



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)

Re- Scheduling of Examination Application Form

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

Name of Applicant : _____
English (In Block Letter) _____ Chinese _____

HKID No. : _____ Course Ref. No. : _____

Correspondence Address : _____

Daytime Contact Telephone No. : _____

Original date of examination : _____
DD/MM DD/MM

Proposed date / period of examination : From _____ to _____
**(Examinations will normally be held on Tuesday and Friday evenings)*

Reason (s) : _____

I declare that the above information in accurate and correct.

Signature of Applicant

Date

Remark :

- Application with payment must reach the Association office within a month from the scheduled examination date.
- HK \$50 would be charged as administration charges (**Non-Refundable**). Payment can be made by cash or by cheque payable to Hong Kong St. John Ambulance. (**Do not mail cash**)
- Application must be submitted with valid reason(s). Copied of supporting documents, such as Medical Certificate must be attached. The applicant can apply 2 times of re-scheduling of examination at most. St. John reserves the right to reject the application.
- Please provide us with a self-address stamped (\$1.40) envelope.
- Result Announcement: The announcement date will be announced during the examination. Candidates can check examination results through the Association counter, or through our enquiry hotline on 2524 4888, using your preset caller ID number(s). Candidates will not be informed individually or the examination results.
- Certificate Collection: Certificates will be ready for collection during office hours at the Association counter immediately after the result announcement.
- The personal data provided in this form may be disclosed to the Senior Training Officer for apply for examination purposes. 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.
- 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 Rd, H.K. A handing charge for HK\$50 will be charged.
- For enquiry, please call 2530 8020 -24.

For 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 _____
