

# Certificate Course in Mental Health (MHC21)

## 16 & 23 January 2021

### Registration Form

#### Personal Particulars:

Name (Dr / Mr / Ms): \_\_\_\_\_ Rank: \_\_\_\_\_  
Department / Unit: \_\_\_\_\_  
Hospital / Organisation: \_\_\_\_\_  
Corresponding Address: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ (For application result & other notifications)  
Zoom Account (For login): \_\_\_\_\_  
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: \_\_\_\_\_

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

