODES**

#### 1) Clinical observation:

Participants will observe a 60 - 90 minutes family case interview conducted by Prof. Ma. After the interview, a tutorial session to discuss the intervention strategies and skills that used in the interview will be carried out.



#### 2) Clinical consultation:



Participants, who are from the same organization, will bring their active family cases for clinical consultation. Prof. Ma will interview the case and provide a consultation session on the future direction of the intervention strategies of the case. *Interested organizations are welcome to discuss it with our Centre in person.* 

# <u>DETAILS</u>

Social workers, teachers and helping professionals with frontline				
experience in related fields.				
Clinical observation: Saturday and Sunday morning				
Prof. Joyce MA, Centre Director and / or				
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Fee will be paid by a crossed cheque ( payable to The Chinese University				



Family and Group Practice Research Centre Department of Social Work The Chinese University of Hong Kong

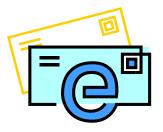


# **ENQUIRY**

Phone No.: 3943 8347

Email : fgprc@swk.cuhk.edu.hk

Address : Family and Group Practice Research Centre, Room 536, Sino Building, Chung Chi College, The Chinese University of Hong Kong, Shatin, N.T.



### **APPLICATION FORM**

For those interested, please complete the following form and send it to **fgprc@swk.cuhk.edu.hk** for the first time application only. The updated dates for clinical observation will be released by e-mail.

#### Please remember to register again prior to each session through email. Confirmation will be sent to <u>successful applicants</u> via email.

Full Name:	(English) Mr/ Mrs/ M	/Is/ Miss	S			
	(Chinese)					
Organizatio	n:					
Post:						
No. of Working Years in Social Work Field:						
Tel. No.: (I	H)	(0)		(M)		
Fax No.: _						
Email:						
Correspondence Address:						
Please $\checkmark$ the box(es) below to indicate your interest.						
□C	□ Clinical Observation □Clinical Consultation					