



**St John**

**Hong Kong St. John Ambulance Brigade  
Training Command – Brigade Training School**

**OTC 2021**

**Second Round**

**Application Form for  
Officer Training Course (Modules Basis) and  
Officer Training Course (Intensive) (Modules Basis)**

Module(s) applying for:  Mod 1  Mod 2  Mod 3

**Part A: To be completed by the Applicant**

Name (in English):	姓名 (中文):	Gender:	Age:
E-mail:	Mobile Phone:	Date of Enrolment:	
Division / Section:	Rank:	Brigade No.	
Corps/Group:	Region:	Command:	

Education:

Secondary (HKDSE/HKCEE)  Sub-degree  Bachelor  Master  Doctorate

Other professional qualifications. Please specify: \_\_\_\_\_

1. Total number of years of Efficient Service up to and including 2020: 1. \_\_\_\_\_

2. Have attained Efficiency in both the years 2019 and 2020. 2.  Yes  No

3. There is vacancy for promotion to PAO in the serving unit. 3.  Yes  No

4. You are willing to accept deployment to other units after passing the OTC. 4.  Yes  No

***I declare that the information stated above is true and correct.***

Signature by applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Part B: To be recommended by Unit (Division / Section) OIC**

1. ***I certify that according to records and to the best of my knowledge, the information in Part A is true and correct.***

2. *My assessment on the performance of the applicant*

	Average	Above Average	Excellent
• Meeting/Training attendance and Duty participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Knowledge and experience in operations of the serving unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Footdrill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Leadership and Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Commitment to the Brigade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. *The applicant is:*  Highly Recommended  Recommended  Not recommended

4. Further remarks (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Signature of Unit OIC: \_\_\_\_\_ Name of Unit OIC: \_\_\_\_\_

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

Please tick (✓) as appropriate.

**Part C: To be countersigned by Senior Officers (Corps/Group/Region)**

Countersigned by:

Signature of Corps/Group OIC: \_\_\_\_\_ Name of Corps/Group OIC: \_\_\_\_\_

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

Signature of Region OIC: \_\_\_\_\_ Name of Region OIC: \_\_\_\_\_

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

**Part D: To be approved by Command OIC**

Approved by:

*The applicant is nominated in priority \_\_\_\_\_ (e.g. One)*

*Total number of nominates in this Command/Office \_\_\_\_\_ (e.g. Six)*

Signature of Command OIC: \_\_\_\_\_ Name of Command OIC: \_\_\_\_\_

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

Please tick (✓) as appropriate.

**Part E: For BTS use only**

Date of Received : \_\_\_\_\_ Serial No.: \_\_\_\_\_

Accepted:  Yes  No

Handled by: \_\_\_\_\_ Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Checked by: \_\_\_\_\_ Rank: \_\_\_\_\_ Date: \_\_\_\_\_

The Personal Information collected will be used for processing of OTC/OTC(I) application and course administration. Please refer to the BTS homepage ([www.btstraining.org](http://www.btstraining.org)) for further details.