



Online Workshop on Treatment Groups for Clients with Mental Illness

Enrolment Form

Personal Particulars

Name (Dr / Mr / Ms): _____ Rank: _____

Department / Unit: _____

Hospital / Organisation: _____

Tel: _____ Fax: _____

Email: _____
(Application result, login information and other notifications will be sent via email)

Learner ID (For HA eLC): _____

Declaration of Payment

I have enclosed a crossed cheque of HK\$ _____ payable to: **“Hospital Authority”**.

Cheque No.: _____ Bank: _____

Important Notes:

- ◆ The IMH reserves the rights not to admit an applicant.
- ◆ The 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 IMH via email.

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 7773 (Ms. HO) Fax: 2455 9330

Email: cph_imh@ha.org.hk Website: www.imh.org.hk

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.