Sleep Well: Practical Techniques for Coping with Insomnia ENROLMENT FORM

Personal Particulars	
Full Name (Dr / Mr / Ms) :	Occupation :
Department / Unit :	
Organisation / Hospital :	
Corresponding Address :	
Tel :	Fax :
Email :	
	(For application result and other notifications)
Employee no. (For HA eLC) :	
Declaration of Payment	
I would like to purchase amount of the kit(s) should be inc	set(s) of Emotional Crisis Prevention Strategy Kit for Youth. The total cluded together with the course fee in the cheque.
I have enclosed a crossed chequ	e of HK\$ payable to: " <u>Hospital Authority</u> "
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.
- $\hfill\square$ I have read and I agree to the Important Notes stated above.

 \square 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:

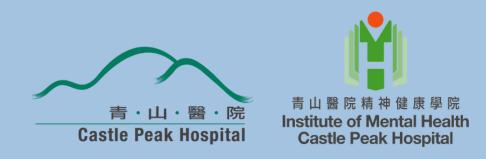
Tel: 2456 7816 (Ms. Mak) Email: cph_imh@ha.org.hk





Fax: 2455 9330 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.



預防攻略

青少年情緒危機預防攻略

Emotional Crisis Prevention Strategy Kit for Youth

CONTACT US

2455 9330

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

2456 7822

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:



cph_imh@ha.org.hk