



# Occupational Safety & Health Course Application Form

(Please fill in the form with BLOCK LETTERS)

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

Name: \_\_\_\_\_ (Chinese) \_\_\_\_\_ (English)  
 (Identical with HKID)  
 ID/Passport No.\*: \_\_\_\_\_ Year of Birth \_\_\_\_\_ Sex: \_\_\_\_\_  
 Tel: (Office) \_\_\_\_\_ (Home) \_\_\_\_\_ (Pager) \_\_\_\_\_  
 (Mobile Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Correspondence Address:** Room/Floor/Block \_\_\_\_\_ Building \_\_\_\_\_  
 Estate \_\_\_\_\_ Street/Street No. \_\_\_\_\_  
 District \_\_\_\_\_ \*HK/KIn/NT

Company Name: \_\_\_\_\_

Company Address: Room/Floor/Block \_\_\_\_\_ Building \_\_\_\_\_  
 Estate \_\_\_\_\_ Street/Street No. \_\_\_\_\_  
 District \_\_\_\_\_ \*HK/KIn/NT

Type of Activity\*\*:

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale, retail and import/export trades, restaurants & Hotel
<input type="checkbox"/> Construction	<input type="checkbox"/> Financing, insurance, real estate and business services
<input type="checkbox"/> Public Utilities	<input type="checkbox"/> Transport, storage and communications
<input type="checkbox"/> Government/Statutory Body	<input type="checkbox"/> Education, medical, recreation and personal services
<input type="checkbox"/> Other (Please state _____)	

Size of the Organization

<input type="checkbox"/> 1-19	<input type="checkbox"/> 20-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-199
<input type="checkbox"/> 200-299	<input type="checkbox"/> 300-399	<input type="checkbox"/> 400-499	<input type="checkbox"/> 500 or above

Occupation/ Profession\*\*:

<input type="checkbox"/> Managerial class	<input type="checkbox"/> Clerical staff	<input type="checkbox"/> Safety and health professional
<input type="checkbox"/> Professional	<input type="checkbox"/> Technical staff	<input type="checkbox"/> Operative staff
<input type="checkbox"/> Other (Please state _____)		

Working Experience: \_\_\_\_\_ Year(s)

Education\*\*:

<input type="checkbox"/> Primary	<input type="checkbox"/> Form 3	<input type="checkbox"/> Form 5
<input type="checkbox"/> Matriculated	<input type="checkbox"/> Cert/H Cert	<input type="checkbox"/> Dip/H Dip
<input type="checkbox"/> Degree		
<input type="checkbox"/> Other (Please state _____)		

Fee Paid By\*:  Employer  Self

Do you have attended our course before:  Yes  No

Course apply for:

Course Code	Course Name	Date	Fee

**Successful applicants will not be informed. Applicants are expected to attend the class at the venue and time specified in the pamphlet.** Total Amount: \$ \_\_\_\_\_

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

\*\*\*Signature of Applicant: \_\_\_\_\_ Name and Position: \_\_\_\_\_

(CCG Member must accompany with company chop) GCG/OSH Ambassador\* membership Number: \_\_\_\_\_

\*Deleted where inappropriate. \*\*Please  tick the appropriate box. \*\*\*Please read the information at the reverse page carefully.

**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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_