



本隊職員填寫
For Official Use Only

申請人編號 Applicant No.	
隊員編號 AMS No.	

醫療輔助隊登記加入申請書
Application for Enrolment to the Auxiliary Medical Service
成人隊員 (Adult Member)

隊籍類別 Type of Membership

- 一級隊員 Grade I Officer
 四級長官 (二級護士) Grade IV Officer (Nurse II)
 高五級長官 (二級醫生) Senior Grade V Officer (Medical Officer II)

A部 Section A

個人資料 Personal Particulars

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: [][][][] ()

你是否香港特別行政區永久性居民? Are you a permanent resident of the Hong Kong Special Administrative Region? 是 Yes 否 No

(如對香港特別行政區永久性居民身分有任何疑問, 可致電入境事務處居留權查詢熱線 2824 6111。)
(If in doubt, you are advised to make enquiry about your eligibility for the permanent resident status in the Hong Kong Special Administrative Region through the Immigration Department Right of Abode Enquiry Hotline 2824 6111.)

住址 Residential Address _____

通訊地址 (如與上址不同) Correspondence Address (If different from the address given above) _____

流動電話 Mobile Phone _____ 住所電話 Residential Telephone Number _____

電郵地址 Email Address _____ (請參閱“申請人須知”第2點) (Please see point number 2 of the “Notes to the Applicant”)

(請在適當方格內加上“√”號。Please insert a “√” in the appropriate box.)

B部 Section B**學歷[#]** (申請者須夾附學位或文憑副本(如適用))**Academic Attainment[#]** (Applicant shall attach copies of certificate of degree or diploma, if appropriate) 中三或以上
Secondary Three or above 專上教育
Post-secondary 學士或以上
Bachelor or above[#] 申請人如未畢業，請列明預計畢業日期 (月/年)。Please specify the expected date (month/year) of graduation if not yet graduated.**C部 Section C****醫護相關專業資歷** (申請者須夾附相關文件副本，例如醫生或護士須附上香港註冊執照/執業證明書副本)**Relevant Medical & Health Qualifications** (Applicant shall attach copies of relevant document, such as doctor or nurse shall attach copies of the licences of registration / practising certificates)

科目 Subject	大學或學院 University or College	學位或文憑 Degree or Diploma	日期 (月 / 年) Date (Month / Year)	
			由 From	至 To
醫學 (專科) Medicine (Specialty)				
護理學 Nursing				
其他 Others				

專業資格 (例如律師、會計師)**Professional Qualifications** (e.g. lawyer, public accountant)

專業資格 Professional Qualifications	頒發機構 Issuing Authority	獲取資格的日期 (日 / 月 / 年) Date Obtained (Day / Month / Year)

專門技能 (例如山藝、拯溺或急救等)**Special Skills** (e.g. mountaineering, lifesaving or first aid)

專門技能 Special Skills	頒發機構 Issuing Authority	獲取資格的日期 (日 / 月 / 年) Date Obtained (Day / Month / Year)

你持有下列哪類型車輛的駕駛執照? Which of the following driving license do you hold?

 電單車 Motor Cycle
 私家車 Private Car
 輕型貨車 Light Goods Vehicle
 私家小巴 Private Light Bus
 政府車輛 Government Vehicle
 其他: Others:
曾經服務的公共團體 (例如：紀律部隊、輔助部隊、青少年團隊等)**Served Public Organisation(s)** (e.g. disciplinary force, auxiliary force, youth groups)

公共團體組織名稱 Name of Public Organisation(s)	隊員編號 Membership Number	職級 Rank	服務期 (月 / 年) Service Period (Month / Year)	
			由 From	至 To

(請在適當方格內加上“√”號。Please insert a “√” in the appropriate box.)

D部 Section D

同意書

Letter of Consent

如申請人年滿 16 歲但未滿 18 歲，必須獲得父母或監護人在此欄簽名允准，方可加入醫療輔助隊。

If the applicant is aged between 16 and 18, consent from his / her parents or guardians to the application by signing this column before enrolling at the Auxiliary Medical Service is required.

