

Integrated Approach in Treating Child Conduct Disorders

One-day Workshop

4 November 2016

Enrolment Form

Personal Particulars

Name (Dr / Mr / Ms): _____ Rank: _____

Department / Unit: _____

Hospital / Organisation: _____

Corresponding Address: _____

Tel: _____

Fax: _____

Email: _____ (For application result & other notifications)

Learner ID (For HA eLC): _____

Declaration of Payment

I have enclosed a crossed cheque of HK\$ _____ payable to “Hospital Authority – Castle Peak Hospital”.

Cheque No.: _____ Bank: _____

Date: _____ Signature: _____

For enrolment, please complete the enrolment form and mail to the following address together with the payment:

Institute of Mental Health, Castle Peak Hospital
15 Tsing Chung Koon Road, Tuen Mun, New Territories

Remarks: Please note that parking space is not available.

Tel: 2456 7651 (Ms. Chiu) Fax: 2455 9330 Email: cph_imh@ha.org.hk Website: www.imh.org.hk

Notes: IMH reserves the rights not to admit an applicant.
 Fees are not refundable, except for unsuccessful enrolment or cancellation of the course.

I accept and agree to receive the latest information from the Institute of Mental Health via email.

Signature: _____