醫療輔助隊少年團入隊申請表格
Application for Enrolment of the Auxiliary Medical Service Cadet Corps

（本隊人員填寫 For official use only）

申請人編號 Applicant No.		團員編號 AMS No.	

A部 - 申請人個人資料 Section A - Personal Particulars of Applicant

英文姓名 Name in English (Must be identical to your HKID card)				相片 Photo
中文姓名 Name in Chinese (必須與身份證上所載的相同)				
香港身份證號碼 HKID No.		性別 Sex	☐ 男 Male ☐ 女 Female	
出生地 Place of birth		出生日期 **(*1)** Date of Birth	（日 DD / 月 MM / 年 YYYY）	
國籍 Nationality		聯絡電話 Telephone No.		
居住地址 Residential Address				
就讀學校 Name of School				
電郵地址 E-mail Address		申請人簽署 Signature of Applicant		

***1 申請人須年滿 12 歲但不足 16 歲。**
The applicant must be aged 12 or above but under 16.

B部 - 申請人家長或監護人的資料 Section B - Details of Applicant's Parent or Guardian

英文姓名 Name in English			
中文姓名 Name in Chinese		與申請人關係 Relationship	
電郵地址 E-mail Address		聯絡電話 Telephone No.	

承諾書
Undertaking

☐ 本人同意申請人參加醫療輔助隊少年團，並明白少年團團員會在指導下參加訓練及從事社會服務等工作。本人保證在他 / 她退團時，代為歸還一切由醫療輔助隊支發的制服及裝備；如該等物品遺失或損毀，將代為繳付賠償。
I agree to the Applicant's enrolment of the Auxiliary Medical Service Cadet Corps and understand that Cadets will take part in different duties, such as training and community services under guidance. 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.

家長 / 監護人簽署 **(*2)** Signature of Parent/Guardian		日期 Date	（日 DD / 月 MM / 年 YYYY）

***2 日後申請人的所有文書將以上述家長或監護人的簽署作準。**
All documents of the applicant in the future will be signed by the above-mentioned parent or guardian.

C部 - 本隊人員填寫　Section C - FOR OFFICIAL USE ONLY

<table>
<tr><td>接見人 (請用正楷填寫姓名)
Interviewer (Name in Block Letters)</td><td colspan="2"></td><td>職位
Post</td><td></td><td>隊員編號
AMS No.</td><td></td></tr>
<tr><td colspan="7">推薦 / 不推薦登記入隊（將不適用者刪去，如不推薦，請在備註欄內說明）
Enrolment recommended / not recommended (Delete as appropriate, if not recommended, please elaborate in the remarks column)</td></tr>
<tr><td>備註
Remarks</td><td colspan="6"></td></tr>
<tr><td>簽署
Signature</td><td colspan="3"></td><td>日期
Date</td><td colspan="2">（日 DD / 月 MM / 年 YYYY）</td></tr>
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申請須知
Notes for Application

(1) 上述A部及B部的所有欄目均須填寫，申請表格填妥後，須整張寄回九龍何文田公主道81號醫療輔助隊總部。
All particulars in Section A and Section B above MUST be filled in. The whole completed application should be addressed to Auxiliary Medical Service Headquarters, 81 Princess Margaret Road, Ho Man Tin, Kowloon.

(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 in this form.

(3) 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 of this application before the application for enrolment can be processed.

(4) 收集個人資料聲明
本表格內所收集的個人資料，會供醫療輔助隊作下列一項或多項用途：
- (i) 招募事宜，例如學歷評審和體格檢查；
- (ii) 管理醫療輔助隊的資訊系統；
- (iii) 作統計及研究用途；
- (iv) 供醫療輔助隊舉辦有關活動／行動之用；
- (v) 公布醫療輔助隊人事變更報告和訓令；以及
- (vi) 供法例規定、授權或准許的其他合法用途。

為本表格所收集的個人資料可能會出於上述目的，轉交其他政府決策局和部門，以及其他機構（診所或活動代辦機構）。
申請人在申請表格上必須提供所需的資料，但申請表格上註明是可選擇是否填寫的資料則屬例外。申請人如未能提供所需的資料，或所填寫的資料未能清楚顯示申請人符合有關規定的最低要求，申請將不獲受理。一般情況下，未獲取錄申請人的資料將於招募程序完成後24個月全部銷毀。如有意在提交申請表格後查詢個人資料，可向本隊的助理部門秘書提交書面要求（地址：九龍何文田公主道 81號醫療輔助隊總部）。

