



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 Replacement of Course Applicant

1/05

To : Senior Training Officer
 St. John Ambulance Association

Name (In block letters please) : _____
 (English, Surname first) (Chinese, if applicable)

HK I/D Card No : _____ () Day-time contact Tel No : _____

Correspondence Address : _____

Selected Course Ref. No. : _____ Commencing date : _____

I cannot attend the registered course, because _____

and I will be replaced by the following applicant:

Name (In block letters please) : _____
 of new applicant (English, Surname first) (Chinese, if applicable)

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

Day-time contact Tel No. : _____ Mobile Phone : _____

Email Address : _____ Occupation : _____

Correspondence Address : _____

Signature of Applicant : _____ Signature of new applicant : _____

Date : _____

Date : _____

Remarks :

1. All applications must reach the Association office 10 days before the course commencement.
2. For application, please complete the application form and return with a **crossed-cheque for HK\$100 (non-refundable)** made payable to "Hong Kong St. John Ambulance" to 4/F., Association Section, St. John Tower, 2 MacDonnell Road, Hong Kong. Or you may come in person to the Association Counter during office hours. Please don't mail cash.
3. Please provide us with a stamped self-addressed envelope (\$1.40).
4. 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.
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 : _____

* **Approved / Rejected** Reason : _____

Certified by : _____ Date : _____

* Please enter your name and address for correspondence in all spaces provided below.

Name : _____ Name : _____

Address : _____ Address : _____
