



明愛全人發展培訓中心

Human Empowerment & Achievement Training (HEAT)

Caritas Family Service

HK:

TW:

Website:

E-mail :

Caritas House, 2 Caine Road, Central, HK

9/F, Caritas Jockey Club Tsuen Wan Social Service Building, 9 Shing Mun Road, Tsuen Wan, N.T.

https://www.counselling.caritas.org.hk

fscounselling@caritassws.org.hk

Enquiry:

Tel.: 2525 6265

Fax: 3612 5738

♥ Marriage Enrichment Service ♥

(Convalidation of Marriage)

Aim: The service is specially offered to couples with the need of Marriage Enrichment.

Content: ✦ Couple communication ✦ Conflict Resolution

Format: Two counseling sessions (each lasts for 1.5hours) with a social worker. Upon completion of all the sessions and read provide article on “Christian view of marriage and Natural family planning”, a certificate will be issued.

Requirement: ✦ Married Catholic couples.

✦ The couple needs to attend the sessions together



Fee: (Payment: Crossed cheque payable to “Caritas – Hong Kong, D.F.”)

(Please your preferred time slot below time)

	4 - 8 weeks	1 day
Service Hours	<input type="checkbox"/> \$2,000 per couple	<input type="checkbox"/> \$2,600 per couple
Special Service Hours	<input type="checkbox"/> \$2,520 per couple	<input type="checkbox"/> \$3,360 per couple

* You are welcome to seek further counseling service should you feel needed.



Service Hours: (Hong Kong) Wed. & Fri: 9am – 5pm

(Tsuen Wan) Mon to Fri: 9am -12:30pm and 1:30pm – 5pm

Special Service Hours: Wed. & Fri: 5pm – 9pm, Sat: 9am – 5pm

\$500 administration fee will be charged for cancellation or changing appointment with less than 24 hour notice

*(We reserve the rights to terminate the service)

“Marriage Enrichment Service”

Registration Form

	Male	Female
Name		
Age		
Occupation		
Nationality		
Education		
Religion		
Address		
Contact No.		
E-mail Address		

Contact person: Male Female

Location: Hong Kong Centre Tsuen Wan Centre

“Christian view of marriage” talk date / serial number: _____

Year of marriage: _____ No. of children: _____

Learn this service from: _____

Expectation of the service: _____

I agree/disagree to receive future e-newsletter/program promotion materials.*

Date of application: _____

Signature: _____ (Male) _____ (Female)

For Official Use

Case No. : _____

Case Assigned to: _____ Approved by Supervisor: _____

Appointment date and time: _____