



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 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
Tel / Fax No.: 2530 8020-4/2976 0457
2530 8032-4/2530 2727
2530 8057-9/2530 4867

理事會 (Council)
救傷會 (Association)
救傷隊 (Brigade)
見習隊 (Cadet)

Application Form for Certificate (Express Service)

1/05

To: Senior Training Officer,
St. John Ambulance Association.

Name of Applicant : (*Mr/Miss/Ms) _____
(In Block Letters) (In English) (Chinese, if applicable)

I.D. Card No.: _____ () Day-time Contact No.: _____

Correspondence Address : _____
_____ Fax No.: _____

Course Code : _____ Examination Date : _____
Announcement Date Proposed Date for
of Examination Result: _____ Receiving Certificate : _____
(Not less than 10 days after this application)

The reason for the application of Certificate (Express Service) : _____

Signature : _____ Date : _____

Signature of the organiser-in-charge of the course: _____

*Please delete as appropriate

Remarks:

1. Applicant should request the application from the Association 10 days before receiving your certificate.
2. On completion of this form, please return it with a crossed cheque made payable to "Hong Kong St. John Ambulance" for application fee HK\$100 (excluding certificate fee HK\$50). The fee is **NON-REFUNDABLE**.
3. If application is accepted, the applicant should receive the certificate in person (No post delivery).
4. The Association reserves the right to reject the application.
5. The personal data provided by means of this form will be used for the application of Certificate (Express Service). 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.
6. Enquiries concerning the personal data collected, including the making of access and corrections, could be sent in writing to : "Association Section, 4/F., Hong Kong St. John Ambulance Headquarters, St. John Tower, 2 MacDonnell Road, Hong Kong. A handing Charge for HK\$50 will be charged.

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: _____