我同意申請人加入醫療輔助隊。

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

申請人父母 / 監護人* 簽名

Signature of Applicant's Parents / Guardians* _____

申請人父母 / 監護人* 姓名

Name of Applicant's Parents / Guardians* _____

日期

Date _____

E部 Section E

其他資料

Other Information

你曾否經香港或香港以外的法庭判定有罪？

Have you ever been found guilty of an offence in a court of law whether or not in Hong Kong?

是

否

如經判定有罪，請列明詳情：

If yes, please give details: _____

如你現時或曾在政府任職（包括輔助部隊），你曾否簽署聲明，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（“香港特區”），盡忠職守和對香港特區政府負責？

If you are serving or have ever served in the Government (including auxiliary services), have you signed a declaration that you 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 ("HKSAR"), be dedicated to your duties and be responsible to the HKSAR Government?

是

否

（註：所有中華人民共和國香港特別行政區政府（“香港特區政府”）的公務員及按非公務員聘用條款聘用的政府僱員均須簽署聲明，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區政府負責。）
(Note: All civil servants of the Government of the Hong Kong Special Administrative Region of the People's Republic of China ("HKSAR Government") and Government staff appointed on non-civil service terms are required to sign a declaration 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.)

如你現時或曾在政府任職（包括輔助部隊），在任職期間曾否有任何違反紀律的紀錄？

If you are serving or have ever served in the Government (including auxiliary services), do you have any previous record(s) of disciplinary offence whilst serving the Government?

是

否

如有，請列明詳情：

If yes, please give details: _____

（註：如申請人曾有違反紀律紀錄，本隊不一定因此而不予接受其申請。）

(Note: A record of disciplinary offence is not necessarily a barrier to his / her application.)

(* 將不適用者刪去。Please delete where appropriate.)

F部 Section F

申請人聲明書

Declaration by the Applicant

(註：請在下列所有方格內加上“✓”號，表示你已閱讀，明白及接受此F部所列明之所有條件，否則你的申請將不獲處理。)
(Note: Please insert a “✓” in all the boxes below to indicate that you have read, understood and accepted all conditions specified at this Section F. Otherwise, your application will not be processed further.)

- 本人確認符合醫療輔助隊成人隊籍的登記入隊要求。
I confirm that I meet the enrolment requirements for the adult membership at the Auxiliary Medical Service.
- 本人現附上 / 將會提交所需的證明文件。
I attach herewith / will submit the supporting documents required.
- 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).
- 本人同意醫療輔助隊可就進行招募工作及有關的事宜，及為核實上述資料而進行必要的查詢。本人授權所有政府部門及其他組織或機構可就這些查詢，透露任何有關的紀錄及資料（其中包括，在提出委任前，向本人的現行及 / 或前僱主索取一份僱主推薦書 / 工作表現評核報告；向有關當局 / 機構 / 醫護人員索取本人的體格檢查報告、醫事委員會報告或診療紀錄，及將有關資料送交其他當局 / 機構 / 醫護人員；以及向有關的政府部門 / 院校 / 機構查詢本人的學歷 / 語文 / 專業資格和索取有關紀錄，及將有關資料送交其他政府部門 / 當局 / 機構進行學歷評審）。本人謹此授權香港警務處處長或其代表把所有關於我的犯罪紀錄及詳情發放予有關政府部門 / 當局 / 機構。就我的申請，我也同意當有需要時，可套取我的指紋以核實我的犯罪紀錄。
I consent to the Auxiliary Medical Service making any necessary enquiries for purposes relating to recruitment by the Service and for the verification of the information given above. I authorise all government departments and other organisations or agencies to release any record or information as may be required for these enquiries (including, inter alia, obtaining a reference / performance appraisal report(s) from my current and / or previous employer(s) before offer of appointment; obtaining my medical examination reports, medical board reports or medical records from relevant authorities / agencies / medical personnel and transferring of such data to other authorities / agencies / medical personnel; and making enquiries from relevant government departments / institutions / agencies regarding my academic / language / professional qualifications and obtaining relevant records and transferring of such data to other government departments / authorities / agencies for qualifications assessment). I hereby authorise the Commissioner of Police, or his representative, to release full particulars of any and all criminal convictions recorded against me to relevant government departments / authorities / agencies. I also agree to my fingerprint impressions being taken by the Police in connection with this application, if required for the purpose of verifying my criminal records.
- 本人明白並同意，如有需要，上述資料會送交獲授權處理有關資料的政府部門及其他組織或機構，用以進行與醫療輔助隊招募工作，和人力資源管理有關的事宜，例如學歷評審、體格檢查、僱主推薦及操守審查等。
I understand and accept that the information given above will be provided to government departments and other organisations or agencies authorised to process the information for recruitment and human resource management-related purposes, e.g. qualifications assessment, medical examination, employer reference and integrity checking, etc. as may be necessary.
- 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

