

## Found the workshops you like for your students?

Please read the following guidelines and fill in the booking form on the next page:

**1** Once we received your booking form with your signature and school chop, we will get back to you within one working week to confirm your booking.

**2** Each student at approved schools can attend **one government-funded workshop free of charge**, per school year. **Any workshops after that or workshops that are self-financed** by schools, we ask for **\$46 per student**.

**3** We ask for **one hour to deliver** our sessions to cover all our learning outcomes and include evaluation in every workshop. We can deliver to groups of up to 200 students or **a minimum of 26**.

**4** At the end of every workshop, we require an evaluation form to be signed by a school staff member and **a confirmation slip to be chopped by the school**.

**5** Our workshops cover a range of topics that might raise issues for some students. We ask that teachers **be aware of students who may need support** as KELY cannot be responsible for students' support needs after workshops.

Workshops can be postponed & rescheduled by the school, if necessary, with prior agreement from KELY. The bookings are **6 non-refundable** in case of cancellation by school but **can be modified up to two times** until the end of the academic year. Workshop cancellations **are not available one week prior** to the proposed workshop dates.

**7** All workshops will be **cancelled** if Typhoon 8, or red or black rainstorm signal is hoisted, or if schools are closed by the government for other reasons.

If you have any questions about the form or our workshop programme, please contact us through the following channels:



CONTACT @KELY.ORG



2521 6890

**KELY SUPPORT GROUP  
DRUG & ALCOHOL AWARENESS WORKSHOPS  
BOOKING FORM**

School/  
Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Contact  
Person: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone  
No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email  
Address: \_\_\_\_\_

Date	Time	Year/ Form	No. of Students	Title of Workshop



Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**Once completed, please submit by:**

Fax: 2521 6853 **OR**

Email: [contact@kely.org](mailto:contact@kely.org)