



# 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)

電話/Tel: 2530 8006 – 8008

傳真/Fax :2515 0205

救傷會 (Association)

電話/Tel :2530 8020 – 8024

傳真/Fax :2976 0457

救傷隊 (Brigade)

電話/Tel: 2530 8032 – 8034

傳真/Fax :2530 2727

少青團 (Youth)

電話/Tel: 2530 8057 – 8059

傳真/Fax :2530 4867

### Result Enquiry Application Form

10/22

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 : \_\_\_\_\_

The reason for the application : \_\_\_\_\_

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

\* Please delete as appropriate

Remarks:

1. On completion of this form, please return it by post with a crossed-cheque for HK\$50 payable to "Hong Kong St. John Ambulance" for the application fee **HK\$50. (non-refundable)**
2. Please enter your name and address in all spaces provided below and provide us with a self-address stamped (\$2.2) envelope for further correspondence.
3. The personal data provided by means of this form will be used for result enquiry. 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.
4. 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.

#### 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: \_\_\_\_\_

\_\_\_\_\_  
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