

申請表格可寄往：勞工處職業安全及健康訓練中心  
荃灣眾安街 68 號荃灣千色匯 I 13 樓（電話：2940 7057）  
或傳真至：2940 7426

## 職業安全及健康訓練課程申請表

本申請表格應由參加者僱主填寫。並請先參閱11及15頁的「申請須知」及「收集個人資料之目的」。

參加者姓名：(中文)

\* (先生/女士)

(英文)  
(請用正楷填寫) \_\_\_\_\_

香港  
身份証號碼：\_\_\_\_\_ XX ( XX ) 職位 (全寫)：\_\_\_\_\_

請將有關的課程代碼空格填滿 (例子：•APH)

課程年度： 2 0 1 9

課程代碼：	<input type="radio"/> APH	<input type="radio"/> CR	<input type="radio"/> FA	<input type="radio"/> MH	<input type="radio"/> RA	<input type="radio"/> SPOD
(只選一項)	<input type="radio"/> APS	<input type="radio"/> DS	<input type="radio"/> IW	<input type="radio"/> OSO	<input type="radio"/> RMA	<input type="radio"/> ST
	<input type="radio"/> CAT	<input type="radio"/> DSE	<input type="radio"/> LAG	<input type="radio"/> OW	<input type="radio"/> SM	<input type="radio"/> WHE

請將有關的課程編碼空格填滿 (例子：03)

0 1 2 3 4 5 6 7 8 9

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○○○●○○○○○○○

	課程選擇 (一)	課程選擇 (二)	課程選擇 (三)
課程編碼：	0 1 2 3 4 5 6 7 8 9 ○○○○○○○○○○ ○○○○○○○○○○	0 1 2 3 4 5 6 7 8 9 ○○○○○○○○○○ ○○○○○○○○○○	0 1 2 3 4 5 6 7 8 9 ○○○○○○○○○○ ○○○○○○○○○○

公司名稱：

傳真號碼：\_\_\_\_\_

公司地址：

聯絡人姓名：\_\_\_\_\_

電話號碼：\_\_\_\_\_

本人證明上述參加者的正常職責包括 (請將有關的空格填滿)：

執行職業安全及健康訓練；  向其他職員簡介職業安全及健康法例

授權人簽字：\_\_\_\_\_

姓名：\_\_\_\_\_

職位：\_\_\_\_\_

日期：\_\_\_\_\_

公司或機構蓋印

註 (一) 每份申請表祇可供一位參加者作為申請一項課程之用，並請填寫每一項。  
 (二) 每一機構最多只可提名 8 位參加者報讀每一課程。  
 (三) 開課日期前兩週將截止接受申請。  
 (四) 申請表格一經接納，便不可作出任何修改；任何更換或另作安排的要求概不受理。  
 (五) 只有出席整個課程，並在測試(如有測試)中取得合格的學員，方可獲得出席證明書。  
 學員如遲到超過 30 分鐘、缺課或只出席部分課程，均不會獲發出席證明書。要求證明出席部分課程，概不受理。  
 (六) 勞工處可更改各項課程的時間編排或刪減有關編排，事前毋須作出通知。  
 (七) 如在早上七時，八號或以上颱風信號或黑色暴雨警告信號仍然生效，所有全日制課程及半日制上午課程均會完全取消，本處會為參加者另行安排時間上課。  
 如天文台在早上七時至十一時三十分改發三號或以下颱風信號或取消黑色暴雨警告信號，原定半日制下午課程將照常舉行。

\* 刪去不適用者



Please send this application to : Occupational Safety and Health Training Centre, Labour Department  
 13/F, KOLOUR • Tsuen Wan I, 68 Chung On Street, Tsuen Wan ( Tel : 2940 7057)  
 OR Fax to : 2940 7426

### Application for Occupational Safety and Health Training Course

This application is to be filled by the employer of the course participant.

Please refer to the application notes and the statement of purpose for the collection of personal data on pages 12 and 15.

Please use CAPITAL LETTERS to fill in this application.

Name of Participant:

\*( Mr / Mrs / Ms )

Hong Kong Identity Card No.:  X X ( X ) Post (in full):

Please shade the appropriate circle (e.g. ● APH)

Course Year : 2 0 1 9

Course Code :	<input type="radio"/> APH	<input type="radio"/> CR	<input type="radio"/> FA	<input type="radio"/> MH	<input type="radio"/> RA	<input type="radio"/> SPOD
( Select ONE course only )	<input type="radio"/> APS	<input type="radio"/> DS	<input type="radio"/> IW	<input type="radio"/> OSO	<input type="radio"/> RMA	<input type="radio"/> ST
	<input type="radio"/> CAT	<input type="radio"/> DSE	<input type="radio"/> LAG	<input type="radio"/> OW	<input type="radio"/> SM	<input type="radio"/> WHE

