

Family-based Treatment for Chinese Families of Children with Attention Deficit Hyperactivity Disorders

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 would like to purchase _____ set(s) of *Emotional Crisis Prevention Strategy Kit for Youth*.

A combined cheque would be issued for both the course fee and the kit(s) fee (if applicable).

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.

☐ I would like to submit presentation slides and a video for the in-class clinical supervision. I declare that I have read the notes about Case Sharing For Supervision and that the family has consented.

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. Wong)

Email: cph_imh@ha.org.hk

Fax: 2455 9330

Website: www.imh.org.hk



Castle Peak Hospital
Institute of Mental Health
Castle Peak Hospital

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

**BEST
PRICE**



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，請即掃描二維碼瀏覽本學院網頁：



CONTACT US



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2455 9330



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