



香港聖約翰救護機構 Hong Kong St. John Ambulance

01/05

香港麥當勞道二號 聖約翰大廈 St. John Tower, 2 Macdonnell Road, Hong Kong

24 小時緊急救護車熱線: 香港 (HK) 2576 6555

電話/傳真號碼: 2530 8006-8/2515 0205

理事會 (Council)

24-hour Emergency 九龍 (KLN) 2713 5555

Tel / Fax No.: 2530 8020-4/2976 0457

救傷會 (Association)

Ambulance Services: 新界 (NT) 2639 2555

2530 8032-4/2530 2727

救傷隊 (Brigade)

2530 8057-9/2530 4867

見習隊 (Cadet)

Half-Day Revision Course (HDRC)

To : Senior Training Officer

I would like to attend the Half-Day Revision Course and the supplementary examination,

Course Ref. No.: _____ / _____ / _____ Course Date: _____

Enclosed with the application is a crossed cheque of HK\$130 Cheque No.: _____

Name : _____ Sex: _____

I/D Card / Passport No. : _____ () Date of Birth : _____ / _____ / _____

Correspondence Address : _____

Telephone : (Resident) _____ Mobile Phone : _____

Email address : _____

Attended	Exam.	Result
Aid Course Ref. No.: _____	Date: _____	Announcement Date: _____

Note : 1. Please tick the appropriate Box 2. Please do not mail Cash. Make crossed cheque payable to

Subject Failed : Written
 Bandaging
 CPR

"HONG KONG ST. JOHN AMBULANCE"

3. The personal data provided by means of this form will be used for course admission purposes and future contact. 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.

4. 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 handling charge for HK\$50 will be charged.

5. Please provide us with a self-address stamped (\$1.40) envelope

6. No refund will be made after payment.

Signature : _____ Date : _____

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 Name : _____ Name : _____

Address: _____ Address: _____
