

To: Oral Health Education Unit, Department of Health
Address: 1/F, Hospital Authority Building, 147B, Argyle Street, Kowloon
Fax: 2760 4073
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Bright Smiles Mobile Classroom
Application Form

Points to note:

1. We welcome all primary schools in Hong Kong to apply for the free Bright Smiles Mobile Classroom service. Please visit www.toothclub.gov.hk and click 'Our Services' and then 'Bright Smiles Mobile Classroom' for details.
2. The normal service hours are 10:30am to 4:00pm from Mondays to Fridays. Special service hours can be arranged upon request.
3. The completed application form can be returned to us by fax or by post. An acknowledgement of application will be sent to you by email or by fax within one working day.
4. The applicant shall provide the parking information or location map. Site visit will be arranged if necessary.
5. The result of the application will be notified within 2 weeks.
6. For enquiry, please feel free to contact the Mobile Classroom staff by fax or by e-mail.
7. On-line reservation is also available. Please visit www.toothclub.gov.hk and click 'Our Services' and then 'Bright Smiles Mobile Classroom'.

School Name: _____

School Address: _____

Contact person: _____ Post: _____

Email address: _____

Telephone number: _____ Fax number: _____

Service dates requested 1. _____ year _____ month _____ day to _____ year _____ month _____ day or

2. _____ year _____ month _____ day to _____ year _____ month _____ day

Parking location proposed: _____ or

Estimated number of participants: _____

Name of applicant: _____

Post: _____ Date: _____