

One day Refresher course in Hypnobirthing

Date: 12 April 2019 (Friday) Rm303, 3/F, Li Ka Shing Institute of Health Sciences, Prince of Wales Hospital, Shatin

Organiser

Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong

Aim

✓ To consolidate what has learned in Hypnobirthing course held in 2017

Objectives

- Be updated with the current hypnobirthing curriculum
- ✓ Be prepared to teach the fundamental principles of hypnosis for birth
- ✓ Integrate knowledge and skills learnt in the refresher session into everyday practice.
- ✓ Feel empowered to plan and teach a hypnobirthing course

Course Design

The course is delivered through lectures and practice on hypnobirthing

Target Participants

Midwives who have attended the course of hypnobirthing in 2017

Entry Requirement

Applicants should possess a BSc degree or relevant diploma.

Language

English

Accreditation

6 PEM and 6 CNE point accredited by Dept of O&G, CUHK

Our Overseas Teaching Panel



Ms Maureen Collins, MSc, BA (Hons) RN,RM Maternal Health Care Consultant, One to One Partnership, UK Hypnobirthing Practitioner/Trainer (Qualified in both Mongan and KG Hypnobirthing)

Course Schedule

Date		Time	Venue		
12-Apr 2019	Friday	09:00 - 16:30	LiHS303		
LiHS303: Room 303, 3/F, Li Ka Shing Medical Sciences Building (LiHS),					
Prince of Wales Hospital					

* Maximum 20 capacities in each class. First come first basis.



Duration Total <u>6 hours</u>

Tuition fee HK\$1,540

Application Deadline 20 March 2019

Graduation Requirement

Students must have **100% attendance** of lectures in order to grant a **Certificate of Attendance**

Registration and Enquiry

Miss Karen Yu Tel: 852-3505 1534 / Fax: 852-2636 0008 Email: <u>kapoyu@cuhk.edu.hk</u>

Reply Slip

Personal information

Title:	Prof. 🗆	Dr. 🗆	Mr. □	Ms. □
Name:	(Eng)			
	(Chines	e)		
Sex:	M 🗆	F 🗆		
Hospital / Organization:				
Department:				
Address:				
Tel:				
Fax:				
Email:				

Payment Method

☑ Tuition fee1	,540
🗆 By Cheque (Payal	ble to The Chinese University of Hong Kong)
Cheque no.:	Bank Name:
\Box By Credit Card (in	n Hong Kong Dollars only)
🗆 Visa 🛛 🗆	MasterCard
Card holder's	name (Block letter):
Signature:	Date:
Credit Card N	umber Expiry Date (mn

**Please return this reply slip with your RN/RM certificate to Miss Karen Yu via email (kapoyu@cuhk.edu.hk), fax (2636 0008) or by post (Department of Obstetrics and Gynaecology, Block 1E, Prince of Wales Hospital, 30 Ngan Shing Street, Shatin (Attn: Miss Karen Yu).