

Ø Online Form - Top Blokes

Activity Name:	Top Blokes
Date/Time:	 Tuesday 13 February 2024 11:40am - 12:40pm (CU8) Tuesday 20 February 2024 11:40am - 12:40pm Tuesday 27 February 2024 11:40am - 12:40pm Tuesday 5 March 2024 11:40am - 12:40pm Tuesday 12 March 2024 11:40am - 12:40pm Tuesday 19 March 2024 11:40am - 12:40pm Tuesday 26 March 2024 11:40am - 12:40pm Tuesday 2 April 2024 11:40am - 12:40pm Tuesday 9 April 2024 11:40am - 12:40pm Tuesday 30 April 2024 11:40am - 12:40pm Tuesday 7 May 2024 11:40am - 12:40pm Tuesday 14 May 2024 11:40am - 12:40pm Tuesday 21 May 2024 11:40am - 12:40pm Tuesday 28 May 2024 11:40am - 12:40pm Tuesday 4 June 2024 11:40am - 12:40pm Tuesday 11 June 2024 11:40am - 12:40pm Tuesday 15 June 2024 11:40am - 12:40pm Tuesday 18 June 2024 11:40am - 12:40pm Tuesday 25 June 2024 11:40am - 12:40pm Tuesday 25 June 2024 11:40am - 12:40pm Tuesday 2 July 2024 11:40am - 12:40pm
Description:	Henry Kendall High School will be running the Junior Top Blokes Mentoring Program facilitated by the Top Blokes Foundation over Semester One. This mentoring program takes place at school during normal school days, on schoo grounds for approximately 1 hour per week. The program runs for a school semester with 18 workshops delivered, covering social issues that may impact young men's health including: • The overuse of Alcohol and other Drugs • Fostering positive Mental health • Anger Management • Understanding Masculinities • Peer Pressure & Risk Taking • Online Behaviours • Building Healthy Relationships • Realities of Pornography • Sexual Health • Building Stronger Relationships with Teachers • Sexualities and Discrimination

	Power and PrivilegeLeadership and Teamwork.
Venue:	Henry Kendall High School - CU8
Due Date:	Monday 12 February 2024
	* indicates a required field
event/activity is require and the NSW Departme that my child may be e	details and give consent for my child, to attend the Top Blokes. I acknowledge that this ed to be held in accordance with any current NSW Health COVID-19 Public Health Orders ent of Education's policies and procedures. I acknowledge and accept that there is a risk exposed to COVID-19 whilst attending and participating at this event. I confirm that my displaying any symptoms of illness, and/or if directed to isolate under public health
Student Name:	
Parent/Carer Name: *	
Parent/Carer Phone Nu	ımber: *
Emergency Contact Na	ıme: *
Emergency Contact Ph	one Number: *
Medical Conditions (inc	cluding any medication required):
Dietary Requirements:	
I give permission for m	ny child to be recorded or photographed to promote the event on local and social media:
• Yes	
○ No	
Parent/Carer Signature	n: *

