



# Community Drug Advisory Council

Narcotics Division Commissioned 2016-2018

For Office Use (do not fill this box)		
Application # :		
Application Date:		
Confirmation		
Date:		

## Workshop for Teachers on Anti-Drug Training 2016-2018 Application Form

School : \_\_\_\_\_

1. Address : \_\_\_\_\_

2. Contact Person : \_\_\_\_\_ 4. Contact Number : \_\_\_\_\_

5. Fax Number : \_\_\_\_\_ 6. Email : \_\_\_\_\_

6. Number of participants, date and time : ( Please set the priority of selected date ) .

Programme	Mode	Number of Participated Teachers and Social Workers#	Date	Time: (Duration: 1.5hrs)
Programme B (School Based Programme)	Single School <input type="checkbox"/>		1	
	Joint School <input type="checkbox"/> *			
	*Name of the Joint School		2	
			3	

Programme could be conducted in designate location. +

Please put ✓ in the appropriate box.

# Minimum number of participants are 15 teachers or school social worker.

\_\_\_\_\_  
Signature (Programme In-charge)

\_\_\_\_\_  
Name of Programme In-charge

\_\_\_\_\_  
School Stamp

\_\_\_\_\_  
Date of Application

Please fax a completed form to 2525 1317 or email to [training@cdac.org.hk](mailto:training@cdac.org.hk).

Please call 2521 2880 for enquiries.

For further information, please visit: [www.cdac.org.hk](http://www.cdac.org.hk).