

**“Harmonious School:
One-Stop Hotline and Counselling Services”**

Application Form for Consultation and Counselling Services



e-form
(Form II)

The Education Bureau has commissioned the Hong Kong Playground Association (HKPA) to continue providing the “Harmonious School: One-stop Hotline and Counselling Services” in the 2025/26 school year. Students and parents can seek professional advice and counselling services directly via the hotline, WhatsApp and WeChat (number: 5507 1896). They can also fill in the “Application Form for Consultation and Counselling Services” below and return it to HKPA by email (harmonioushotline@hkpa.hk), fax (3905 8144) or through the electronic application form.

The personal information collected in the Application Form for Consultation and Counselling Services serves only for the purpose of providing services by HKPA. The information will be handled in accordance with Personal Data (Privacy) Ordinance.

Application Form for Consultation and Counselling Services

(To be completed by students or parents)

To: Hong Kong Playground Association
Address: G/F., 119-132 Kwai Yuen House,
Chuk Yuen (South) Estate,
Wong Tai Sin, Kowloon.

Tel: 2730 6618
Fax: 3905 8144
E-mail: harmonioushotline@hkpa.hk

I would like to apply for the following case consultation and counselling services:

Please put a “✓”	Consultation Item (Choose <u>ONE</u> only)
<input type="checkbox"/>	Building self-confidence: Recognising self-worth, cultivating a positive self-image, developing self-affirmation skills and mastering strategies for overcoming challenges and failures, etc.
<input type="checkbox"/>	Strengthening peer relationship and conflict resolution skills: Handling peer conflicts, enhancing communication and social skills, etc.
<input type="checkbox"/>	Fostering Cyber Wellness and Social Attitudes: Learning social etiquette, recognising risks of online friendships, learning to protect privacy, etc.
<input type="checkbox"/>	Managing Negative Emotions: Understanding emotions, promoting positive emotions, coping with negativity, etc.
<input type="checkbox"/>	Addressing School/Cyber Bullying: Providing support and resources, strategies in handling school/cyber bullying.
<input type="checkbox"/>	Others(Please specify) : _____

Specific details for the consultation item:

Particulars of the applicant

The applicant is: ☐ parent Name of parent: _____

☐ student Name of student: _____

Class level of student: _____ Name of school: _____

School address: _____

Contact number/other contact method: _____

Preferred period(s) for further contact (may choose **more than one period**):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 09:30-13:00	<input type="checkbox"/> 09:30-13:00	<input type="checkbox"/> 09:30-13:00	<input type="checkbox"/> 09:30-13:00	<input type="checkbox"/> 09:30-13:00	<input type="checkbox"/> 09:30-13:00
<input type="checkbox"/> 13:00-18:00	<input type="checkbox"/> 13:00-18:00	<input type="checkbox"/> 13:00-18:00	<input type="checkbox"/> 13:00-18:00	<input type="checkbox"/> 13:00-18:00	<input type="checkbox"/> 13:00-18:00
<input type="checkbox"/> 18:00-21:30	<input type="checkbox"/> 18:00-21:30	<input type="checkbox"/> 18:00-21:30	<input type="checkbox"/> 18:00-21:30	<input type="checkbox"/> 18:00-21:30	<input type="checkbox"/> 18:00-21:30

Remarks:

Signature of Applicant: _____

Date: _____ (dd) _____ (mm) _____ (yyyy)