Certificate Course in Mental Health (MHC29) 21 & 28 June 2025

Registration Form		
Personal Particulars:		
Full Name (Dr / Mr / Ms):	Rank:	
Department / Unit:		
Hospital / Organisation:		
Corresponding Address:		
Tel:	Fax:	
Email:	(Application result & login information notifications will be sent via email)	ion and other
Employee no. (For HA eLC):		
Declaration of Payment:		
I would like to purchase set(s) of Emotional Crisis Prevention Strategy Kit for Youth.		
The total amount of the kit(s) should be included together with the course fee in the cheque.		
I have enclosed a crossed cheque of HK\$	payable to: "Hospita	al Authority".
Cheque No.:	Bank:	
Please complete this registration 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		
Tel: 2456 7816 Email: cph_imh@ha.org.hk	Fax: 2455 9330 Website: www.imh.org.l	hk
 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. 		
☐ LDO NOT wish to receive latest information from the Institute of Mental Health via email		

青・山・翳・院

Castle Peak Hospital

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.

Signature:





青少年情緒危機預防攻略

Emotional Crisis Prevention Strategy Kit for Youth

這套教材由青山醫院醫生和臨床心理學家悉心編製,以認知行為治療和辯證行為治療理論為基礎,結合各種情緒解說、鬆弛練習、解難技巧及支援網絡,並介紹在遇到情緒危機時的急救方法,以及如何從日常生活儲存正能量。



原價每盒 \$220

現優惠IMH課程參加者

特價每盒\$200

如欲以優惠價加購教材,請於課程報名表上填寫購買數量,並將課程及教材費用的總金額以劃線支票郵寄至本學院。

待確認收妥款項後,我們將以順豐到付 形式寄出教材及正式收據至您所提供的 地址。

> 如欲了解更多有關這套教 材的資訊,請即掃瞄二維 碼瀏覽本學院網頁:



CONTACT US



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