



### 3. Have you used any of the lesson plans provided?

Yes  No

If yes, please complete

| Topic/Activity | Key Stage | Comments |
|----------------|-----------|----------|
|                |           |          |
|                |           |          |
|                |           |          |

Please continue on a separate sheet if necessary

### 4. Have you used any of the assemblies or other ideas?

Yes  No

If yes, please complete

| Topic/Activity | Comments |
|----------------|----------|
|                |          |
|                |          |
|                |          |
|                |          |



**8. About you:**

**Your name**

**Email address**

**School**

**Address**

**Postcode**

**Your role at work**

**Age group you work with**

**9. Would you like to be kept informed about new resources from NAT?**

Yes  No

**10. Would you be willing to help NAT by participating in further research on HIV in schools?**

Yes  No

**Please return this form to:**

**Jane Hillier  
NAT  
New City Cloisters  
196 Old Street  
London EC1V 9FR**

**Or fax it to 020 7216 0111 Attention: Jane**

**Thank you**