



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

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 Certificate (Express Service)**

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 : \_\_\_\_\_  
 Announcement Date Proposed Date for  
 of Examination Result: \_\_\_\_\_ receiving Certificate : \_\_\_\_\_  
 (Not less than 10 days after this application)

The reason for the application of Certificate (Express Service) : \_\_\_\_\_  
 \_\_\_\_\_

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

Signature of the organiser-in-charge of the course: \_\_\_\_\_

\*Please delete as appropriate

Remarks:

1. Applicant should request the application from the Association 10 days before receiving your certificate.
2. On completion of this form, please return it with a crossed cheque made payable to "Hong Kong St. John Ambulance" for application fee HK\$100 (excluding certificate fee HK\$50). The fee is **NON-REFUNDABLE**.
3. If application is accepted, the applicant should receive the certificate in person (No post delivery).
4. The Association reserves the right to reject the application.
5. The personal data provided by means of this form will be used for the application of Certificate (Express Service). 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 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: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_