香港心理衞生會
The Mental Health Association of Hong Kong

傅德枏輔導及發展中心 培訓服務
電話 Tel.:2528 4656 傳真 Fax.:2357 4577
電郵 E-mail:dce@mhahk.org.hk

培訓申請表 Training Application Form

(一)機構資料 Organization Information

公司/機構名稱 Company/Org. name			
地址 Address			
聯絡人姓名 Contact person		行業類別 Business sector	
職位 Position		電話 Tel.	
電郵 E-mail		傳真 Fax.	

(二)培訓主題 Training Themes

2.1 心理健康範疇 Mental Health Series

☐MH01 壓力管理 Stress Management	☐MH10 情緒病的辨識與及早介入 Identification and Early Intervention on Mood Disorders
☐MH02 情緒管理 Emotion Management	☐MH11 認識重性精神病 Understanding of Severe Mental Problems
☐MH03 怒氣管理 Anger Management	☐MH12 精神健康急救講座 Mental Health First Aid (MHFA) Talk
☐MH04 優質睡眠 Quality Sleep	☐MH13 精神健康急救課程(標準) Mental Health First Aid Course (MHFA-Standard)
☐MH05 正向心理 Positive Psychology	☐MH14 精神健康急救課程(關懷青少年) Youth Mental Health First Aid Course (YMHFA - for Adults Assisting Young People)
☐MH06 靜觀工作坊 Mindfulness Workshop	☐MH15 精神健康急救課程(關懷長者版) Older Person Mental Health First Aid Course
☐MH07 養神與勞體工作坊"Rest to Attain Tranquil Mind" and Basic Tai Chi Exercise Workshop	☐MH16 精神健康急救課程(網上版) Mental Health First Aid Online Course
☐MH08 建立關懷同事文化 Establishment of Supportive Working Culture	☐MH17 精神健康急救課程(學生互助版) teen Mental Health First Aid
☐MH09 辨識精神問題、危機評估與及早介入 Identification, Risk Assessment and Early Intervention of Mental Health Problems	☐MH18 「精神抉」劇本歷奇工作坊 Mental Adventure Game (MAG)
	☐MH19 《黑寶生氣了》情緒繪本故事工作坊 "Angry Boo" Children Book Storytelling Workshop

2.2 ☐ 精神事故危機支援 Crisis Interventions of Mental Health Issues

2.3 ☐ 特定主題 Others, please specify:

(三)培訓詳情 Training Details

舉辦日期及時間 Date & Time	第一選擇 First choice 日期 Date: _____ 時間 Time: 由 from_____至 to_____ 第二選擇 Second choice 日期 Date: _____ 時間 Time: 由 from_____至 to_____
培訓地點 Venue	
參加者 Participants	對象 Target: _____ 人數 Number: _____ 年齡層 Age range: _____ 參加者的背景、特質、對培訓主題的認識情況、需要及期望 Background, characteristics, understanding of the training topics, the needs and expectations of the participants: _____ _____

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財政安排 Financial arrangement	☐發票及收據抬頭 Recipient name on debit note and receipt:_____ ☐本公司不需要收據。No receipt needed. 郵寄地址 Address:_____ 收件人 Attn.：_____電話 Tel:_____
其他(例如:特定講者) Others (e.g. Specified speakers)	

《收集個人資料聲明》Personal Information Collection Statement

有關本會《收集個人資料聲明》，請參閱本會網站 https://www.mhahk.org.hk/chi/pics.htm。本會擬使用你的個人資料，以作日後聯絡、籌款、義工招募、宣傳活動/服務/課程或收集意見等推廣用途。未經你的同意，本會不會使用你的個人資料作上述用途。在本表格上簽署表示你同意香港心理衞生會如此使用你的個人資料。如你不同意，請在以下空格加上「✓」號。

☐本人不同意香港心理衞生會使用本人的個人資料作上述推廣用途。

For details of our Personal Information Collection Statement, please refer to our website: https://www.mhahk.org.hk/chi/pics.htm. We intend to use your personal data for future contact, fundraising, volunteer recruitment, promotion of activities/services/programmes or feedback collection, etc. We cannot so use your personal data without your consent. Please sign this application form to indicate your agreement to our use of the above personal data for promotional purposes. Should you find such use of your personal data not acceptable, please indicate your objection by ticking the box below.

☐I do not agree the Mental Health Association of Hong Kong to use my personal data for the above promotional purposes.

_____ _____

負責人簽署(公司蓋印) 日期

Signature (Company chop) Date

For Office Use Only

培訓確認 Training Confirmation

本會已接獲及確認 貴公司之培訓申請 We have received and confirmed your training application.

培訓日期 Training date		培訓時間 Training time	
培訓主題 Training topic			
講者 Speaker(s)			
收費 Fee	HK$_____*		

_____ _____

簽署(中心蓋印) 日期

Signature (Centre chop) Date

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注意事項 Reminders

1. 申請機構適宜於填表前，致電 2528 4656 與本會培訓導師或教育主任聯絡，預先商討培訓細節。Please call our corporate trainers or education officers at 2528 4656 to discuss training details before summiting this form.
2. 本中心收到培訓申請表後，將於 7 個工作天內以電郵或傳真回覆確認。We will confirm your training request via email or fax within seven working days upon receipt of the completed application.
3. 中心培訓收費：除了「精神健康急救課程」，所有培訓以 2 小時起計，收費為至少每小時 HK$2,000；精神健康急救課程收費每班 HK$20,000。社福機構或學校團體可獲減費。Trainings except MHFA course are charged at a rate of HK$2,000/hour for a minimum of 2 hours. MHFA course is charged at a rate of HK$20,000/class. Reduced rate applied to NGOs and schools only.
4. 請於培訓當日或之前附上支票，郵寄至：九龍觀塘茶果嶺道 81 號 茜草灣鄰里社區中心四樓。支票抬頭：香港心理衞生會。Please make a crossed cheque payable to: “The Mental Health Association of Hong Kong” and post it to: 4/F, Sai Tso Wan Neighbourhood Community Centre, 81 Cha Kwo Ling Road, Kwun Tong, Kowloon on or before the day of training.
5. 培訓前請於場地預備物資：電腦、投影機、無線咪兩枝、可播放電腦聲音檔的音響設備、白板及白板筆。Please prepare the equipment before the training: computer, projector, 2 wireless microphones, audio system for computer files, whiteboard and whiteboard markers.
6. 如有查詢，請致電 2528 4656 與本會職員聯絡。Please contact us at 2528 4656 if there is any question.