



香港專業護理學會

Hong Kong Society of Professional Medical Care

Turning Sciences into Caring | Since 2004

Red Angel Medical Support Team (RAMST)

紅衣天使急救醫療支援隊

參加表格

(1) 個人資料 Personal Information

英文姓名 English Full Name : _____

中文姓名 Chinese Full Name : _____

性別 Sex : _____ 出生日期 Date of Birth : _____

通訊地址 Correspondence Address (英文地址) : _____

通訊地址 Correspondence Address (中文地址) : _____

聯絡電話 Contact Telephone No. : (住宅) _____ (手提) _____

電郵地址 Email Address : _____

教育程度 Academic Level : 小學 中學 大專 大學

緊急聯絡人 Emergency Contact Person : _____

緊急聯絡人電話 Emergency Contact Person Telephone No. : _____

(2) 參加原因 Reason for Join RAMST Team

曾否參加任何機構的急救服務 Experience for First Aid Services : 否 No 是 Yes

(3) 持有急救／醫護證書或專業資格 Professional Qualification

- 急救員 (持有認可有效急救證書)
First Aider (With Valid First Aid Certificate)
- 緊急醫療應變人員 (持有有效緊急醫療應變人員證書)
Emergency Medical Responder
(With Valid Emergency Medical Responder Certificate)
- 緊急醫療技術員 (持有認可有效緊急醫療技術員證書)
Emergency Medical Technician
(With Valid Emergency Medical Technician Certificate)
- 護士 (持有有效護士執業證書)
Nurse (With Valid Nurse Practicing Certificate)
 - 香港 (Hong Kong)
 - 海外 (Overseas) : 國家 (Country) _____
- 醫生 (持有有效護醫生執業證書)
Medical Officer (With Valid Medical Practicing Certificate)
 - 香港 (Hong Kong)
 - 海外 (Overseas) : 國家 (Country) _____
- 其他醫護/輔助醫療專業資格 Others Auxiliary Professional:

(4) 其他專長或專業資格 Others Professionals (exclude Medical Field) (如：運動、語言、美術、網頁、電腦專業或其他) (Sport, Language, Art, Design, Website Design or others)

(5) 得知是次招募的途徑 How do you know HKSPMC EMS Team

- 學會網頁 HKSPMC Website
- 學會微訊 HKSPMC WeChat
- 朋友 Friends
- 其他(請註明) : _____
- 學會面書 HKSPMC Facebook
- 同事 Colleague
- 家人 Family Member

(6) 同意書 Letter of Consent

如年齡（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。
If you are under the age of 18, ask your parents or guardian to signify their consent to your joining.

我我們同意申請人加入紅衣天使急救醫療支援隊。 I / We agree to the Applicant joining the RAMST

日期 Date : _____

父母或監護人姓名 Name of Parent(s) or Guardian : _____

:

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

(7) 申請人聲明書 Declaration of Applicant

本人謹此宣誓申請書內所填寫的一切資料均確實無訛。 I, do hereby declare that the statements that I have set forth in this document are true to the best of my knowledge and belief.

本人亦謹此遵照紅衣天使急救醫療支援隊所載的條文忠實執行紅衣天使急救醫療支援隊志願人員的職務。 I also do hereby declare that I will faithfully serve with the EMS Team as a volunteer member with accordance with the EMS Team Guideline.

申請人簽名 Signature of Applicant : _____

日期 Date : _____

(8) 學會人員填寫 For Official Use Only

接見人(請用正楷填寫姓名) Interviewed by (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）

Enrollment recommended / not recommended (if not recommended, please specify in remarks column) 將不適用者刪去 Delete as appropriate

備註 Remarks : _____

(9) 注意 Notes for Applicants

- 申請表格填妥後，須整張寄回香港專業護理學會（地址：九龍太子花園街 211-215 號花園大樓 1 樓 C 室）。 This Application Form, when completed, should be returned intact to the Hong Kong Society of Professional Medical Care (HKSPMC) Office, Unit C, 1/F, Fa Yuen Mansion, 211-215 Fa Yuen Street, Prince Edward, Kowloon.
- 本表格填報事項如有任何變更，須即時通知香港專業護理學會。 Any change of particulars provided on this Form must be reported to the HKSPMC Office without delay.
- 申請人年齡需 16 歲或以上。不過，16 至 18 歲的申請人，必須獲得家長或監護人簽署申請表格上的同意書，才能加入紅衣天使急救醫療支援隊。 The applicant age should be 16 years of age or above. For an applicant whose age is under 18 years of age, shall obtain his parent or guardian's written consent in the application form.
- 收集個人資料聲明：本表格內所收集的個人資料，會供紅衣天使急救醫療支援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) 管理紅衣天使急救醫療支援隊的資訊系統；(iii) 作統計及研究用途；(iv) 供紅衣天使急救醫療支援隊舉辦有關活動／行動之用；(v) 公布紅衣天使急救醫療支援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）。申請人在申請書上必須提供所需的資料，但在申請書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，申請書將不獲受理。在一般情況下，未獲接納申請人的資料將於招募程序完成後 24 個月全部銷毀。提交申請書後，申請書內所提供的資料如有任何更改，或如欲查詢個人資料，可書面向本隊的香港專業護理學會校務處提出（地址：九龍太子花園街 211-215 號花園大樓 1 樓 C 室）。
- Personal Information Collection Statement The personal data collected in this form will be used by the EMS Team 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 EMS Team ; (iii) for statistics and research purposes ; (iv) for conducting activities / operations of the EMS Team; (v) promulgation of EMS Team 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 forms 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 HKSPMC Office (Address : Unit C, 1/F, Fa Yuen Mansion, 211-215 Fa Yuen Street, Prince Edward, Kowloo) 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.