

Using Dialectical Behavior Therapy (DBT) to Inform Your Practice: An Introduction to DBT

Online Workshop

Enrolment 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)*
Learner ID (For HA eLC): _____

Declaration of Payment

I have enclosed a crossed cheque of HK\$ _____ payable to: **"Hospital Authority"**.

Cheque No.: _____ Bank: _____

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 have read the Requirement in the course outline.
- 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

Tel: 2456 7651 (Ms. WONG) Fax: 2455 9330
Email: cph_imh@ha.org.hk 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.



青·山·醫·院
Castle Peak Hospital



青山醫院精神健康學院
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