



**St John**

# 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

24-hour Emergency Ambulance Services:

電話/Tel: 1878000

理事會 (Council)

救傷會 (Association)

救傷隊 (Brigade)

少青團 (Youth)

電話/Tel: 2530 8006 – 8008

電話/Tel: 2530 8020 – 8024

電話/Tel: 2530 8032 – 8034

電話/Tel: 2530 8057 – 8059

傳真/Fax :2515 0205

傳真/Fax :2976 0457

傳真/Fax :2530 2727

傳真/Fax :2530 4867

### Application Form for Replacement of Course Applicant

6/12

To : Training Manager  
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. : \_\_\_\_\_ ( ) Age : \_\_\_\_\_

Day-time contact Tel No. : \_\_\_\_\_ Mobile Phone : \_\_\_\_\_

Email Address : \_\_\_\_\_ Occupation : \_\_\_\_\_

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

Signature of Applicant : \_\_\_\_\_ Signature of new applicant : \_\_\_\_\_

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

#### Remarks :

- All applications must reach the Association office at least 10 days prior to the course commencement.
- 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.
- Please provide us with a stamped self-addressed envelope (\$2).
- 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.
- 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." A handling charge for HK\$50 will be charged.

#### For Office Use Only

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

Certified by : \_\_\_\_\_ Payment Date : \_\_\_\_\_

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

Name : \_\_\_\_\_ Name : \_\_\_\_\_

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

\_\_\_\_\_