



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:

電話/Tel: 1878000

24-hour Emergency Ambulance Services:

電話/傳真號碼: 2530 8006-8/2515 0205

理事會 (Council)

Tel / Fax No.: 2530 8020-4/2976 0457

救傷會 (Association)

2530 8032-4/2530 2727

救傷隊 (Brigade)

2530 8057-9/2530 4867

少青團 (Youth)

Application Form for Attendance Certificate

02/14

To: Training Manager,
St. John Ambulance Association.
Tel No.: 2530 8020-24

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 : _____

Announcement Date of Examination Result : _____ Result : Passed / Failed

The reason for the application of Attendance Certificate : _____

Signature : _____ Date : _____

* Please delete as appropriate

Remarks:

1. On completion of this form, please return it by post with a crossed cheque made payable to "Hong Kong St. John Ambulance" for the application fee HK\$50 (non-refundable).
2. Please fill in your name and address in all spaces provided below and provide us with a self-address stamped (\$2) envelope for further correspondence.
3. If the application is accepted, the applicant should receive the Attendance Certificate in person at Association Section, 4/F., Hong Kong St. John Ambulance Headquarters, St. John Tower, 2 MacDonnell Road, Hong Kong. (No post delivery)
4. The Association reserves the rights of application rejection.
5. The personal data provided by means of this form will be used for Attendance Certificate application 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.
6. 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.
7. _____

Office Use Only

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

Certified by Training Manager: _____ Payment Date : _____

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

Name: _____ Name: _____

Address: _____ Address: _____

