

# Certificate Course in Mental Health (MHC20)

## 21 & 28 September 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 ID (For HA eLC): \_\_\_\_\_

#### 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 this 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

Notes:

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

