

**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"/> 15 May 2025 (Thursday)  | ( Application Deadline: 9 May 2025)   |
| <input type="checkbox"/> 28 May 2025 (Wednesday) | ( Application Deadline: 22 May 2025)  |
| <input type="checkbox"/> 10 June 2025 (Tuesday)  | ( Application Deadline: 4 June 2025)  |
| <input type="checkbox"/> 27 June 2025 (Friday)   | ( Application Deadline: 23 June 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: \_\_\_\_\_