



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)	<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

Course Application Procedures and Guidelines:

I. Enrollment

a. In Person:

On completion of the application form, please return it either in person or by an authorized representative to Hong Kong St. John Ambulance Association, 4/F., St. John Tower, 2 MacDonnell Road, Hong Kong. Office Hours: Mondays to Fridays from 8:30am to 6:18pm (except Saturdays, Sundays and Public Holidays).

b. By Mail:

Please complete the application form along with a crossed cheque made payable to Hong Kong St. John Ambulance for the course fee and relevant items (if any), a self-addressed stamped (\$1.70) envelope; and then mail to Hong Kong St. John Ambulance Association, 4/F., St. John Tower, 2 MacDonnell Road, Hong Kong. **(PLEASE DO NOT SEND CASH / PROMISSORY NOTE)**. The application will be processed in about two weeks. The application will not be accepted if the information in the application form is incorrect, incomplete or insufficient, the applicant has sent insufficient fee or the applicant's age does not meet the enrollment requirement. All application documents will then be returned to the applicant. Hong Kong St. John Ambulance is not responsible for any loss. When a class is full or cancelled by the Association, a 100% refund will be made.

c. By fax or email:

If the applicant would like to pay by PPS, please complete and return the application form to the Association by fax (fax no. 2976 0457) or by email (email: assn.pps@stjohn.org.hk), please also call 2530 8020 to 2530 8024, or email to assn.pps@stjohn.org.hk for obtaining PPS payment code. The applicant must settle the payment within two working days after receiving the PPS payment code; otherwise, the application will not be accepted.

II. Admission

- If the individual course becomes full, no further application will be accepted, all application documents will be returned to the applicant.
- The Association reserves the right to refuse any application. The notification sheet will be sent to the applicant along with the Class and Examination Regulations. Upon acceptance of application, refund or swap course will not be accepted.
- The notification sheet will be sent to the applicant two weeks prior to course commencement date. If applicant has not received the Class and Examination Regulations three days before class begins, please contact the Association at 2530 8020-24.
- Applicants can arrange to have their places substituted should they be unable to attend the course by notifying the Association at least 10 days prior to course commencement with \$100 Administration Fee to be charged.
- The charge for duplicate receipt of course fee is \$50.

III. Personal information of applicant

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 or application documents will be returned to you. Enquiries concerning personal data collected can be sent in writing to: "Training Manager, St John Ambulance Association, 4/F., St. John Tower, 2 MacDonnell Road, Hong Kong".

IV. Completion of Admission

- Upon completion of admission, the applicant is admitted to be a student of the St. John Ambulance Association; he/she has to abide by the class and examination regulations. Requests on switching class will not be accepted. No refund will be made after payment.
- In case the student has signs and symptoms of an upper respiratory infection, common cold or flu, the student should wear a face mask when attending classes.
- Due to the large number of applications received for each course, the Association will assign classes for applicants randomly. If two or more applicants prefer to attend the same class, they should submit a joint application. Otherwise, the applicants will be admitted into different classes randomly.
- First Aid Course Manual, Home Nursing Course Manual, Caring for the Sick Manual, Bandages Pack and disposable Face Shield can be purchased at the Office of St John Ambulance Association or by mail order along with the course application (please state clearly at the back of the cheque the name of the applicant and items to be ordered). Ordered items will be delivered to the training venue on the first lesson. If the ordered items have not been claimed two weeks after course completion, all items will be disposed. No refund will be made for the ordered items.

V. Special case

- If applicant suffers from physical or mobility constraint, i.e. knee flexion, fitted with artificial limb, visual and hearing impairments etc., and required for special assistance and arrangement while attending the course, an application form of **Special Needs Arrangement** upon course registration should be submitted to the Association where an administrative fee of \$50 may be charged.
- If applicant is pregnant or has a special medical condition, an application for **Re-scheduling of Course / Examination by Recommendation from Registered Doctor / Registered Chinese Medicine Practitioner**, assessed and approved by an attending physician or Registered Chinese Medicine Practitioner should be submitted to the Association in support of the applicant's attending the practical training and examination.

The Association reserves the right to amend the above guidelines from time to time without notifying individual applicant. Please refer to the Association website for most updated information.