Please shade the appropriate circle (e.g. 03)

0 1 2 3 4 5 6 7 8 9

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	Choice (1)	Choice (2)	Choice (3)
Course No.:	0 1 2 3 4 5 6 7 8 9 ○○○○○○○○○○ ○○○○○○○○○○	0 1 2 3 4 5 6 7 8 9 ○○○○○○○○○○ ○○○○○○○○○○	0 1 2 3 4 5 6 7 8 9 ○○○○○○○○○○ ○○○○○○○○○○

Name of Company :

Fax:

Address of Company :

Contact Person: \_\_\_\_\_

Tel:

I certify that this participant's normal duties include (Please shade the appropriate circles):

conducting occupational safety and health (OSH) training;  briefing other staff on OSH legislation

Authorised Signature: \_\_\_\_\_

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

Post: \_\_\_\_\_

Date: \_\_\_\_\_

Chop of Company or Organisation

Note (1) Please use ONE application form for ONE participant to apply for ONE course only and fill in all the items.

- (2) Each company / organisation is limited to EIGHT nominations for each course.
- (3) Application closes **TWO WEEKS** before the commencement date of the course.
- (4) No change will be allowed once the application is accepted. No replacement or re-arrangement will be allowed.
- (5) Only those participants who have full attendance and have passed the test (if any) will be issued with attendance certificates. **A participant who has been late for the class for over 30 minutes, absent from the class or present at only part of the course will not be issued with an attendance certificate. Request for proof of partial attendance will not be entertained.**
- (6) The time schedule of the courses may be subject to change or cancellation without prior notice.
- (7) If Tropical Cyclone Warning Signal No. 8 or above OR Black Rainstorm Warning Signal is still in force at 7:00 am, all one-day courses and half-day morning courses will be cancelled. Alternative arrangements will be made for the participants to attend the same course at a later date. If Tropical Cyclone Warning Signal has been changed to No. 3 or below OR Black Rainstorm Warning Signal is cancelled between 7:00 am to 11:30 am, the half-day afternoon courses will be resumed.

\* delete as appropriate



# 勞工處職業安全及健康部 收集個人資料之目的 (申請訓練)

## 收集目的

1. 你這次所提供的個人資料會被勞工處職業安全及健康部用作以下用途：

- (甲) 評估你的申請作訓練的安排；
- (乙) 關於與訓練有關的事宜；
- (丙) 方便勞工處與你聯絡有關你申請等事宜；及
- (丁) 將有關資料用作研究及統計分析。

## 資料轉移

2. 為了上述第一段提到的目的，你所提供的個人資料我們或會向其他有關人士或機構(如政府部門，律師樓....等)透露。

## 查詢個人資料

3. 根據個人資料(私隱)條例第18及22條及附表1保障原則第6原則的規定，你有權要求查閱及更正個人資料。要求查閱的權利包括要求獲得一份你所提供的個人資料複本。

## 查詢個人資料

4. 有關你個人資料的查詢，包括查閱及更正個人資料，應向下列人士提出：

荃灣眾安街六十八號荃灣千色匯 I 十三樓  
勞工處職業安全及健康部  
職業安全及健康訓練中心  
分區職業安全主任(訓練)

## STATEMENT OF PURPOSE FOR THE COLLECTION OF PERSONAL DATA BY OCCUPATIONAL SAFETY AND HEALTH BRANCH LABOUR DEPARTMENT (Application for Training)

### Purpose of Collection

1. The personal data you provide will be used by the Occupational Safety and Health Branch of the Labour Department for the following purposes:
  - (a) assessment of your application for the placement of training;
  - (b) activities relating to the training matters;
  - (c) facilitating communication between Labour Department and yourself on your application and other relevant matters; and
  - (d) carrying on research and compilation of statistical data.

### Classes of Transferees

2. The personal data you provide may be disclosed to relevant parties and authorities (e.g. Government Bureau and Departments, Law firms, etc.) for the purposes mentioned in paragraph 1 above.

### Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in Sections 18 & 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided to this department.

### Enquiries

4. Enquiries concerning the personal data collected, including the making of access and corrections, should be addressed to:

Divisional Occupational Safety Officer (Training)  
Occupational Safety and Health Training Centre  
Occupational Safety and Health Branch  
Labour Department  
13/F, KOLOUR • Tsuen Wan I, 68 Chung On Street, Tsuen Wan.



Occupational Safety and  
Health Training Centre (OSHTC)  
職業安全及健康訓練中心



13/F, KOLOUR • Tsuen Wan I, 68 Chung On Street, Tsuen Wan.

荃灣衆安街六十八號荃灣千色匯I十三樓

Tel 電話 : 2940 7057 Fax 傳真 : 2940 7426