



# SECONDARY SCHOOL BOOKING FORM YEAR 7-12

**To book a program, please complete and return of this form.**

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ Fax: \_\_\_\_\_

SCHOOL EMAIL: \_\_\_\_\_

NAME OF CONTACT PERSON/ORGANIZER: \_\_\_\_\_

PHONE: \_\_\_\_\_ POSITION: \_\_\_\_\_

We would like to book a program in 2008 for:

**Year Level/s** .....  
**Number of classes** .....

Our preferred DATE for the commencement of a program is \_\_\_\_\_

**We would like to include the following topics:-**

- I Am Changing ... But I'm Not Alone - Puberty
- Personal Hygiene
- Sexual Health
- Choosing, Reflecting, Acting
- Family Relationships
- Communication
- Relating with others
- STI'S (Including HIV/AIDS)
- Contraception

- |                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>We would like to find out more about:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Puberty Clues - Teacher Resource Kit</li><li><input type="checkbox"/> Professional Development</li><li><input type="checkbox"/> Parent Workshop</li><li><input type="checkbox"/> Resource Books</li><li><input type="checkbox"/> Other services</li></ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

***A staff member will phone the contact person to discuss the program details requested by your school.***

**Return to:**  
[bookings@familylifevictoria.org.au](mailto:bookings@familylifevictoria.org.au)  
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