



# SEXUALITY EDUCATION

.... talk, listen, connect

## Secondary School Booking Form Year 7-12

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

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

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

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

CONTACT PERSON: \_\_\_\_\_

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

CONTACT EMAIL: \_\_\_\_\_

We would like to book a program for:

<b>Year level</b>						
<b>Number of Classes</b>						

Preferred start DATE for 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 Learning for teachers</li> <li><input type="checkbox"/> Parent Workshops</li> </ul>
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*A staff member will phone the contact person to discuss the program details.*

**Return to:**  
[bookings@familylifestvictoria.org.au](mailto:bookings@familylifestvictoria.org.au)  
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 Tel: (03) 9813 2377 Fax: (03) 9813 2355

