

# Basic Training in Acceptance and Commitment Therapy and its Application in a Busy Clinic 12-13 October 2017

## 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”**.

*\* For participants who would like to enjoy student price, please enclose a copy of your student card for verification.*

Cheque No.: \_\_\_\_\_ Bank: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

Tel: 2456 7774 (Ms. Chung) Fax: 2455 9330 Email: [cph\\_imh@ha.org.hk](mailto:cph_imh@ha.org.hk) Website: [www.imh.org.hk](http://www.imh.org.hk)

- Notes:
- Please note that parking space is not available.
  - 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.

