



# 香港聖約翰救護機構

## Hong Kong St. John Ambulance

香港麥當勞道二號 聖約翰大廈  
 24 小時緊急救護車熱線： 香港 (HK) 2576 6555  
 24-hour Emergency 九龍 (KLN) 2713 5555  
 Ambulance Services: 新界 (NT) 2639 2555

St. John Tower, 2 Macdonnell Road, Hong Kong  
 電話/傳真號碼： 2530 8006-8/2515 0205 理事會 (Council)   
 Tel / Fax No. : 2530 8020-4/2976 0457 救傷會 (Association)   
 2530 8032-4/2530 2727 救傷隊 (Brigade)   
 2530 8057-9/2530 4867 見習隊 (Cadet)

### Requisition for English Written Paper

1/05

To : Senior Training Officer  
 St. John Ambulance Association

Name of Applicant : (\*Mr/Miss/Ms) \_\_\_\_\_

( In English)

(Chinese, if applicable)

H.K./D No. : \_\_\_\_\_ Daytime Contact Tel. No. : \_\_\_\_\_

Course Ref. No. : \_\_\_\_\_ Exam. Date : \_\_\_\_\_

I would like to request an English Written paper on the day of Examination: \_\_\_\_\_

(Date of Examination)

Reasons : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

Remarks :

1. Application with payment must reach the Association Office 14 days prior to the Examination.
2. **HK\$50** would be charged as handling fees (non-refundable). Payment can be made by cash or by crossed cheque payable to "Hong Kong St. John Ambulance". (Please do not mail cash)
3. Please provide us with a self-address stamped (\$1.40) envelope.
4. The personal data provided by means of this form may be disclosed to the Senior Training Officer for processing application for English Written Paper admission purposes. The provision of personal data by means of this form is voluntary. If you do not provide sufficient information, we may not be able to process your application.
5. Enquiries concerning the personal data collected, including the making of access and corrections, could be sent in writing to : Hong Kong St. John Ambulance, c/o Association Section, 4/F St. John Tower, 2 MacDonnell Road, Hong Kong. A handing charge for HK\$50 will be charged.

**For Office Use Only**

Cash / Cheque : \$ \_\_\_\_\_ Cheque No.: \_\_\_\_\_ Bank: \_\_\_\_\_

\***Accepted / Not Accepted** Reason: \_\_\_\_\_

Certified by Senior Training Officer: \_\_\_\_\_ Date : \_\_\_\_\_

(Enter your name and address in all spaces provided below for your future correspondence)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_