



# Community Drug Advisory Council

## English Programme Application Form

(Starting from 10-10-2018)

For Office Use Only		
Application No. :	CC_	
School Number :		
Application Date:		
Confirmation Date:		

Name of School/ Organisation: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Contact person : \_\_\_\_\_ Office Phone No.: \_\_\_\_\_  
 Mobile Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email Address : \_\_\_\_\_

**Free Programme**

If application exceed the quota, a modest fee maybe charged.

\* The following programmes are funded by **The Community Chest of Hong Kong.**

Target Groups	Programme Topics	
<b>A. Lower Primary Students (P.1 - P.3)</b>	A1. Junior Drug Detectives A2. Healthy Living, Say No to Smoking A3. Healthy Living, Say No to Drugs	A4. Little Emotion Master A5. Peer Influence Good and Bad A6. Say NO to Alcohol
<b>B. Upper Primary Students (P.4 - P.6)</b>	B1. Smoking and Alcohol B2. Say kNOw to Drugs B3. Say NO to Alcohol B4. Peer Influence and Drugs B5. Stress, Emotions and Positive Coping B6. Positive Transition to Secondary School B7. Anti-Drug Carnival ( <i>Limited Quota, students/parent volunteer required</i> ) B8. Health Ambassador Training ( <i>Limited Quota</i> )	
<b>C. Secondary School Students</b>	C1. Say kNOw to Drugs C2. My Body, My Choice C3. Self-Image, Media Influence and Drugs C4. Stress, Emotions and Positive Coping	C5. Love, Sex and Drugs C6. Smoking and Alcohol C7. Health Ambassador Training ( <i>Limited Quota</i> )
<b>D. Tertiary Students</b>	D1. Introduction to Illicit Drugs D2. Drug and Public Health	
<b>E. Parents</b>	E1. Effective Parent-Child Communication E2. Child Psychological Changes and Anti-Drug Education E3. Family Fun Day ( <i>Parent-Child activity</i> )	
<b>F. Teachers</b>	F1. School Based Anti-Drug Education ( <i>customisable according to school needs</i> )	
<b>G. Others</b>	G1. Visit Hong Kong Jockey Club Drug InfoCentre ( <i>transport not covered</i> ) G2. Tailored Anti-Drug Education Programme ( <i>upon request</i> )	

Programme Topic	Targets and No. of Participants <i>(programme can be conducted in the form of Class/Grade)</i>	Preferred Date	Preferred Time

Signature:

School/ Organisation Chop:

Date:

Please fax the application form to **2525 1317** Community Drug Advisory Council.  
 For more information or enquiry on our English service, please contact our staff at **2521 2880**.