

INTENSIVE COURSE ON PSYCHOLOGICAL MANAGEMENT OF ADDICTIVE DISORDERS ONLINE WORKSHOP

ENROLMENT FORM

Personal Particulars

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

Department / Unit : _____

Hospital / Organisation : _____

Corresponding Address : _____

Tel : _____ Fax : _____

Email : _____ (For application result and other notifications)

Employee no. (For HA eLC) : _____

Declaration of Payment

I have enclosed a crossed cheque of HK\$ _____ payable to: "Hospital Authority"

Cheque No : _____ Bank : _____

Important Notes:

- The enrollment will be based on a first-come, first-served basis.
- 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.
- **Video and voice recording are strictly prohibited.** NO part of this course may be reproduced, distributed, or transmitted in any form or by any means.

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 7773 (Mr. CHAU)

Email: cph_imh@ha.org.hk

Fax: 2455 9330

Website: www.imh.org.hk

青 · 山 · 醫 · 院
Castle Peak Hospital


青山醫院精神健康學院
Institute of Mental Health
Castle Peak Hospital

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.