



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

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)

24-hour Emergency Ambulance Services:

2530 8032-4/2530 2727 救傷隊 (Brigade)

2530 8057-9/2530 4867 少青團 (Youth)

Re- Scheduling of Examination Application Form

To : Training Manager,
St. John Ambulance Association.

Name of Applicant : _____
English (In Block Letter) Chinese

HKID No. : _____ Course Ref. No. : _____

Correspondence Address : _____

Daytime Contact Telephone No. : _____

Original date of examination : _____
DD/MM

Proposed date / period of examination : From _____ to _____ (Except _____)
**(Examinations will normally be held on Tuesday, Thursday and Friday evenings)*

Proposed Course Ref. No. _____
**(For Rescheduling One Day Refresher Course/Half Day Refresher Course)*

Reason (s) : _____

I declare that the above information is accurate and correct.

Signature of Applicant Date

Remark :

1. Application with payment must reach the Association office within a month from the scheduled examination date.
2. HK \$50 would be charged as administration charges (**Non-Refundable**). Payment can be made by cash or by cheque payable to Hong Kong St. John Ambulance. (**Do not mail cash**)
3. Application must be submitted with valid reason(s). Copied of supporting documents, such as Medical Certificate must be attached. The applicant can apply for 2 times of re-scheduling of examination at most. St. John reserves the right to reject the application.
4. Please provide us with a self-address stamped (\$2) envelope.
5. Results Announcement: The announcement date will be announced during the examination. Candidates can check examination results through the Association counter, or through our enquiry hotline on 2524 4888, using your preset caller ID number(s). Candidates will not be informed individually for the examination results.
6. Certificate Collection: Certificates will be ready for collection during office hours at the Association counter immediately after the results announcement.
7. The personal data provided in this form may be disclosed to our association staff to apply for examination 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.
8. 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 Rd, H.K. A handling charge for HK\$50 will be charged.
9. For enquiry, please call 2530 8020 -24.

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 _____	Name _____
Address _____	Address _____
_____	_____
_____	_____