

Certificate Course in Mental Health (MHC27)

24 February & 2 March 2024

Registration Form

Personal Particulars:

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 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 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.

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.

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.

