

Certificate Course in Mental Health (MHC21)

22 & 29 February 2020

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 7775 Fax: 2455 9330
Email: cph_imh@ha.org.hk Website: www.imh.org.hk

Important Notes:

- IMH reserves the rights not to admit an applicant.
- IMH is NOT responsible (financial or otherwise) for event cancellation, interruption or inconvenience due to inclement weather or other circumstances beyond the control of the IMH. Enrolled participant is NOT eligible for any refund due to postponements or cancellation on account of such circumstances.

☐ I have read and I agree to the Important Notes stated above.

☐ 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.

