

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 the National AIDS Trust?

Yes No

10. Would you be willing to help the National AIDS Trust by participating in further research on HIV in schools?

Yes No

Please return this form to:

**Stephanie McCarthy
National AIDS Trust
New City Cloisters
196 Old Street
London EC1V 9FR**

Or fax it to 020 7216 0111 Attention: Stef