

Certificate Course in Mental Health (MHC31)

16 & 23 May 2026

Registration Form

Personal Particulars:

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

Department / Unit: _____

Hospital / Organisation: _____

Corresponding Address: _____

Tel: _____ Fax: _____

Email: _____
(Application result & login information and other notifications will be sent via email)

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: _____

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

Fax: 2455 9330

Email: cph_imh@ha.org.hk

Website: www.imh.org.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.

I DO NOT wish to receive latest information from the Institute of Mental Health via email.

I wish to join a scheduled visit to Mind Space (精神健康體驗館).

Signature: _____

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.

