



St John

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: 1878 000
24-hour Emergency
Ambulance Services :

理事會 (Council)	<input type="checkbox"/>	電話/Tel: 2530 8006 – 8008	傳真/Fax :2515 0205
救傷會 (Association)	<input checked="" type="checkbox"/>	電話/Tel :2530 8020 – 8024	傳真/Fax :2976 0457
救傷隊 (Brigade)	<input type="checkbox"/>	電話/Tel: 2530 8032 – 8034	傳真/Fax :2530 2727
少青團 (Youth)	<input type="checkbox"/>	電話/Tel: 2530 8057 – 8059	傳真/Fax :2530 4867

香港聖約翰救護機構 Hong Kong St. John Ambulance

Training Course Attendance Record Application Form

Name (Please print as on HKID Card) : _____
(English) (Chinese)

HKID No. : _____ ()

Contact No. : _____ Email Address : _____

Correspondence Address :

Request Details *please insert a ✓ in the []

Course Title : _____ Reference No : _____ Examination Date: _____

*[] I would like to apply for a copy of my attendance record and examination result.

*[] I authorize Hong Kong St John Ambulance to send my attendance record and examination result directly to the third party below :

Name of Third Party : _____

Mailing Address : _____

Purpose : _____

Applicant's Signature : _____ Date : _____

Submission Instructions

- This application form must be submitted together with a crossed cheque of HK\$50 (non-refundable) payable to Hong Kong St John Ambulance.**
Address: 4/F, St. John Tower, 2 MacDonnell Road, Hong Kong
- Applicants must provide a stamped, self-addressed envelope with a valid local address. For multiple addresses, a separate stamped envelope must be enclosed for each.**
- Hong Kong St John Ambulance reserves the right to reject any application.**
- Personal data provided will be used by our staff for processing your attendance record application. Provision of data is voluntary. Incomplete or inaccurate data may result in delay or inability to process your application.
- For enquiries or to update your personal data, please submit in writing to: "St. John Ambulance Association Limited, 4/F, St. John Tower, 2 MacDonnell Road, Hong Kong." For enquiries, contact 2530 8020-24.

For Office Use Only

Cash / Cheque : \$ _____ Cheque No. : _____ Bank : _____

* Accept / Reject Reason : _____

Signed by the Training Manager : _____ Date : _____

