意象对话研究中心制

\_\_\_\_\_\_\_\_\_\_\_级意象对话心理师申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  名 | |  | | | | 性 别 |  | 籍 贯 | | |  | | 照片（近照：证件照、生活照均可）    请直接黏贴至此或随本表格经由附件发送。 |
| 出生日期 | |  | | | | 民 族 |  | 现居地 | | |  | |
| 身份证 | |  | | | | 婚 否 |  | 健康状况 | | |  | |
| 毕业院校 | |  | | | | 学 历 |  | 专 业 | | |  | |
| 联      系     方     式 | | | | | | | | | | | | |
| 手机号 | | | |  | | | | | | | | |
| E  - mail | | | |  | | | | | | | | |
| 工作单位/职务 | | | |  | | | | | | | | |
| 通 讯 地 址 | | | |  | | | | | | | | |
| QQ/微信号 | | | |  | | | | | | | | |
| 学  习  / 咨 询 / 成  长  履  历 | | | | | | | | | | | | | |
| 意  象  对  话  学习  经历 | 课程名称 | | | | 课程日期 | | 授课讲师 | | | 学时 | | 证书编号 | |
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| 心理学  学习经历 | 课程名称 | | | | | | 授课讲师 | | | 学时 | | 证书编号 | |
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| 心理咨询工作经历 | 时    间 | | | | | | 所在地 | | | 督导老师 | | 接受督导小时数 | |
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|  |  | | | | | |  | | |  | |  | |
| 心理成长相关经历 | 时    间 | | | | | | 所在地 | | | 督导老师 | | 一对一体验小时数 | |
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| 初次参评/过往参评信息（次数及日期） | | | | | | |  | | | | | | |
| 申请人简述为意象对话  研究推广做了哪些工作 | | | | | | |  | | | | | | |
| 申请人是否愿意遵守  《意象对话心理师伦理守则》 | | | | | | | 申请人签名： | | | | | | |
| 申请人是否曾存在违法记录  或违反专业伦理的行为 | | | | | | | 如有相关记录，请如实予以说明： | | | | | | |
| 此次申请推荐人（珍珠及珍珠以上级别意象对话心理师）信息 | | | | | | | | | | | | | |
| 姓名 | | |  | | | 联系电话 | | |  | | | | |
| 所在地/区 | | |  | | | 电子邮箱 | | |  | | | | |
| 申请人声明 | | | | | | | | | | | | | |
| 我声明我所填写的所有信息准确无误，我将为以上信息的真实性负完全责任。                                               申请人签名：                                                   年 月 日 | | | | | | | | | | | | | |