## 第五期心理咨询师成长精品班报名信息表

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| **姓名** |  | | **性别** |  | **年龄** |  |  |
| **身份证号** |  | | | **电话** |  | |
| **毕业院校** |  | | | **专业** |  | |
| **所在单位** |  | | | **职务** |  | |
| **电子邮箱** |  | | | **地址** |  | |
| **心理学资质证书** | |  | | | | |
| **心理咨询相关学习、工作简历** | | | | | | | |
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| **教务处资格审核：** | | | | | | | |
| **校长审核：** | | | | | | | |
| **备注：1：实习生凭相关资质证明及复印件，进行审核。**  **2：遵守心理咨询与治疗伦理守则，遵守实习基地及学校规章制度及精品班学习要求。** | | | | | | | |