



# St John 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)

救傷會(Association)

救傷隊(Brigade)

少青團(Youth)

電話/Tel: 2530 8006 – 8008

電話/Tel :2530 8020 – 8024

電話/Tel: 2530 8032 – 8034

電話/Tel: 2530 8057 – 8059

傳真/Fax :2515 0205

傳真/Fax :2976 0457

傳真/Fax :2530 2727

傳真/Fax :2530 4867

## Application Form for Special Needs Arrangement

Should you need special assistance or arrangement while attending the course, please complete this application form with copies of the relevant medical documents, and submit at the course registration. We will try to do our best to provide assistance, with administrative charges according to situation.

To : Training Manager, Hong Kong St. John Ambulance Association

Name of Applicant: \_\_\_\_\_  
English (in capital letters) Chinese

ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Tel. No. : \_\_\_\_\_

Reason(s) for special arrangement: \_\_\_\_\_

Preferred arrangement: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**\* Remarks :**

1. The application for special needs arrangement must be made upon applying for the course.
2. The applicant may need to provide additional documents upon request.
3. Association reserves the right to reject any application.
4. Personal information provided by the applicant is solely for this application and future contact. Provision of personal data is voluntary. We may not be able to process the application if information is insufficient or incorrect.
5. Please call at 25308020-24 for enquiry.

**To be filled in by Association :**

\*Application accepted / not accepted Reason(s) : \_\_\_\_\_

Signature of Training Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill in the correspondence address in block letters :

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

