



中學生心肺復蘇及急救訓練計劃
學校／團體申請表

Resuscitation and First-aid Training for Secondary School Students
Application Form for Schools/Organizations

學校／團體名稱： School / Organization Name :			
學校註冊編號： School Registration Number :			
地址： Address :			
聯絡人： Contact Person :			* 先生 / 女士 / 小姐 * Mr / Mrs / Ms / Miss
職位： Position :		電話號碼： Tel. No. :	
傳真號碼： Fax No. :		手提電話號碼： Tel. No. (Mobile) :	
電郵： Email Address :			
選擇理想上課日期及時間： Preferred Date /Time of the Course:	首選： 1 st Choice :		
	次選： 2 nd Choice :		
學員人數（最少二十人）： No. of Trainees (at least 20 persons) :			
申請人聲明 Declaration of Applicant			
<p>遞交本申請表前，請閱讀「申請人須知」。 Please read the Notes for Applicants before submitting this application form.</p> <p>學員的資料須連同「學員資料表」一併遞交。 Please submit the information of the trainees with the Trainees Information Form.</p> <p>本人 _____ 謹此聲明本申請表內所填寫一切資料均確實無訛。凡年齡（按西曆推算）未滿十八歲的學員，已獲得其父母或監護人同意報名參加本課程。</p> <p>I, _____ do hereby declare that the information provided in this form are true to the best of my knowledge and belief. For the those trainees who are under the age of 18, (estimated according to the western calendar), they have obtained their parents or guardians' consent concerning their participation in the training.</p> <p>申請人簽署： Signature of Applicant: _____</p> <p>姓名： Name of Applicant: _____</p> <p>學校／團體印章： Chop of School/Organization: _____</p> <p>日期： Date: _____</p>			

*請刪去不適用者
*Please delete as appropriate

申請人須知 (學校/團體申請)
Notes for Applicants (For Schools/Organizations)

- (1) 本申請表填妥後，須整張連同「學員資料表」一併寄回九龍何文田公主道 81 號醫療輔助隊總部。
This application form, when completed, should be returned intact with the *Trainee Information Form* to the Auxiliary Medical Service Headquarters, 81 Princess Margaret Road, Homantin, Kowloon.
- (2) 凡年齡（按西曆推算）未滿十八歲者，須得父母或監護人同意，方可報名參加本課程。
For those who are under the age of 18 (estimated according to the western calendar), they must obtain the consent of their parents or guardians before submitting this application for training.
- (3) 學員必需為現正在教育局註冊的全日制中學就讀的學生。
The trainees must be studying in a full-time secondary school registered in the Education Bureau.
- (4) 申請機構必需為教育局註冊的全日制中學或非牟利團體。
The applicant must be the full-time secondary school registered in the Education Bureau or non-profit organization.
- (5) 申請人須提供課室、桌椅及其他教學器材（如電腦、投射器、音響器材等）作課堂之用。
The applicant must provide classrooms, tables, chairs and other equipment (e.g. computers, projector, audiovisual devices, etc.) for the training.
- (6) 醫療輔助隊保留一切權利取消或更改相關申請。
AMS reserves all the rights to cancel or change the application
- (7) 本申請表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 immediately.
- (8) 收集個人資料聲明
申請人所提供的個人資料，會供醫療輔助隊作下列一項或多項用途：
 - (i) 招募事宜；
 - (ii) 管理醫療輔助隊的資訊系統；
 - (iii) 作統計用途；
 - (iv) 供醫療輔助隊舉辦有關活動／行動之用；以及
 - (v) 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）。

申請人在申請表上必須提供所需的資料，但在申請表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，申請表將不獲受理。在一般情況下，本申請表的資料將於課程完成後 24 個月全部銷毀。

提交申請表後，申請表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 Data Collection Statement

The personal data provided by the applicant will be used by the Auxiliary Medical Service for one or more of the following purposes:

- (i) recruitment;
- (ii) administration of information system(s) of the Auxiliary Medical Service;
- (iii) for statistics purposes;
- (iv) for conducting activities/operations of the Auxiliary Medical Service; and
- (v) any other legitimate purposes as may be required, authorized or permitted by law.

The personal data collected may be disclosed to government bureaux, departments and other organizations (medical clinics or agencies conducting activities) for the purposes mentioned above.

Your provision of all the personal data requested in this 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. Information provided on this application form will normally be destroyed 24 months after completion of the training course.

You may 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 submitting this application form.

個人資料
PERSONAL DATA
醫療輔助隊
中學生心肺復蘇及急救訓練計劃
學員資料表
Auxiliary Medical Service
Resuscitation and First-aid Training for Secondary School Students
Trainees Information Form

學校／團體名稱： School/Organization Name :							
	英文姓名	中文姓名	身分證號碼 (例:A123XXX-X)	出生日期	性別	就讀班別	電話號碼
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請連同「學校／團體申請表」一併遞交。

Please submit this form together with the *Application Form for Schools/ Organizations*.