

Certificate Course in Mental Health (MHC19) 16 & 23 February 2019

Registration Form

Personal Particulars:

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

Department / Unit: _____

Hospital / Organisation: _____

Corresponding Address: _____

Tel: _____ Fax: _____

Email: _____ (For application result & other notifications)

Learner I.D. (For HA staff): _____

Declaration of Payment:

I have enclosed a crossed cheque of HK\$ _____ payable to "Hospital Authority".

Cheque no: _____ Bank: _____

Date: _____ Signature: _____

Do you need a parking space at CPH? YES, Car plate no: _____ NO

(Please include 2-day payment of HK\$100 in a separate crossed cheque from that for the course fee)

Please complete the registration 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**

Tel: 2456 7816 Fax: 2455 9330 Email: cph_imh@ha.org.hk Website: www.imh.org.hk

Note:

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

I do not wish to receive 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.