



# Community Drug Advisory Council

## English Programme Application Form

(Starting from 01-09-2016)

### Free Programme

If application exceed the quota, a modest fee will be solicited whenever necessary.

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

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

\* 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
<b>B. Upper Primary Students (P.4 - P.6)</b>	B1. Smoking and Alcohol B2. Say kNOw to Drugs B3. Peer Influence and Drugs B4. Stress, Emotions and Positive Coping B5. Positive Transition to Secondary School B6. Anti-Drug Carnival ( <i>Limited Quota, students/parent volunteer required</i> ) B7. Health Ambassador Training ( <i>Limited Quota</i> ) B8. Say kNOw to Alcohol
<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. Health Ambassador Training ( <i>Limited Quota</i> )
<b>D. Parents</b>	D1. Effective Parent-Child Communication D2. Child Psychological Changes and Anti-Drug Education D3. Family Fun Day ( <i>Parent-Child activity</i> )
<b>E. Teachers</b>	E1. School Based Anti-Drug Education ( <i>customisable according to school needs</i> )
<b>F. Others</b>	F1. Visit Hong Kong Jockey Club Drug InfoCentre ( <i>transport not covered</i> ) F2. 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**.