

# A Two-day Workshop on Evidence-based Low-intensity Cognitive Behavioural Strategies for Depression and Anxiety (Re-run)

## Enrolment form

### Personal Particulars

Full 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 enrolment 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.
- By submitting this enrolment form, I acknowledge and understand that all fees and payments made for this program/course are non-refundable. Once payment is received, no refunds will be issued for any reason, including but not limited to withdrawal from the program, non-attendance, or dissatisfaction with the program/course content. I am aware that my enrolment signifies a commitment to participate in the program/course, and I am responsible for the full payment of the fees associated with it.
- 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 the 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](mailto:cph_imh@ha.org.hk)

Fax: 2455 9330

Website: [www.imh.org.hk](http://www.imh.org.hk)



Enquiry  
Tel: 2456 7773 (Mr. Chau)  
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)

