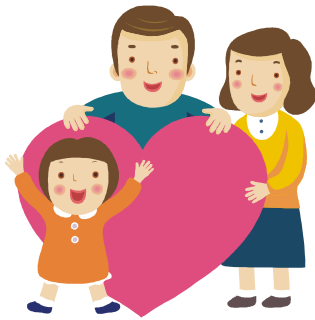




Through games, role play and group discussion, you would learn the practical skills of positive parenting for harmonious relationship and positive children!

**Enrol now! Limited seats! First come first serve!**



# Positive Parenting for "Positive" Children Parents' Workshop

Conducted in Cantonese by experienced Social Worker — Mr. Wong Chiu Sing

- Content : ● Roles of parents from the perspectives of positive parenting  
● Practical discussion on developing positive relationship and good behaviors  
● Tactics in handling children's inappropriate behaviors
- Date : 11 February 2012 (Saturday)
- Time : 2:30 - 4:30 pm
- Venue : 21/F., Shanghai Commercial Bank, 666 Nathan Road, Kln. (Mongkok MTR Exit D1)
- Coach : Mr. Wong Chiu Sing — experienced and registered social worker of Human Empowerment & Achievement Training, Caritas Family Service. Being Triple P® Accredited Triple P® Practitioner (Group), Personality Dimensions® Qualified Facilitator (Level I and II) (C.L.S.), MBTI® Certified Practitioner (Step I and II) (A.P.P.) with DiSC® Behavioral Profile Certification
- Target : Parents with child/children aged 3 to 8 (Priority will be given to those having participated in January 14 Parents' Talk)
- Places : 30 (Each family has at most 2 places available)
- Fee : Parents of member : \$50/person ; Public : \$100/person
- Language : Cantonese
- Application : Starting from now (first come first serve)
- Date
- Methods of Application : Complete the application form at the back and return it to us by:  
1. Fax : 2191 4970  
2. E-mail : [gosp@shacombank.com.hk](mailto:gosp@shacombank.com.hk)  
3. In person: to our GOSP ambassadors at our branches  
4. Mail : GOSP Service Centre, Units 113 - 114, 1/F Wing On Plaza, Tsim Sha Tsui East, Kowloon
- Enquiry : 8100 1163 (Monday to Friday 8:45a.m - 6:00p.m)

Please pass the promotion leaflet to your relatives and friends!

# Shanghai Commercial Bank 'Grow Our Sprouts' Plan Positive Parenting for "Positive" Children Parents' Workshop — Application Form

Participant's name: (Last name) \_\_\_\_\_ (First name) \_\_\_\_\_

Parent of member (membership no.: \_\_\_\_\_ )     Public (ID.: |\_|\_|\_|\_|\_|\_|\_|\_|\_|) (e.g. K1239)

Age: \_\_\_\_\_ Contact: (Day time) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Question(s) about the topic: \_\_\_\_\_

Companion (Each family has at most 2 places available)

| Name | Relationship with participant | Type   |
|------|-------------------------------|--|
|      |                               | <input type="checkbox"/> Parent of member<br>(membership no.: _____ )<br><input type="checkbox"/> Public |

(Please "✓" whichever appropriate)

Total Payment (payment will be transacted after confirming the total number of participants) :

|                     |         |           |    |              |
|---------------------|---------|-----------|----|--------------|
| Parent(s) of member | \$50 x  | person(s) | \$ |              |
| Public              | \$100 x | person(s) | \$ |              |
|                     |         |           |    | <b>Total</b> |
|                     |         |           |    | \$           |

Credit card no. for payment:

Expiry Date :

|\_|\_|\_|\_| - |\_|\_|\_|\_| - |\_|\_|\_|\_| - |\_|\_|\_|\_|      |\_|\_| / |\_|\_|

(The above payment will only be transacted upon successful enrolment. After completion of transaction, activity confirmation letters will be sent to participants. Other than bad weather conditions and cancellation of activity due to insufficient applications, all fees will not be returned. If it is necessary, the content, venue, date and time may subject to amendment.)

I/ We agree and accept the above payment to be transacted via credit card. As safety is an important consideration in our programme design, the guardian and the participant are responsible for assessing the suitability of the program against their own health conditions.

Name of Credit Card Holder: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_

Date: \_\_\_\_\_

XX

Complete the application above and return it to our centre by either:

1. Fax: 2191 4970
2. E-mail: [gosp@shacombank.com.hk](mailto:gosp@shacombank.com.hk) App Form-w
3. In person: to our GOSP ambassadors at our branches
4. Mail: GOSP Service Centre, Units 113 - 114, 1/F Wing On Plaza, Tsim Sha Tsui East, Kowloon

**Personal Data Collection Statement:**  
 Shanghai Commercial Bank Limited (The Bank) will use the personal data provided on this form by the applicants for processing enrolment and administration. Some information will be disseminated to the course tutor for course planning. The Bank will use the above data confidentially to provide free information and product promotion to you in future. Failure to provide such data may result in the Bank unable to accept your application or provide you with any of our free information. According to the Personal Data (Privacy) Ordinance, applicants have rights to request for access to data or correction of data or for information regarding policies and practices and kinds of data held. Please contact the Bank's Data Protection Officer, address: Box 139 General Post Office Hong Kong; Fax: (852) 2525 2336. Moreover, you may, at any time and without charges, choose not to receive our promotional material. Please contact our staff for details when necessary or tick the box  below and mail your request to us.  
 I do not wish to receive any promotional material