

We appreciate your support on “Let’s Create a Better Internet Together” Seminar, but the application quota for school is full for this year.

If you have any enquiry, please feel free to contact us at 2922 9222.

Application Form Items			
Contact person	(Enter word)	(Job title)	(Enter Word)
School name	(Enter word)	School phone number	(Enter 8 digits)
School address	(Enter word)	Fax number	(Enter 8 digits)
Application date			
Selection form			
A. On-site parents seminar <input type="checkbox"/> (must choose A/B/A+B)			
Target	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> (Choose ONE only) (Must choose)	Year: Whole school <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> (If choose Primary, auto change to P.1-6/ If choose Secondary, auto change to F.1-6) (If choose whole school, cannot choose 1-6) (Must choose)	
	Joint school <input type="checkbox"/> : (Enter word) Outer school organization <input type="checkbox"/> : (Enter word) (Choose ONE only) (Must enter the name after the selection has made)		
Content (Can choose multiple choices.)	Youth internet culture <input type="checkbox"/>	<input type="checkbox"/> Parenting skills <input type="checkbox"/>	Net addiction <input type="checkbox"/>
	Cyber-bullying <input type="checkbox"/>	Online friendship <input type="checkbox"/>	Heathy use of e-device <input type="checkbox"/>
	Others <input type="checkbox"/> : (Enter word)		
Estimated participants (must fill in)		(Enter number)	
Proposed date (must fill in)		(Calendar)	
Proposed time (must fill in)		(Time format 11:30-13:00) (max 1 hour 30 minute)	
B. On-site booth and exhibition <input type="checkbox"/> (must choose A/B/A+B)			
Target	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> (Choose ONE only) (Must choose)	Year: Whole school <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> (If choose Primary, auto change to P.1-6/ If choose Secondary, auto change to F.1-6) (If choose whole school, cannot choose 1-6) (Must choose)	
	Alliance school <input type="checkbox"/> : (Enter word) Outer school organization <input type="checkbox"/> : (Enter word) (Choose ONE only) (Must enter the name after the selection has made)		
Content (Can choose multiple choices.)	Parents consultation booth <input type="checkbox"/>	Student game booth <input type="checkbox"/>	Internet risk exhibition board <input type="checkbox"/>
Estimated participants (must fill in)		(Enter number)	
Proposed date (must fill in)		(Calendar)	
Proposed time (must fill in)		(Time format 11:30-13:00) (max 1 hour 30 minute)	

Remarks			
Name of principle		Principle's signature & school chop	

Online application form is only used to submit information and application is not verified. Please print out this application form and complete it with the principle's signature and school chop. Email or fax the completed form to Hong Kong Family Welfare Society (Hong Kong Western Centre).