

**Request for Basic First Aid Lecture**  
**(Government Department)**

**Applicant :**

Department : \_\_\_\_\_

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

Contact Person : Mr./Miss/Mrs. \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Mobile Phone No. : \_\_\_\_\_

E-mail Address : \_\_\_\_\_ Fax No. : \_\_\_\_\_

**Details of the Lecture :**

Date : \_\_\_\_\_ Time : \_\_\_\_\_

Venue : \_\_\_\_\_  
\_\_\_\_\_

No. of participants : \_\_\_\_\_

The subject of the lecture included: \_\_\_\_\_  
( if any ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete and return this form to the following address :**

AUXILIARY MEDICAL SERVICE  
81 Princess Margaret Road, Homantin, Kowloon.  
Tel. No.: 2762 2011 Fax No.: 2715 0245  
E-mail address : info@ams.gov.hk

Remark : A reply to the above application will be made within 10 clear working days.