

C 部 Section C**同意書****Letter of Consent**

如年齡按照西曆推算未足十八歲者，須得父母或監護人親筆允准，始可報名參加。

For those under the age of 18 estimated on the Western Calendar, they shall obtain written consent from their parents or guardians for the enrolment.

我／我們同意申請人加入醫療輔助隊。

I / We agree with the Applicant's enrolment at the Auxiliary Medical Service.

日期
Date

父母或監護人簽名
Signature of Parent(s) or Guardian(s)

D 部 Section D**申請人聲明書****Declaration by the Applicant**

本人謹此聲明申請書內所填寫的一切資料均確實無訛。

I hereby declare that the statements that I have set forth in this application form are true to the best of my knowledge and belief.

本人願意遵守香港法例第 517 章《醫療輔助隊條例》及香港法例第 517A 章《醫療輔助隊規例》為醫療輔助隊服務。

I will serve the Auxiliary Medical Service in accordance with the provisions of the AMS Ordinance (Cap. 517) and AMS Regulation (Cap. 517A).

本人已閱覽、明白並同意夾附於本申請表內的“申請人須知”所載之條款。

I have read, understood and accepted the terms in the “Notes to the Applicant” attached to this form.

日期
Date

申請人簽名
Signature of Applicant

E 部 Section E**供本隊職員填寫****For Official Use Only**

接見人： 簽署： 隊員編號： 日期：
Interviewed by : Signature: AMS No.: Date:

(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 is ^ recommended / not recommended. (If the enrolment is not recommended, please specify in the Remarks column.)

備註：
Remarks :

^ 將不適用者刪去。 Please delete where appropriate.

申請人須知

Notes to the Applicant

- (1) 除註有“#”號部分外，各欄均須填寫。如有不適用者，請在空格填上「不適用」。
Apart from those parts specified with “#”, all parts MUST be filled in. For any item which is not applicable, please insert “N.A.” in that space.
- (2) 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。
The completed application form shall be returned intact to the Auxiliary Medical Service Headquarters, 81 Princess Margaret Road, Homantin, Kowloon.
- (3) 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 stated in the application form shall be reported to the Auxiliary Medical Service Headquarters immediately.
- (4) 申請人的年齡須為十六歲或以上。不過，十六至十八歲的申請人，必須取得家長或監護人在本申請表格所簽署的書面同意，方可加入醫療輔助隊。
All applicants must be 16 years of age or above. For those aged between 16 and 18 years old, they shall obtain written consent from their parents or guardians as stated in the application form before enrolling at the Auxiliary Medical Service.
- (5) 醫療輔助隊隊員之退休年齡為六十歲。
The retirement age of an Auxiliary Medical Service member is 60.
- (6) 所有在 2020 年 7 月 1 日或之後登記加入醫療輔助隊的隊員，必須簽署聲明，擁護《中華人民共和國香港特別行政區基本法》、效忠中華人民共和國香港特別行政區、盡忠職守和對香港特別行政區政府負責。醫療輔助隊總部將安排所有獲取錄的申請人於訓練報到當日或之前，簽署上述聲明。不按要求簽妥及交回聲明者，其入隊申請將不獲接納。
All members of the Auxiliary Medical Service enrolled on or after 1 July 2020 are required to declare that they will uphold the Basic Law of the Hong Kong Special Administrative Region of the People’s Republic of China, bear allegiance to the Hong Kong Special Administrative Region of the People’s Republic of China, be dedicated to their duties and be responsible to the HKSAR Government by signing a declaration. The Auxiliary Medical Service Headquarters will arrange all successful candidates to sign the declaration mentioned above on or before the reporting date of the training. Failure to duly sign and return the declaration will result in the application of enrolment not being considered.

(7) 收集個人資料聲明

本申請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。

為了執行上述目的，本表格所收集得的個人資料，或會轉交其他政府決策局和部門，以及其他機構（診療所或活動代辦機構）。

申請人在申請表格上必須提供所需的資料，但在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具有有關規定最起碼的條件，申請表格將不獲受理。在一般情況下，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。

提交申請後，申請表格內所提供的資料如有任何更改，或如欲查詢個人資料，可書面向本隊的助理部門秘書提出（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 application 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) for statistics and research purposes;
- (iv) for conducting 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.

Your provision of all the personal data requested in the application form is obligatory, 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 the minimum requirements specified for the post. Information on 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 (Address: Auxiliary Medical Service Headquarters, 81 Princess Margaret Road, Homantin, Kowloon) if there are any subsequent changes to the information provided or if you wish to access your personal data after submission of the application form.