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Individual Application Form for HDRC Course

(Please complete this form in Block Letters)

Name in English: _____ Name in Chinese: _____

(Please print as on HKID Card)

I/D Card No.: _____ () Age: _____ (applicant must meet the age requirement of the course to be enrolled)

Correspondence Address: _____

Day-time Contact Phone No.: _____ Mobile Phone: _____

Fax No.: _____ Email Address: _____

Emergency Contact Person Name _____ Mobile Phone: _____

Attended "Certificate in First Aid" Course Ref. No.: _____ Exam Result Date: _____

Subject failed (Written/Bandaging/CPR): _____ Announcement Date: _____

Please write down the course reference no.: (e.g. HDRC998/11/12)

1st Choice _____ 2nd Choice _____ 3rd Choice _____

If the first courses are full, we will enroll you in accordance with your 2nd to 3rd choices without any prior notice.

Declaration

- (1) I declare that I meet the stipulated requirements of age for the selected course on the date of course commencement (I will provide my HKID Card/passport for verification if required by St. John Lecturer/Instructor/Staff). If the information given in this Form is incorrect and incomplete, I am not eligible to attend the course or being awarded a Certificate.
- (2) I certify that, upon the completion of admission, I shall comply with the requirements as stipulated under the Course Application Procedures and Guidelines, including temporary arrangements, Course and Examination Notice.
- (3) I understand that I need to take care of my personal belongings during class, examination and event. I certify that I am physically qualified to participate in the above course and examination. I am solely responsible for any loss of or damage to my personal belongings, or any personal injury or death as a result of my own health condition, during attending course and examination. Hong Kong St. John Ambulance and the Sponsors shall not be under any liability for any loss in such circumstances.
- (4) In the event of dispute in respect of these declarations or any rules and regulations arising from class, examination or event, the decision of the Hong Kong St. John Ambulance shall be final, binding and conclusive.
- (5) I certify that I have read and understand the accompanying Hong Kong St. John Ambulance Guideline for the Use of Personal Data.

Applicant's Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Name of Parent/Guardian: _____

(If applicant is under 18 years of age, this form must be signed by Parent/Guardian)

Relationship to applicant: _____ Day-time Contact Phone No.: _____

★The Association invites you to register your personal information at the "Directory of Course Participants - Hong Kong St John Ambulance Association" that will enable us to send you a certificate renewal notice and for the purpose of future communication. The updated information on courses or events will be forwarded to you via email/post.

I will will not keep my personal information at the "Directory of Course Participants - Hong Kong St John Ambulance Association" (*Please ✓ the appropriate box).

A crossed cheque no.: _____ of _____ Bank made payable to Hong Kong St. John Ambulance for HK\$ _____ is enclosed for the course registration fee & the above items.

(PLEASE FILL IN YOUR NAME AND ADDRESS)

NAME : _____ NAME : _____

ADDRESS : _____ ADDRESS : _____



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Hong Kong St. John Ambulance Guideline for the Use of Personal Data

Hong Kong St. John Ambulance (St. John) undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data collected are accurate and securely kept. To ensure you are well informed of the personal data as collected, please read through this guideline.

Purpose of Collection and Guideline for Use of Personal Data

1. Hong Kong St. John Ambulance will use the personal data collected from data subject for the purposes for which it was collected.
2. To provide personal data to St. John is on voluntary basis. However, if you do not provide sufficient personal data, we may not be able to process your application or provide service to you.
3. St. John may use your personal data in future (name, telephone number, fax number, email address, mailing address, organization/company/school) for the purposes of providing you with information of St. John, handling application, issuing receipt, collecting feedback, announcing training courses and promoting St John activities.
4. Other than the purposes mentioned in (3), St. John will not sell/rent/transfer your personal data in any forms through any means to any other parties.

Access to and Correction of Personal Data and Request for Cessation of using Personal Data for Promotion Purposes

Apart from the exemptions provided under the Personal Data (Privacy) Ordinance, you are entitled to access and correct your personal data held by Hong Kong St. John Ambulance, and request us to cease to use your personal data for promotion purposes. However, it will not include the personal data deleted after the achievement of the purpose.

If you object St. John to use your personal data for the purposes as stated above, please mark on the "Opt-out Reply" below with your full name, email address and date, and return it by mail/fax/email to us.–
No charge will be applied.

Name : Hong Kong St. John Ambulance
 Address : St. John Tower, 2 MacDonnell Road, Hong Kong
 Tel : 2530 8020 - 24
 Fax : 2976 0457
 E-mail: assn@stjohn.org.hk

Opt-out Reply

I object Hong Kong St. John Ambulance to use my personal data for the purposes as stated above. In particular I understand that I shall not receive communication pertaining to my qualification (including but not limited to certificate renewal notice) from Hong Kong St. John Ambulance.
 (Please indicate your objection by putting "√" in the above box)

Full Name : _____ Email Address : _____

Course Reference No. : _____ Date : _____