



Application Form of Sexual and Reproductive Health Education Program

**Mandatory fields*

*Name of Organization : _____

*Organization Address : _____

*Name of Person-in-charge : _____ *Job Title : _____

*Contact Tel. No. : _____ Fax No. : _____

*Email Address : _____

*Nature of Organization : Non-profit Organizations Commercial Organizations
(Business Nature : _____)

*Date of Talk : (1) _____ (2) _____ *Time of Talk : (1) _____ (2) _____

*Venue and Address of Talk : _____

*Nature of Talk : Community Education Volunteer Training Staff Training

*Target Audience : Public Organization / Company Staff Company Clients

*Estimated No. of Participants : Female _____ Male _____ Total No.: _____

*Select Topics (To be further discussed) : Women's Health Care (e.g. Vaginitis, Candida and Urinary Incontinence...)
 Others (e.g. Contraceptive Knowledge, Menopause and Osteoporosis...)

*Equipment Available : Wired/Wireless microphone LCD Projector Projection Screen
 Computer Whiteboard Others: (Please specify: _____)

Notes on Application

- (1) To facilitate the arrangements, please submit the application at least 6 weeks prior to the intended date of the program by fax at 2833-6646 or email at wkwong@famplan.org.hk. For enquiries, please contact us at 2919-7746.
- (2) The program is available from Monday to Friday from 9am to 5pm (Not applicable to public holidays).
- (3) The duration of the program with Q & A session is approximately 1.5 hours. The program will be conducted in Cantonese, please specify if special arrangement is required.
- (4) The number of participants will be determined by the activity modes and will be further discussed after the application is accepted.
- (5) Applicant organization is required to confirm the number of participants 14 days prior to the program to facilitate the arrangements.
- (6) The fee for each program (1.5 hours) is HK\$360, please make the crossed cheque payable to "The Family Planning Association of Hong Kong".
- (7) Applicant organization will be notified of the application result within 2 weeks after submitting the application.
- (8) FPAHK reserves the sole right to approve the application.

The Collection and Use of Personal Data Statement

Personal data collected by The Family Planning Association of Hong Kong (FPAHK) will be used for application process and communication purpose. Apart from the above usage, all personal data will be kept confidential, handled strictly in accordance with applicable laws and will not be transferred to any organizations or parties.

The Use of Personal Data for Promotional Purpose

FPAHK would like to send our promotional information to you by telephone, email and mail according to the contact information you have provided (including name, telephone no., email address and correspondence address etc.).

Even if you agree to receive FPAHK promotional information now, you may change your mind in the future. Please notify Women’s Club of your name and email address through email, fax or mail, we will stop sending any promotional information to you.

For enquiries, please contact us at 2919-7746.

Declaration

Please tick the appropriate boxes below if you agree.

- I have read, understood and agreed with "The Collection and Use of Personal Data Statement" mentioned above.
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- I have read, understood and agreed with "The Use of Personal Data for Promotional Purpose" mentioned above and agree to receive FPAHK promotional information.

Applicant (Organization) Signature : _____ Application Date : _____

For FPAHK use

Program Application Status : Accepted Not Accepted

Fee Waiver Application (if necessary) : Accepted Not Accepted

Name of Speaker :

Contact Tel. No. of Speaker :

Approved by : Date: