

To : Ms. Margaret Chow
University Safety & Environment Office

Application Form for Refresher First-Aid Class

Date: 15/7/08 (Tuesday) 9 am – 5:30 pm
16/7/08 (Wednesday) 9 am - 12 nn

Examination : 16/7/08 (Wednesday) 2 pm - 5 pm

Venue : Health Education Room, 1/F University Health Centre

Department : _____

Name in English (Block Letters) : _____

Name in Chinese : _____

First Aid Certificate No : _____

Date of Award of First Aid Certificate No : _____

Sex : _____

HKID No : _____

Staff No : _____

Tel No : _____

Email address : _____

Nominated by Department Head : _____

Date : _____

**Please submit the copy of your last First-Aid certificate with your application form.