



English Fun Day



Game Booth Materials Loan Application (20-21)

| | | | |
|-------------------------|----------|----------|---------|
| School Name | | | |
| School Address | | | |
| Teacher-in-charge | | | |
| Teacher's Email Address | | | |
| Contact No. | (School) | (Mobile) | Fax No. |
| *Number of Students | | | |

*Souvenirs will be delivered to schools for all students who participate in the English Fun Day.

| | | | | | | |
|---|---|--|--|--|--|--|
| Textbook Adopted | <input type="checkbox"/> Head Start <input type="checkbox"/> Lighthouse <input type="checkbox"/> English to Enjoy <input type="checkbox"/> Step Up <input type="checkbox"/> Others (please specify): _____ | | | | | |
| Games Selected | KS1: | | | | | |
| | KS2: | | | | | |
| Festival Games Selected (Please tick) | Halloween | | (T301 & T302) | | <input type="checkbox"/> | |
| | Christmas | | (T303 & T304) | | <input type="checkbox"/> | |
| | Chinese New Year | | (T305, T306 & T307) | | <input type="checkbox"/> | |
| | Easter | | (T308 & T309) | | <input type="checkbox"/> | |
| Food & Drinks Games Selected (Please tick) | <input type="checkbox"/> T401 | | <input type="checkbox"/> T402 | | <input type="checkbox"/> T403 | |
| | <input type="checkbox"/> T404 | | <input type="checkbox"/> T405 | | <input type="checkbox"/> T406 | |
| Grammar Series (Please tick) | <input type="checkbox"/> T501 | | <input type="checkbox"/> T502 | | <input type="checkbox"/> T503 | |
| | <input type="checkbox"/> T504 | | <input type="checkbox"/> T505 | | <input type="checkbox"/> T506 | |
| *Loan period | _____ to _____ 1 st choice | | _____ to _____ 2 nd choice | | _____ to _____ 3 rd choice | |

- ◆ Each school may borrow a maximum of **20** sets of game booth materials twice a year.
- ◆ Materials are on loan for a maximum period of ***4 school days inclusive**.
- ◆ All loan items should be returned to the Education Development Team by the due date.
- ◆ The school is responsible for making arrangements to pick up and return the loan items.
- ◆ The school is responsible for the cost of replacing loan items in the case of loss/damage.
- ◆ Effective from 1st September 2011, all the loan materials will be subject to charge. The charges include the **loan fee \$200** and the **delivery fee (if necessary)**.
- ◆ Please hand in a **crossed cheque** with the **school name, function name, contact person and the contact number** on the back of the cheque **within 7 working days** of finishing the activity.
- ◆ Cheques should be made payable to **Educational Publishing House Ltd**.
- ◆ For enquiries, please call **2942-9399**.

Date: _____ Signature : _____ School Stamp : _____
(Teacher-in-charge)



Educational Publishing House Ltd

Educational Development Team

ENG

14/F, Tsuen Wan Industrial Centre, 220-248 Texaco Road, Tsuen Wan, NT, Hong Kong
Tel No.: 2948-8801 Fax No.: 2408-8510



Training Workshop for English Ambassadors



Please **FAX** the completed application form to the Research & Training Team at **2408-8510**.

| | | | |
|--------------------------|----------|----------|----------------|
| School Name | | | |
| School Address | | | |
| Teacher-in-charge | | | |
| Contact No. | (School) | (Mobile) | Fax No. |

| | | | | | |
|-----------------------------|---|--------------------------------------|--------------------------------|--------------------------------------|--|
| Textbook Adopted | <input type="checkbox"/> Head Start <input type="checkbox"/> Lighthouse <input type="checkbox"/> English to Enjoy <input type="checkbox"/> Step Up <input type="checkbox"/> Others (please specify): _____ | | | | |
| Games Selected | KS1: | | | | |
| | KS2: | | | | |
| | <input type="checkbox"/> T301 & T302 | <input type="checkbox"/> T303 & T304 | | <input type="checkbox"/> T305 & T306 | |
| | <input type="checkbox"/> T307 & T308 | <input type="checkbox"/> T401 | | <input type="checkbox"/> T402 | |
| | <input type="checkbox"/> T403 | <input type="checkbox"/> T404 | | <input type="checkbox"/> T405 | |
| | <input type="checkbox"/> T406 | <input type="checkbox"/> T501 | | <input type="checkbox"/> T502 | |
| | <input type="checkbox"/> T503 | <input type="checkbox"/> T504 | | <input type="checkbox"/> T505 | |
| | <input type="checkbox"/> T506 | | | | |
| Participants | No. of English Ambassadors: | | No. of teachers | | |
| | No. of parent volunteers : | | | | |
| Date of Fun Day | | | | | |
| Date of the workshop | | | Time (1 hr- 1.5 hrs) | | |

For enquiries, please call **2942-9399**.

