**Two-Day Course in Hydrotherapy for Common Back and Knee Conditions**

**Course Enrollment Form**

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| **Personal Details** |
| Name (Chinese) |  | Name (English) |  |
| Gender | M / F |  |
| Tel (Mobile) |  | Tel (Emergency) |  |
| Corresponding Address |  |
| Email Address |  |
| **Payment Details** | **Course Fee $1,600** |
| **Cheque no** |  |
| Cheque Payable to: The Hong Kong Society For Rehabilitation |
| **Mailing Address** | Ms Chow Chi YingThe Centre on Health and WellnessRm 15, G/F, 7 Rehab Path, Lam Tin, KLN. |
| **Enquiry** | Ms Chow Chi Ying Tel: 2534-3533Email: chiying.chow@rehabsociety.org.hk  |
| **CPD Points** | Pending |
| **Deadline**  | Please return this enrollment form and consent form with a crossed cheque to the above mailing address **on or before 20/09/ 2019** |
| **Course Cancellation and Refund Policy** |
| Fee paid is non-refundable after payment is processed.Under bad weather condition: typhoon signal No. 8 or above and black rain storm, the following arrangements will apply:If Typhoon Signal No.8 and/or Black Rainstorm Signal is in force 2 hours before the course, the course will be cancelled. HKSR will arrange the make-up course dates and notify the applicants within 2 weeks of the original course date. For applicants who are not available to attend the make-up course, HKSR will refund the full course fee.When Typhoon Signal No.8 or above is hoisted, classes immediately suspend. Fee paid is non-refundable in this situation.  |

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**Consent Form**

I………………………………………confirm that I do not have any of the following contraindication(s) for hydrotherapy:

* Cardiovascular instability
* Epilepsy
* Pregnancy
* Chlorine allergy

Legal Claim Waiver Consent (Please sign it and mail with your application). In consideration of The Centre on Health & Wellness accepting my application to this course, I hereby agree to waive all my claims (howsoever accrued) against The Centre on Health & Wellness, The Hong Kong Society for Rehabilitation.

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

**Full name (Please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Please tell us about your hydrotherapy experience:**

1. Where is your workplace?

 🞏 HA 🞏Private 🞏NGO 🞏Others, pls specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Years of experience in hydrotherapy?

 🞏 Never 🞏1-2 years 🞏3-5 years 🞏More than 5 years

1. Have you taken any post-graduate hydrotherapy related course?
2. What are you hoping to gain from the course?