



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

電話/Tel: 1878000

理事會 (Council)

電話/Tel: 2530 8006 – 8008

傳真/Fax :2515 0205

24-hour Emergency Ambulance Services:

救傷會 (Association)

電話/Tel: 2530 8020 – 8024

傳真/Fax :2976 0457

救傷隊 (Brigade)

電話/Tel: 2530 8032 – 8034

傳真/Fax :2530 2727

少青團 (Youth)

電話/Tel: 2530 8057 – 8059

傳真/Fax :2530 4867

Requisition for English Written Paper

To : Training Manager
St. John Ambulance Association

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

H.K.I/D No. : _____ Daytime Contact Tel. No. : _____

Course Ref. No. : _____ Exam. Date : _____

I would like to request an English Written Paper on the day of Examination: _____
(Date of Examination)

Reasons : _____

Signature of Applicant : _____ Date : _____

Remarks :

1. Application with payment must reach the Association Office at least 14 days prior to the Examination.
2. **HK\$50** would be charged as handling fees (non-refundable). Payment can be made by cash or by crossed cheque payable to "Hong Kong St. John Ambulance". (Please do not mail cash)
3. Please provide us with a self-address stamped (\$2) envelope.
4. The personal data provided by means of this form may be disclosed to our association staff for processing application for English Written Paper 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.
5. Enquiries concerning the personal data collected, including the making of access and corrections, can be sent in writing to : Hong Kong St. John Ambulance, c/o Association Section, 4/F St. John Tower, 2 MacDonnell Road, Hong Kong.

For Office Use Only

Cash / Cheque : \$ _____ Cheque No.: _____ Bank: _____

Certified by: _____ Payment Date : _____

(Enter your name and address in all spaces provided below for your future correspondence)

Name _____ Name _____

Address _____ Address _____
