

Name of School/Organisation:

Address:

Office Phone No.:

Mobile Phone No.:

Contact person:



Secondary or Tertiary School English Programme Application Form

Fax No.:

Position:

Email Address:

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

Free Programme

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

| Target Groups | Programme Topics | | |
|--------------------------------------|--|--|--|
| F. Secondary or Tertiary Students | F1. Comfort Zone F2. Peer Influence and Drugs F3. Say No to Smoking and Cannabis F4. Love, Sex and Drugs F5. Self-Image and Drugs F6. Cyber Traps and Drugs | F7. Drugs and Law F8. Living Library – Life Fighters F9. Living Library – Substance Abuse E10. Anti-drug Carnival E11. Health Ambassador Training (Limited Quota) | |
| G. Teachers | G1. Substance Abuse and addiction G2. Stress Management Workshop | G3. Counselling Services | |
| F. Parents | F1. Oh! Ba Ma!F2. Parents Mutual Support GroupH3. Teenagers Psychological Changes | H4. Inside Out - Emotions H5. Pop Culture and Social Media | |

Programme Enrollment (Please photocopy this form if there is not enough space.)

| Programme Topic | Targets* | No. of Participants | Preferred Date | Preferred Time [#] |
|-----------------|----------|---------------------|----------------|-----------------------------|
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* It is recommended to apply on a grade-based unit basis.

[#] Multiple activities can be applied for simultaneously within the same time frame.

Signature:

School/ Organisation Chop:

Date:

Please <u>fax the application form to **2525 1317**</u> Community Drug Advisory Council. For more information or enquiry on our English service, please contact our staff at **2521 2880** or visit our website http:// www.cdac.org.hk