申請人簽署
Signature of Applicant

G部 Section G

供本隊職員填寫

For Official Use Only

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

^ 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. 申請表格內各欄均須填寫，如有不適用者，請在空格填上「不適用」。
All particulars MUST be completed in this application form. For any item which is not applicable, please insert "N.A." in that space.
2. 醫療輔助隊可能會以你於本申請書中所提供的電郵地址作聯絡之用及 / 或（如認為合適）向該電郵地址發出委任信。你應經常及定期查閱你的電郵帳戶（包括垃圾郵件箱、群發郵件箱及雜件郵箱）。如你未能及時依照本隊發出的電郵指示行事，你的申請書將不獲受理或任何已發出的委任信將自動失效。
The Auxiliary Medical Service may communicate and / or, if deemed fit, offer appointment to you via the email address provided in this application form. You are advised to frequently and periodically check your email account (including the folders for spam, bulk and junk mails). If you fail to act in time in accordance with any email instructions from the Auxiliary Medical Service, your application will not be considered or any offer of appointment will automatically lapse.
3. 申請表格填妥後，可透過以下方式遞交：(i) 郵寄至九龍何文田公主道八十一號醫療輔助隊總部；(ii) 傳真至 2715 0245；或 (iii) 電郵至 info@ams.gov.hk。
The completed application can be submitted via the followings: (i) by post to the Auxiliary Medical Service Headquarters, 81 Princess Margaret Road, Homantin, Kowloon; (ii) by fax at 2715 0245; or (iii) by email to info@ams.gov.hk.
4. 所有資料由申請人自願提供。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。另外，申請人如未能提供所需資料，其申請將不獲受理。提交申請表格後，如欲查閱或修改填報於本申請表格內的個人資料，可透過以下方式以書面向醫療輔助隊總部隊籍組提出：(i) 郵寄至九龍何文田公主道八十一號醫療輔助隊總部隊籍組；(ii) 傳真至 2715 0245；或 (iii) 電郵至 amsmr@ams.gov.hk。如有查詢，請於辦公時間致電 2762 2030 或 2762 2031。
The information is provided at the applicant's own free will. The applicant is required to notify the Auxiliary Medical Service Headquarters immediately if there are any changes to the information provided in this form. Application without sufficient information will not be processed. Request for access or correction of the personal data provided after submission of this form may be forwarded to the Membership Office, Auxiliary Medical Service Headquarters in writing (i) by post to the Membership Office, Auxiliary Medical Service Headquarters, 81 Princess Margaret Road, Homantin, Kowloon; (ii) by fax at 2715 0245; or (iii) by email to amsmr@ams.gov.hk. For enquiries, please call 2762 2030 or 2762 2031 during office hours.
5. 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（成人隊籍）。
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 (Adult membership).
6. 醫療輔助隊成人隊員之一般退休年齡為六十歲。
The normal retirement age of an adult Auxiliary Medical Service member is 60.
7. 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新隊員於訓練報到當日或之前交回已簽署的聲明正本。不按要求簽署及交回聲明者，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 the new members to return the signed declaration 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.

8. 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、犯罪紀錄(如有)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。如欲查詢個人資料，可書面向本隊的助理部門秘書提出（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, criminal convictions record (if any) 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 (Auxiliary Medical Service Headquarters, 81 Princess Margaret Road, Homantin, Kowloon) if you wish to access your personal data after submission of the application form.