

職業安全健康課程報名表格

(此表格可影印使用)

(請儘量以英文填寫，以便資料輸入電腦)

職安局專用

收據編號：_____ 資料輸入：_____

日期：_____ 日期：_____

申請人資料	
申請人姓名(中文)：_____ (英文)：_____ (必須與身份證上姓名相同)	姓 _____ 名 _____
身份證/護照號碼：_____ ()	出生日期：_____ 性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女
電話：(辦事處) _____ (住宅) _____	(手提電話) _____ (傳真) _____
(本局可能透過短訊提供課堂安排及有關安全培訓資料) (如透過傳真報名，必須提供傳真號碼)	
電子郵件：_____	
通訊地址：_____	
室 _____ 樓 _____ 座 _____ 大廈名稱 _____	門牌號碼 _____ 屋村/街道名稱 _____
地區 _____	國家 _____
公司名稱：_____	
公司地址：_____	
室 _____ 樓 _____ 座 _____ 大廈名稱 _____	門牌號碼 _____ 屋村/街道名稱 _____
地區 _____	國家 _____
報名聯絡人：_____	聯絡人電話：_____
教育程度*： <input type="checkbox"/> 中三以下 <input type="checkbox"/> 中三 <input type="checkbox"/> 中五 <input type="checkbox"/> 預科/香港中學文憑 <input type="checkbox"/> 證書/文憑	<input type="checkbox"/> 高級證書/高級文憑/副學士 <input type="checkbox"/> 大學學位或以上 <input type="checkbox"/> 其它(請列明_____)
工作經驗：_____年	
行業*： <input type="checkbox"/> 製造業 <input type="checkbox"/> 批發、零售、進出口貿易、飲食及酒店業	<input type="checkbox"/> 建造業 <input type="checkbox"/> 金融、保險、地產及商用服務業
<input type="checkbox"/> 公共事務 <input type="checkbox"/> 運輸、倉庫及通訊業	<input type="checkbox"/> 政府/法定機構 <input type="checkbox"/> 教育、醫療、康樂及個人服務業
<input type="checkbox"/> 物業管理 <input type="checkbox"/> 其它(請列明_____)	
職位*： <input type="checkbox"/> 專業人員 <input type="checkbox"/> 管理人員 <input type="checkbox"/> 安全健康從業員 <input type="checkbox"/> 技術人員	<input type="checkbox"/> 操作人員 <input type="checkbox"/> 文職人員 <input type="checkbox"/> 其它(請列明_____)
學費由僱主支付*： <input type="checkbox"/> 是 <input type="checkbox"/> 否	以前曾否就讀本局主辦的課程*： <input type="checkbox"/> 是 <input type="checkbox"/> 否

申請課程(如該課程需要學歷證明或重溫課程需要舊證證明，請提供有關文件副本)

編號	名稱	日期	學費***

以傳真或郵寄方式報名的學員，須於確認學位後七個工作天內繳付學費，否則所報讀之學位可能會被取消。有關詳情，請參閱報名須知。

共計：\$ _____

 *付款方法：支票 _____ **現金/易辦事/萬事達卡/VISA
恒生或滙豐銀行自動櫃員機轉賬(滙豐銀行戶口號碼：567-778444-002)

如報讀之課程取消，已繳學費將以支票方式退還。請填寫“支票抬頭 _____”及郵寄至上述的**通訊地址/公司地址以作退款之用。如學費經網上或以萬事達卡或VISA信用卡付款，有關學費將退回申請人的同一個信用卡帳戶。

證書到期日：_____ (只適用於報讀重溫課程的學員填寫)

經驗聲明(供報讀氣體焊接及電弧焊接課程學員填寫)：本人已有 _____ 年燒焊經驗

聲明(只適用於安全健康督導員(建造業)連續上課43小時)，本人能閱讀及書寫課程中所使用之語言

本人謹此聲明：

- 申請表格上所提供的資料全屬正確，並願意遵守職安局的學生守則(註：若提供虛假資料，本局有權取消閣下的申請及所頒發的證書及資格。)
- 我的健康及體能良好，適宜參加上述所報讀的課程，如果我因本人的疏忽或健康或體能欠佳，而引致於參加這個課程時傷亡，職業安全健康局則無須負責。

學員/申請者(代報名人士)簽名：_____ 申請者姓名及職位：_____

綠十字會會員編號 _____ 及公司印鑑 _____

職安健大使編號 _____ 日期：_____

 *請在有關的加上號

**請將不適用者刪去

***如為中小型企業報名，請附上填妥的職安局中小型企業學費優惠申請表

《收集個人資料聲明》

- 你向職業安全健康局(「本局」)所提供的資料，包括《個人資料(私隱)條例》所指的個人資料，只會用於相關活動。
- 為讓你得知最新的本局活動，本局將使用你的個人資料，包括你的姓名、電話號碼、郵寄和電郵地址，將有關職業安全健康訓練課程、活動、服務及資訊提供給你。你的個人資料亦可能被用作本局之研究及統計用途。
- 你可選擇是否同意接收上述資訊。若不同意的話，請於下列拒收資訊一欄的空格內加上「✓」號。
- 你有權要求查閱及修正你的個人資料。有關申請須以書面向本局提出，地址為香港北角馬寶道28號華匯中心19樓。

本人不同意日後接收由職業安全健康局發出其活動和相關的資訊。

簽署：_____ 日期：_____

此表格只適用於一位申請者，如要作出額外的報名，請複印副本。

姓名：_____

通訊地址：_____



Occupational Safety & Health Course Application Form (Please fill in form with BLOCK letters)

For Office Use Only Receipt No.: _____ Date: _____ Data Entry: _____ Date: _____

APPLICANT INFORMATION

Name (Chinese) : _____ (English) _____ (Surname Given names) ID / Passport No. : _____ () Date of Birth : _____ Sex : M F Tel : (Office) _____ (Home) _____ (Mobile Phone) _____ (Fax) _____ (We may inform the course arrangement and related training information through SMS) (For fax applications, fax no. must be provided) E-mail : _____ Correspondence Address : _____ Company Name : _____ Company Address : _____ Enrolment Contact Person : _____ Tel of Contact Person : _____ Education* : 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)

Table with 4 columns: Course Code, Course Name, Date, Fee***

For fax-in or mail-in application course fee must be paid within 7 working days upon confirmation. Total Amount: \$ _____

* Payment Method: Cheque _____ ** Cash / EPS / Mastercard / VISA Hang Seng Bank / HSBC ATM (HSBC Account No.: 567-778444-002)

Course fee refund will be paid by cheque in case the class is cancelled. Please fill in "Cheque Payable _____" and mail to the above **Correspondence Address / Company Address for class cancellation purpose. The applicant will be refunded through the same credit card account if the course fee is paid on-line / MasterCard Credit Card / VISA Credit Card.

Certificate Expiry Date : _____ (Only applicable to student who enroll revalidation course)

Experience Declaration (Completed by applicants apply Gas Welding or Electric Arc Welding course) : _____ Year(s)

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. 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.)
2. 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 : _____

* GCG Member No. _____ and Company Chop _____ OSH Ambassador Member No. _____ Date : _____

*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 Council's activities, the Council would like to use your personal data, including your name, telephone number and correspondence and email addresses, to update you in relation to our training courses, events and other OSH 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 are also entitled to request access to and correction of any errors in your personal data. If you wish to do so, please write to the Council at 19/F, China United Centre, 28 Marble Road, North Point, Hong Kong.

Name: _____ Correspondence Address: _____ * I do not wish to receive any information from the Council in relation to its activities. Signature: _____ Date : _____

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