



The Chinese University of Hong Kong  
香港中文大學精科學系

## *Application Form-2020 Certificate Course in Mental Health*

Department of Psychiatry, Mental Health Program, G/F, Multi-center, Tai Po Hospital, 9 Chuen On Road, Tai Po, N.T.  
Tel: 2607-6029 Fax: 2667-8308 Website: www.psychiatry.cuhk.edu.hk/pgmh Email: pgmentalhealth@cuhk.edu.hk

<b>Course(s) Enroll</b> (please click the box below to choose)		
	Basic Psychotherapy	\$9,000
	Severe Mental Health and Risk Assessment	\$6,800
	Old Age Psychiatry	\$6,800
	Child and Adolescent Psychiatric Problem	\$6,800
<b>Total (inclusive \$100 application fee)</b>		

**Note:** Please note “Child and Adolescent Psychiatric Problems” and “Old Age Psychiatry” are concurrent courses, so you can only choose either one.

<b>Applicant Information</b>	
Name	
Title	Dr      Mr      Ms      Miss      Other: _____
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
HKID/Passport	
Corresponding Address	
Name of Company	
Email	
Contact (Home/Office)	
Do you have a right of abode in Hong Kong?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a visa/entry permit to stay in Hong Kong?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality	

## Academic Qualification

Institution	Dip/Degree (PT/FT)	Major/Minor	Date (mm/yyyy)	
			From	To

## Working Experience

Institution ( Location)	Position	Date (mm/yyyy)	
		From	To

## Promotion Channel(s)

Newspaper	Website	Magazine
Department Circular	Colleagues/Friends	Other _____

## Declaration

1. I authorize The Chinese University of Hong Kong (below “the University”) to use my data to carry out checks on my application for admission and records of my previous studies in the Universities and other institutions.
2. I understand that, during my registration in a programme, the data will become part of my student record and may be used for all purposes relating to my studies in accordance with the procedures of the University.
3. I declare that the information given in support of this application is true, accurate and complete, and understand that any misrepresentation will result in disqualification of my application and subsequent enrolment in the University.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission:** (a) The application form

(b) Total tuition fee & application fee, make check payable to  
“The Chinese University of Hong Kong “

(c) Copy of degree Certificate(s)

(d) Copy of HKID/passport

**Send to :** Department of Psychiatry, Mental Health Programme, G/F, Multi-centre, Tai Po Hospital  
9 Chuen On Road, Tai Po, New Territories

**\*\*\*Note :** Fees are not refundable or transferable, except in the event of a course being canceled. \$50 will be imposed for insufficient postage