



## Application Form for Association Membership

(Home Nursing Lecturer or Board/ Committee/ Panel Member)\*

(Please fill in the Blank with Block Letters)

### Part A:

Name in English: \_\_\_\_\_ Name in Chinese : \_\_\_\_\_

Sex. : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Day-time Contact No : \_\_\_\_\_ Pager/ Mobile Phone : \_\_\_\_\_ Fax No: \_\_\_\_\_

Holder of valid First Aid Certificate: Yes/ No\*      Expiry Date: \_\_\_\_\_

Holder of valid Home Nursing Certificate: Yes/ No\* Expiry Date: \_\_\_\_\_

### Part B:

Education: \_\_\_\_\_

Professional Qualifications (with dates): \_\_\_\_\_

\_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

Years of Service in St. John Ambulance Association\*/ Brigade\*: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

(\*Please delete as appropriate)

**Remarks: 1. The personal data provided by means of this form will be used only for process of application and future contact.**