RelationshipWorkshop (RW-10): Application From

Office Use:
Group_____

*****Participants should join as a group (2 persons or more). (Your partners can be your close friends, spouse, siblings, family members or someone having intimate relationship with you.)*

Family Group: Applicable to group with immediate members of family; e.g. parents and children, siblings.

	Participant 1	*Participant 2*
Name of Participant:	*(Chi):* *(Eng):*	*(Chi):* *(Eng):*
Member Code:		
Sex/ Age/ Occupation:	*Sex:* *Age:* *Occupation:*	*Sex:* *Age:* *Occupation:*
Correspondence Address:		
Contact:	*Tel:* *Fax:* *E-mail:*	*Tel:* *Fax:* *E-mail:*
Satir Workshop Experience (Name/Trainer/Year/No. of Days)	*Name of Workshop:* *No. of Days:* *Name of Trainer:* *Year of Workshop:*	*Name of Workshop:* *No. of Days:* *Name of Trainer:* *Year of Workshop:*
Name Appearing on Certificate:		
Contact Person for Emergency (Name/Tel):		
Chronic Illness (if applicable)	*Please specify:*	*Please specify:*
	I have/have not attended regular treatment. (please cross as inappropriate)	*I have/have not attended regular treatment. (please cross as inappropriate)*
	I have been assessed/not been assessed by professionals if I am physically/mentally/psychologically fit/not fit to attend this workshop. (please cross as inappropriate)	*I have been assessed/not been assessed by professionals if I am physically/mentally/psychologically fit/not fit to attend this workshop. (please cross as inappropriate)*

Total Amount: HK$	*Cheque no: _____/_____*	*Signature:*	*Date:*

Declaration

1. *I understand the above personal data are collected for registration purpose only. I have the right of access & correction with written request in accordance with the provisions of the Personal Data (Privacy) Ordinance.*
2. *I understand that the workshop is of educational but not therapeutic nature. In the process of self-exploration, I understand that I may be triggered emotionally or psychologically. In case of need, I would take the initiative to seek for the counseling service by the Center or help from other professional bodies.*
3. *I have sought the view of concerned counselor/medical worker/professionals, who have confirmed that I am fit to attend this course physically & psychologically.*
4. *I have read this brochure. I understand and agree to the registration & refund arrangement.*

Signature of Applicant_____ Date_____

OFFICE USE

Amount: ☐ $3,000 ☐ $3,500 ☐ $3,900 ☐ $4,400 ☐ $4,900	*Cheque no:*	*Recepit # T*	*Staff:*	*Date:*	*Remarks:*

Enquiries

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