

# Advanced Training in Mental Health for Frontline Mental Health Professionals: Management of Self-harm Behaviour in Youth in the Community

## Enrolment Form

### Personal Particulars

Name (Dr / Mr / Ms): \_\_\_\_\_ Rank: \_\_\_\_\_

Department / Unit: \_\_\_\_\_

Hospital / Organisation: \_\_\_\_\_

Corresponding Address: \_\_\_\_\_

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:** \_\_\_\_\_

Please complete this enrolment form and mail to the following address together with the payment:

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

Enquiry:

Tel: 2456 7775 (Ms. LAM)

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.

