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

05/05

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
24-hour Emergency 九龍 (KLN) 2713 5555
Ambulance Services: 新界 (NT) 2639 2555

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) ☐

One Day Refresher Course (ODRC)

To : Senior Training Officer

I would like to attend the One Day Refresher Course and examination (Course are conducted in Cantonese),

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

2nd Choice 3rd Choice 4th Choice

ODRC / / ODRC / / ODRC / /

If the first course is full, we will enroll you in accordance with your second/third/fourth choice without any prior notice.

Enclosed with 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 : _____

Expiry Date of Date of

FA Certificate :_____ Application :_____ Signature :_____

1. 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.
2. 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.
3. Candidates should enclose one recent photo 1"X 1 $^1/_2$" and a copy of the Adult First Aid Certificate.
4. Please provide us with a self-address stamped ($1.40) envelope
5. Please do not mail Cash. Make crossed cheque payable to **"HONG KONG ST. JOHN AMBULANCE"**
6. No refund will be made after payment.

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Name : _____ Name : _____

Address : _____ Address : _____

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