Requisition for English Written Paper

02/14

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 a English written paper on the day of Examination: __________________________

* Please delete as appropriate

(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 admission 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. A handling charge for HK$50 will be charged.

For 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 __________________________
Address __________________________

Name __________________________
Address __________________________