

# 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](mailto:cph_imh@ha.org.hk)    Website: [www.imh.org.hk](http://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: \_\_\_\_\_