

Quality Education Fund
Application for Reserving Consultation Sessions

Points to Note:

- (1) Each school, organisation or individual can register for only **one** session each month and should specify the project theme(s) to be discussed.
- (2) Reservations are made on a **first-come-first-served** basis. Please submit this form **by email** on or before the application deadline (Email address: qefconsult@edb.gov.hk).
- (3) If reservation is successful, a confirmation email will be sent to the applicant **within 3 working days before** the consultation session.
- (4) The QEF Secretariat will **call the successful applicant at the reserved time** to provide the consultation service.

I would like to register for a consultation session as follows:

1. Date (Please select one of the dates.)

- | | |
|--|--|
| <input type="checkbox"/> 13 March 2025 (Thursday) | (Application Deadline: 7 March 2025) |
| <input type="checkbox"/> 31 March 2025 (Monday) | (Application Deadline: 25 March 2025) |
| <input type="checkbox"/> 17 April 2025 (Thursday) | (Application Deadline: 11 April 2025) |
| <input type="checkbox"/> 30 April 2025 (Wednesday) | (Application Deadline: 24 April 2025) |

2. Time (Please put “1” to “3” on the lines to indicate your priority, with 1 as the first choice.)

- | | |
|---|---|
| <input type="checkbox"/> 2:30 p.m. to 3:00 p.m. | <input type="checkbox"/> 4:00 p.m. to 4:30 p.m. |
| <input type="checkbox"/> 3:00 p.m. to 3:30 p.m. | <input type="checkbox"/> 4:30 p.m. to 5:00 p.m. |
| <input type="checkbox"/> 3:30 p.m. to 4:00 p.m. | <input type="checkbox"/> 5:00 p.m. to 5:30 p.m. |

3. Project Theme(s) to be discussed (Please select 3 themes at most by putting “√”on the lines.)

- | | |
|--|---|
| <input type="checkbox"/> STEM/STEAM Education | <input type="checkbox"/> Positive Values |
| <input type="checkbox"/> Information Technology in Education | <input type="checkbox"/> Students’ Balanced Development |
| <input type="checkbox"/> Assessment Literacy | <input type="checkbox"/> Effective Leadership and School Management |
| <input type="checkbox"/> Life-wide Learning | <input type="checkbox"/> Other themes: _____ |

Name: _____ Telephone No : _____
Post: _____ Email : _____
Name of School/Organisation (if applicable): _____
Date: _____