Signature: _____
(Teacher-in-charge)

School Stamp: _____

Date : _____



Training Workshop for English Ambassadors



(A) Aims

- (i) To develop upper primary students' leadership potential and empower them to take up a leading role through having them serve as English Ambassadors.
- (ii) To enhance students' English proficiency.
- (iii) To develop in students the following generic skills, attitudes and values:

| Generic Skills: | Attitudes and Values: |
|---|---|
| <ul style="list-style-type: none">➤ Communication skills➤ Collaboration skills➤ Problem-solving skills➤ Self-management skills | <ul style="list-style-type: none">➤ Self-confidence➤ Respect for others➤ Sensitivity towards others➤ Self-discipline |

(B) Learning objectives

By the end of the workshop, English Ambassadors will be able to:

- (i) Understand the concepts and learning points involved in the language games.
- (ii) Understand the procedures and guide younger learners through language activities.
- (iii) Use appropriate language for conducting language games and activities, as well as giving explanations, instructions, feedback and praise.

(C) Target participants

Students who are going to help in managing the game booths.

Teachers and/or parent volunteers are also welcome.

(D) Language

All English Ambassador Workshops are conducted in English.

(E) Criteria for recruiting English Ambassadors (2 or 3 students for each booth)

The English Ambassadors should be:

- Confident and responsible
- Patient and tolerant
- Cheerful and helpful
- Co-operative

(F) Duration

The workshop lasts between 1 hour – 1.5 hours.





Primary English



STEM Game Booth Materials Loan Application (20-21)

| | | | |
|-------------------------|----------|----------|---------|
| School Name | | | |
| School Address | | | |
| Teacher-in-charge | | | |
| Teacher's Email Address | | | |
| Contact No. | (School) | (Mobile) | Fax No. |
| *Number of Students | | | |

*Souvenirs will be delivered to schools for all students who participate in the English Fun Day.

| | |
|---------------------------------|---|
| Textbook Adopted | <input type="checkbox"/> Head Start <input type="checkbox"/> Lighthouse <input type="checkbox"/> English to Enjoy <input type="checkbox"/> Step Up <input type="checkbox"/> Others (please specify): _____ |
| Games Selected (Please tick) | S01: Magic Mirror <input type="checkbox"/> |
| | S02: Balloon Power <input type="checkbox"/> |
| | S03: Paper Pieces Trick <input type="checkbox"/> |
| *Loan period | |

- ◆ Each school may borrow a maximum of **3** sets of game booth materials twice a year.
- ◆ Materials are on loan for a maximum period of ***4 school days inclusive**.
- ◆ All loan items should be returned to the Research & Training Team by the due date.
- ◆ The school is responsible for making arrangements to pick up and return the loan items.
- ◆ The school is responsible for the cost of replacing loan items in the case of loss/damage.
- ◆ Effective from 1st September 2011, all the loan materials will be subject to charge. The charges include the **loan fee \$200** and the **delivery fee (if necessary)**.
- ◆ Please hand in a **crossed cheque** with the **school name, function name, contact person and the contact number** on the back of the cheque **within 7 working days** of finishing the activity.
- ◆ Cheques should be made payable to **Educational Publishing House Ltd**.
- ◆ For enquiries, please call **2942-9399**.

Date: _____

Signature : _____
(Teacher-in-charge)

School Stamp : _____

**TSA/ HKAT Onsite Training Workshop for Students
Application Form (20-21)**Please **FAX** the completed form to the Research & Training Team at **2408-8510**.

| | | | | |
|---|---|----------|----------------|-------------|
| School Name | | | | |
| School Address | | | | |
| Teacher-in-charge | | | | |
| Teacher's Email Address | | | | |
| Contact No. | (School) | (Mobile) | Fax No. | |
| Textbook Adopted | <input type="checkbox"/> <i>STEP UP</i> <input type="checkbox"/> <i>English To Enjoy</i> <input type="checkbox"/> <i>Lighthouse</i> <input type="checkbox"/> <i>Head Start</i> | | | |
| Contents | i. Analysing the composition and different question types in the TSA / HKAT ii. Sharing examination skills with students | | | |
| Duration | 1 hour | | | |
| Details of the workshop (Please tick the appropriate box(es)) | <input type="checkbox"/> Primary 3 Number of Students attending: _____ | | | |
| | Date & Time: | | | |
| | 1st choice | Date: | | Time: _____ |
| | 2nd choice | Date: | | Time: _____ |
| | <input type="checkbox"/> Primary 6 Number of Students attending: _____ | | | |
| | <input type="checkbox"/> TSA <input type="checkbox"/> HKAT | | | |
| Date & Time: | | | | |
| 1st choice | Date: | | Time: _____ | |
| 2nd choice | Date: | | Time: _____ | |

◆ All bookings are on a first-come-first-served basis.

