



Use of Expressive Arts in Social Services (Use of Clay)

表達藝術於社會服務的應用 (陶泥之應用)

Facilitator

Mr. Antonio Wong



- ✦ Expressive Arts Therapist
- ✦ Psychological Counsellor
- ✦ Member of HKPCA
- ✦ Executive Committee Member of Contemporary Ceramic Society (HK)



Objectives

- ❖ To introduce the skills and knowledge of using clay for expressive arts therapy facilitation
- ❖ To facilitate participants' understanding of use of clay in art facilitation for both individual and group work
- ❖ To introduce the use of other art modalities in connection with clay in group facilitation

Target Participants

Social Workers, Counsellors, Psychologists

Date	: 5, 12, 19, 26 November 2016 (Saturdays)
Time	: 9:30am - 12:30pm (total 12 hours)
Venue	: United Centre of Emotional Health and Positive Living [2/F, Block A, Lee Kee Building, 55 Ngau Tau Kok Road, Kowloon]
Fee	: HK\$1,600 (all art materials and 4 clay artworks included)
Language	: in Cantonese



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Workshop Details:

Date : 5, 12, 19, 26 November 2016
Time : 9:30am – 12:30pm (Registration- 9:15am)
Venue : United Centre of Emotional Health and Positive Living
(2/F, Block A, Lee Kee Building, 55 Ngau Tau Kok Road, Kowloon)
Fee : HK\$1,600
Language: In Cantonese

REGISTRATION (*Use of Clay*)

Please return the completed form with a cheque made payable to **United Christian Nethersole Community Health Service** and mail to United Centre of Emotional Health and Positive Living, 2/F, Block A, Lee Kee Building, 55 Ngau Tau Kok Road, Kowloon, Hong Kong

Enquiry: 2349-3212	Email: info@ucep.org.hk	Website: www.ucep.org.hk
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Title: Prof. Dr. Mr. Ms. Miss Other (pls specify) _____

^Name: _____
(Last name) (Given Name)

^Please give your name you wish to be printed on the "Attendance Certificate"

Occupation: Psychologist Social Worker Counselor Doctor
Nurse Teacher Researcher
Occupational Therapist Physiotherapist
Full-time Student Others: (*pls specify*): _____

Job Title: _____

Organization
: _____

Address: _____

Phone: _____ **Email :** _____

Fee: HK\$1,600

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 via Accreditation Body _____
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 Other _____

I **do/ do not*** wish to be contacted by UCEP through email / direct mail / phone calls* for any direct marketing purposes of events and professional trainings in the future. UCEP shall not so use your personal data without your consent.

(*please delete as inappropriate)

Signature _____ **Date** _____
: _____ : _____