

**Occupational Safety & Health Course
Application Form****For Office Use Only**

Receipt No.:

Date:

Data Entry:

Date:

APPLICANT INFORMATION (Applicant must be at least 18 years of age) (Please fill in form with BLOCK letters)Name (Chinese)[#] : _____ (English)[#] : _____
(Identical with HKID)ID / Passport No.[#] : _____ (X) Attained the age of 18[#] : ☐ Yes ☐ No Sex : ☐ M ☐ F
(First four alphanumeric characters)Tel : (Mobile Phone)[#] _____ (Office) _____ (Home) _____
(We may inform the latest course arrangement through SMS)E-mail : _____ (Fax) _____
(Required field for fax application)Correspondence Address : _____

Company Name : _____

Company Address : _____

Enrolment Contact Person : _____ Tel of Contact Person : _____

Age Group* : ☐ 18-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ 41-45 ☐ 45-50 ☐ Over 50Education* : ☐ Below Form 3 ☐ Form 3 ☐ Form 5 ☐ Matriculated / HKDSE ☐ Cert / Dip
☐ H Cert / H Dip / Associate Degree ☐ Degree or above ☐ Other (Please state _____)

Working Experience : _____ Year(s)

Type of Activity* : ☐ Manufacturing ☐ Wholesale, retail and import/export trades, restaurants & Hotel
☐ Construction ☐ Financing, insurance, real estate and business services
☐ Public Utilities ☐ Transport, storage and communications
☐ Government/Statutory Body ☐ Education, medical, recreation and personal services
☐ Property/Facility Management ☐ Other (Please state _____)Occupation / Profession* : ☐ Managerial ☐ Clerical staff ☐ Safety and health professional ☐ Professional
☐ Technical staff ☐ Operative staff ☐ Other (Please state _____)Fee Paid By* : ☐ Employer ☐ Self Have you attended our course before* : ☐ Yes ☐ No

Course apply for: (Please provide copy of proof if the course requires entry qualification or latest certificate of proof for revalidation)

Course Code	Course Name	Starting Date	Fee ***

Course fee must be paid within 7 working days upon confirmation.

Please refer to Application Notes for details.

Total Amount: \$ _____

☐ Declaration (only applicable to Certificate in Safety and Health for Supervisors (Construction) (SS) with course duration of 43 hours): I confirm that I can read and write the language used in the course.

I solemnly declare that:

1. I am above 18 years of age and I agree to provide My HKID Card / Passport for verification during the class.
2. All the information provided on this application form is correct and I agree to conform with the student regulations of the Council.
(Note: We reserve the right to withdraw your application or cancel the award of certificates by OSHC if the information provided is inaccurate.)
3. I am healthy, physically fit, and suitable to participate in the above enrolled course. Occupational Safety and Health Council (OSHC) shall not be liable for any injury or death which I may suffer in this course, if the cause of injury or death is due to my own negligence or inadequacy in health and fitness.

Signature of Student / Applicant : _____ Name and Position of Applicant : _____

** OSH Ambassador / GCG Member No. : _____ Company Chop (GCG Member) : _____ Date : _____

[#]Required Field *Please ☒ tick the appropriate box **Deleted where inappropriate ***For SMEs, please attach completed OSH Application Form for SME Training Fee Reduction**Personal Data Collection Statement**

1. The information you provide to the Occupational Safety & Health Council (the "Council"), including any personal data as defined in the Personal Data (Privacy) Ordinance (the "Ordinance"), will be used solely for purposes related to the activities of the Council.
2. To keep you informed of the Council's latest activities, the Council shall use your personal data, including your name, telephone number and correspondence and email addresses, to provide you with updates in relation to our training courses, events, services and other occupational safety and health related information. Your personal data may also be used for our research and statistical purposes.
3. You are free to decide whether you wish to receive such information. If you choose not to do so, please put a tick in the box below *.
4. You have may make data access requests, data correction requests and data erasure requests to the Council in relation to your personal data. If you wish to do so, please submit a written request and email to oshc@oshc.org.hk.

* ☐ I do not wish to receive any information from the Council in relation to its training courses, activities, services other related information.

Name: _____

Correspondence: _____

Address: _____

Signature : _____ Date : _____

This form is valid for one applicant only. Please make extra copies for additional applications.