

Parenting: Coaching and Empowering Parents 教養子女：為父母打氣

One-day Workshop

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”**.

** For participants who would like to enjoy student price, please enclose a copy of your student card for verification.*

Cheque No.: _____ Bank: _____
Date: _____ Signature: _____

For enrolment, please complete this enrolment form and mail to the following address together with the payment:

Address: **Institute of Mental Health, Castle Peak Hospital**
15 Tsing Chung Koon Road, Tuen Mun, New Territories

Tel: 2456 7651 (Ms. Ip) Fax: 2455 9330
Email: cph_imh@ha.org.hk Website: www.imh.org.hk

Notes:

- Please note that parking space is not available.
- 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.

