

EVIDENCE-BASED
COGNITIVE BEHAVIOURAL STRATEGIES FOR
Depression and Anxiety
2-Day Workshop

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 7775 (Ms. Chung) 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: _____

The Institute of Mental Health as a data user undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate, securely kept and used only for the purpose for which they have been collected.