Personal Information Collection Statement
The personal data collected in this form will be used by the Auxiliary Medical Service for one or more of the following purposes:-
- (i) recruitment, e.g. qualification assessment and medical examination;
- (ii) administration of information system(s) of the Auxiliary Medical Service;
- (iii) statistics and research purposes;
- (iv) activities/operations of the Auxiliary Medical Service;
- (v) promulgation of Auxiliary Medical Service personnel occurrence reports and orders; and
- (vi) any other legitimate purposes as may be required, authorised or permitted by law.

The personal data collected may be disclosed to government bureaux, departments and other organisations (medical clinics or agencies conducting activities) for the purposes mentioned above. You are required to provide all the personal data requested in the application form, except those items clearly marked as optional. Your application will not be considered if you fail to provide all information as requested or it is not clear from your statements that you have met the minimum requirements. Information of unsuccessful candidates will normally be destroyed 24 months after completion of the recruitment. You can write to the Assistant Departmental Secretary of Auxiliary Medical Service (Auxiliary Medical Service Headquarters, 81 Princess Margaret Road, Ho Man Tin, Kowloon) if you wish to access your personal data after submission of the application form.

Application for Enrolment of the Auxiliary Medical Service Cadet Corps
Health Assessment Form

A. Applicant's Personal Particulars	
Name in English:	Name in Chinese:
Sex:	Date of Birth (YYYY/MM/DD):
HKID Card No.: ( )	Contact Number:

B. Applicant's Health History *(To be completed by the applicant's parent / guardian)*		
Please tick in the appropriate boxes; if yes, please specify (including the duration of illness)		
1.	Allergic to any food or medications?	❑ Yes, please specify ____________ ❑ No
2.	Have ever been hospitalised for treatment or surgery?	❑ Yes, please specify____________ ❑ No
3.	Receiving treatment, follow-up consultations or taking long-term medications?	❑ Yes, please specify (medications / treatment) ____________ ❑ No
4.	Have ever had any of the following conditions? *(* Please delete as appropriate)* ❑ Tuberculosis ________ ❑ Endocrine disease ________ ❑ Asthma ________ ❑ Diabetes ________ ❑ Heart disease ________ ❑ Cancer / Benign tumour * ________ ❑ High / Low blood pressure * ________ ❑ Head / Neck injury * ________ ❑ Epilepsy ________ ❑ Eye disease / Vision problems * ________ ❑ Intestinal / Gastric disease * ________ ❑ Genetic / Hereditary disease * ________ ❑ Liver / Gallbladder / Pancreatic disease * ________ ❑ Emotional / Mental health issue * ________ ❑ Kidney disease ________ ❑ Other serious / chronic illness * ________ ❑ Other situations that may require assistance ____________	
5.	Hepatitis B carrier?	❑ If yes, please specify____________ ❑ No

C. Declaration *(To be completed by the applicant's parent / guardian)*				
I hereby declare that the information of the applicant provided in section B is true and accurate. I consent to the applicant undergoing a medical examination by a medical practitioner. I understand that the information will be used for health assessment and processing of the applicant's application for enrolment of the AMS Cadet Corps, and that the applicant's information will be treated confidentially.				
Date:	Name of Parent / Guardian:	Relationship with Applicant:	Contact Number:	Signature of Parent / Guardian:

D. Health Assessment *(To be completed by healthcare personnel)*			
Height: cm	Weight: kg	Blood pressure: / mmHg	Pulse: /minute

E. Medical Examination and Recommendation *(To be completed by a medical practitioner with full registration according to section 14 of the Medical Registration Ordinance)*		
I certify that the applicant is fit / unfit * for enrolment of the Auxiliary Medical Service Cadet Corps. *(* Please delete as appropriate)*		
Name of Medical Practitioner:	AMS No. (if applicable):	AMS Member Rank / Post (if applicable):
Signature of Medical Practitioner:	Contact Number:	Date: