



# 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)	<input type="checkbox"/> 電話/Tel: 2530 8006 – 8008	傳真/Fax :2515 0205
	救傷會 (Association)	<input checked="" type="checkbox"/> 電話/Tel :2530 8020 – 8024	傳真/Fax :2976 0457
	救傷隊 (Brigade)	<input type="checkbox"/> 電話/Tel: 2530 8032 – 8034	傳真/Fax :2530 2727
	少青團 (Youth)	<input type="checkbox"/> 電話/Tel: 2530 8057 – 8059	傳真/Fax :2530 4867

### Result Enquiry Application Form

02/14

To: Training Manager,  
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 : \_\_\_\_\_

The reason for the application : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\* Please delete as appropriate

Remarks:

1. On completion of this form, please return it by post with a crossed-cheque for HK\$50 payable to "Hong Kong St. John Ambulance" for the application fee **HK\$50. (non-refundable)**
2. Please enter your name and address in all spaces provided below and provide us with a self-address stamped (\$2) envelope for further correspondence.
3. The personal data provided by means of this form will be used for result enquiry. 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.
4. Enquiries concerning the personal data collected, including the making of access and corrections, can be sent in writing to: "Association Section, 4/F., Hong Kong St. John Ambulance Headquarters, St. John Tower, 2 MacDonnell Road, Hong Kong." A handling charge for HK\$50 will be charged.

#### Office Use Only

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

Certified by Training Manager: \_\_\_\_\_ Payment Date : \_\_\_\_\_

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

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

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

\_\_\_\_\_

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