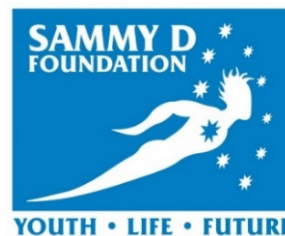


EXPRESSION OF INTEREST FORM – 2019 INTAKE

True Colours Bullying and Violence Prevention Program - Primary Schools Pilot 2018-2020



Name of School:

(please tick all that apply)

Government

Catholic Education

Independent

Metro

Regional

Local Partnership (if applicable):

Contact Person:

Contact Phone No:

Email:

Select your preferred Term for the program:

Term 1

Term 2

Term 3

Term 4

Which year level/s do you want to include:

Year 6

No of students:

Year 7

No of students:

Briefly outline why you want to deliver the True Colours Program at your school.

Briefly outline what you would like to achieve through delivery of the program.

Briefly comment on behaviour management at your school including the number of incidents of bullying and violence in the last year.