



Occupational Safety & Health Course Application Form

(Please fill in the form with BLOCK LETTERS)

For Office Use Only

Receipt No.: _____ Data Entry: _____
Date: _____ Date: _____

APPLICANT INFORMATION

Name (Chinese) : _____ (English) _____
(Identical with HKID) Surname Surname

ID/Passport No. : _____ () Year of Birth : _____ Sex : _____
D D M M Y Y Y Y

Tel : (Office) _____ (Home) _____ (Pager) _____
(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 : _____
Flat/Room Block Floor Name of Building

_____ Number of Street / Estate Name of Street / Estate
_____ District Country

Company Name : _____

Company Address : _____
Flat/Room Block Floor Name of Building

_____ Number of Street / Estate Name of Street / Estate
_____ District Country

Enrolment Contact Person : _____ Tel of Contact Person : _____

Education* : Primary Form 3 Form 5 Matriculated Cert/Dip
 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 _____)

Size of the Organization* : 1-19 20-49 50-99 100-199
 200-299 300-399 400-499 500 or above

Fee Paid By* : Employer Self Have you attended our course before* : Yes No

You know this course from* : TV Radio Magazine Employer Union Homepage Other _____

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	Date	Fee***

For fax-in or mail-in application course fee must be paid within one week upon confirmation.

Total Amount: \$ _____

*Method of Payment: **Cheque / Bank Draft _____ **Cash / EPS
 Bank (Hongkong Bank Account: 567-778444-002)

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)

I solemnly declare that:

- 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.)
- 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 at page 7

Personal Data Statement : We will keep your personal data for promotion of safety and health at work, including related research and statistical purposes. We may need to transfer such data to service providers, event co-organizers and partner institutions. If you do not wish to receive information and news relating to safety and health at work from us, please mark the box at the end of this Statement.
 I do not wish to receive the aforesaid information and news.

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____