◆ Effective from 1st September 2011, all workshops will be **subject to a charge**. For more details, please call **2942-9399**.Signature : _____
(Teacher-in-charge)

School Stamp : _____

Date : _____



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Education Development Team

ENG

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Tel No.: 2948-8801 Fax No.: 2408-8510



Training Workshop for Students (20-21)



Please **FAX** the completed application form to the Research & Training Team at **2408-8510**.

| | | | | | | | | | | | | | | |
|---|--|------------------------------|--|--|------------------------------|-------|--|-------|--|------------------------------|-------|--|-------|--|
| School Name | | | | | | | | | | | | | | |
| School Address | | | | | | | | | | | | | | |
| Teacher-in-charge | | | | | | | | | | | | | | |
| Contact No. | (School) | (Mobile) | Fax No. | | | | | | | | | | | |
| Textbook Adopted | <input type="checkbox"/> Head Start <input type="checkbox"/> Lighthouse for Hong Kong <input type="checkbox"/> English to Enjoy <input type="checkbox"/> Step Up <input type="checkbox"/> Others (pls specify): _____ | | | | | | | | | | | | | |
| No. of participants & level(s) | Numbers: _____ Level(s): _____ | Medium of instruction | <input type="checkbox"/> Cantonese <input type="checkbox"/> English | | | | | | | | | | | |
| Suggested topics | <p>I. <u>One-off basis (about 1-3 hours)</u></p> <input type="checkbox"/> TSA workshop (question analysis & exam strategies sharing) <input type="checkbox"/> HKAT workshop (question analysis & exam strategies sharing) <input type="checkbox"/> Mock exam in speaking assessment in TSA <input type="checkbox"/> Dictionary skills <input type="checkbox"/> STEM workshop <input type="checkbox"/> Others (pls specify): _____ | | | | | | | | | | | | | |
| | <p>II. <u>Programme basis (a series of lessons)</u></p> <input type="checkbox"/> Creative writing <input type="checkbox"/> STEM workshop <input type="checkbox"/> Summer programme | | | | | | | | | | | | | |
| Date | <table border="1"> <tr> <td>1st choice</td> <td>Date:</td> <td></td> <td>Time:</td> <td></td> </tr> <tr> <td>2nd choice</td> <td>Date:</td> <td></td> <td>Time:</td> <td></td> </tr> </table> | | | | 1st choice | Date: | | Time: | | 2nd choice | Date: | | Time: | |
| 1st choice | Date: | | Time: | | | | | | | | | | | |
| 2nd choice | Date: | | Time: | | | | | | | | | | | |

- ◆ Effective from 1st September 2011, all workshops will be **subject to a charge**. For more details, please call **2942-9399**.

Signature : _____
(Teacher-in-charge)

School Stamp : _____

Date : _____



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ENG

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Tel No.: 2948-8801 Fax No.: 2408-8510



Training Workshop for Teachers (20-21)



Please **FAX** the completed application form to the Research & Training Team at **2408-8510**.

| | | | | | | | | | | | | | | |
|------------------------------|--|------------------------------|--|--|------------------------------|-------|--|-------|--|------------------------------|-------|--|-------|--|
| School Name | | | | | | | | | | | | | | |
| School Address | | | | | | | | | | | | | | |
| Teacher-in-charge | | | | | | | | | | | | | | |
| Contact No. | (School) | (Mobile) | Fax No. | | | | | | | | | | | |
| Textbook Adopted | <input type="checkbox"/> Head Start <input type="checkbox"/> Lighthouse for Hong Kong <input type="checkbox"/> English to Enjoy <input type="checkbox"/> Step Up <input type="checkbox"/> Others (please specify): _____ | | | | | | | | | | | | | |
| No. of participants | _____ teachers | Medium of instruction | <input type="checkbox"/> Cantonese <input type="checkbox"/> English | | | | | | | | | | | |
| Suggested topics | <input type="checkbox"/> From reading to writing <input type="checkbox"/> Creative writing <input type="checkbox"/> Vocabulary teaching & learning <input type="checkbox"/> Grammar teaching & learning <input type="checkbox"/> Phonics teaching <input type="checkbox"/> Questioning techniques <input type="checkbox"/> Teaching English through drama <input type="checkbox"/> Task-based teaching and learning <input type="checkbox"/> The 4 language skills (pls specify): _____ <input type="checkbox"/> Others (pls specify): _____ | | | | | | | | | | | | | |
| Date | <table border="1"> <tr> <td>1st choice</td> <td>Date:</td> <td></td> <td>Time:</td> <td></td> </tr> <tr> <td>2nd choice</td> <td>Date:</td> <td></td> <td>Time:</td> <td></td> </tr> </table> | | | | 1st choice | Date: | | Time: | | 2nd choice | Date: | | Time: | |
| 1st choice | Date: | | Time: | | | | | | | | | | | |
| 2nd choice | Date: | | Time: | | | | | | | | | | | |

- ◆ Effective from 1st September 2011, all workshops will be **subject to a charge**. For more details, please call **2942-9399**.

Signature : _____
(Teacher-in-charge)

School Stamp : _____

Date : _____