醫療輔助隊少年團入隊申請書
Application to join the Auxiliary Medical Service Cadet Corps

（本隊人員填寫 For official use only）

申請人編號 Applicant No.	隊員編號 AMS No.

Notes 填表須知：

1. 下列各項均須填寫，如有不適用者，請填「不適用」。
   All particulars MUST be completed. If not applicable, please insert "N.A."
2. 本表格所填事項如有任何變更，須立即通知醫療輔助隊總部。
   The applicant is required to notify the Auxiliary Medical Service Headquarters immediately if there are any changes to the information provided on this form.
3. A 部由申請人填寫，B 部則由申請人的父母或監護人填寫。
   Section A is to be completed by the applicant. Section B is to be completed by the applicant's parent or guardian.
4. 填妥本表格後，請寄回醫療輔助隊總部。
   This application form, when completed, should be returned to the Auxiliary Medical Service Headquarters.
5. 申請人須年滿十二歲但不足十六歲。
   The applicant must be aged 12 or above but under 16.

A 部 Section A

申請人個人資料 Personal Particulars of Applicant

英文姓名
Name in English

姓氏 Surname　　名字 Other names

中文姓名
Name in Chinese

中文姓名電碼
Chinese Name in Code

出生日期
Date of Birth　日 DD　月 MM　年 YYYY

性別
Sex　男 Male ☐　女 Female ☐

香港身份證號碼
Hong Kong Identity Card Number　（　）

電郵地址
Email Address

住址
Residential Address

學校名稱
Name of School

班別
Class

學校地址
School Address

地區
District

區域
Region

日間聯絡電話號碼
Daytime Contact Telephone Number

申請人簽署
Signature of Applicant

B 部　Section B

申請人的父母或監護人填寫　To be completed by Applicant's Parent or Guardian

英文姓名
Name in English

姓氏 Surname　　名字 Other names

中文姓名
Name in Chinese _____

中文姓名電碼
Chinese Name in Code _____

出生日期
Date of Birth　日 DD　月 MM　年 YYYY

性別
Sex　男 Male ☐　女 Female ☐

香港身份證號碼
Hong Kong Identity Card Number　(　)

電郵地址
Email Address _____

住址
Residential Address

辦事處
Office Address

日間聯絡電話
Daytime Contact Telephone Number _____

住所電話
Residential Telephone Number _____

承諾書
Undertaking

本人同意申請人參加醫療輔助隊少年團，並保證在他/她退團時，代為歸還一切由醫療輔助隊支發的制服及裝備；該等物品如有遺失或損毀，將代為繳付賠償。

I agree to the Applicant's enrolment in the Auxiliary Medical Service Cadet Corps. I also undertake to return all the issued uniform and accoutrements when he/she leaves the Cadet Corps, and to compensate for any loss or damages on his/her behalf.

本人明白凡年滿 13 歲的少年團團員必須參加社會服務，並在指導下從事簡單的工作。

I understand that Cadets aged 13 or above are required to take part in community services and carry out simple duties under guidance.

日期
Date _____

_____
申請人父母或監護人簽名
Signature of Applicant's Parent or Guardian

C 部　Section C

本隊人員填寫
FOR OFFICIAL USE ONLY

接見人
Interviewed by :

簽署:
Signature:

隊員編號:
AMS No.

(請用正楷填寫姓名)
(Name in Block Letters)

* 推薦／不推薦登記入隊（如不推薦，請在備註欄內說明）

Enrolment *recommended / not recommended (if not recommended, please specify in the remarks column)

備註:
Remarks :

* 將不適用者刪去 Delete as appropriate

申請人須知
Notes for Applicants

(1) 申請表格填妥後，須整張寄回九龍何文田公主道八十一號醫療輔助隊總部。
This application form, when completed, should be returned intact to the Auxiliary Medical Service Headquarters, 81 Princess Margaret Road, Homantin, Kowloon.

(2) 本表格填報事項如有任何變更，須即時通知醫療輔助隊總部。
Any change of particulars provided on this form must be reported to the Auxiliary Medical Service Headquarters without delay.

(3) 申請人所提供的資料，將用於招募醫療輔助隊志願人員、少年團團員及其他與聘用有關的用途。這些資料可能會送交獲授權處理這類申請個案的部門／機構，例如進行體格檢查等事宜。招聘程序完結後，未獲取錄的申請人的資料由於毋須繼續保留，將全部被銷毀。
Information provided by applicants will be used for enrolling AMS volunteers, cadets and other service-related purposes. It may be provided to departments/agencies authorised to process these applications for handling matters such as medical examination. Information on unsuccessful candidates will be destroyed when it is no longer required after the recruitment exercise.

(4) 按照《個人資料(私隱)條例》的規定，申請人有權要求查閱或改正填報於本表格上的個人資料。這些要求可以書面送交專責處理查閱/改正資料的要求的人員。
Applicants have the right to request for access to or correction of personal data provided on this form in accordance with the provisions of the Personal Data (Privacy) Ordinance. Such requests may be made in writing to officers designated for handling requests for data access/correction.

(5) 家長或監護人必須簽署申請表格上的承諾書，申請人才能申請加入醫療輔助隊少年團。
Parents or guardians of applicants must sign the undertaking on this application form before the application for enrolment can be processed.

申請書覆函
ACKNOWLEDGEMENT OF APPLICATION

我們已收到你的申請書，現正詳加審閱。若我們決定考慮你的申請，會另行發信與你聯絡。

Your application has been received and is now under evaluation. If we decide to consider you application, another letter will be sent to you.

姓名
Name _____ （請填寫你的姓名和地址）
(Please fill in your name and address)

地址
Address _____
_____
_____
_____

申請人編號
Candidate No. _____ （只供有關部門填寫）
(For official use only)