



Dear Sir/ Madam,

**STI (SEXUALLY TRANSMITTED INFECTIONS) / AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME) EDUCATION PROGRAMME IN SCHOOLS (SECONDARY)**

Health Promotion Board (HPB) has been conducting the STI/AIDS Education Programme in schools since 1993. The programme aims to raise awareness on STI/AIDS, inform students about ways to prevent infection and discourage promiscuous sexual behaviours.

2. HPB has recently enhanced the programme with inputs from Ministry of Health (MOH) and Ministry of Education (MOE). The enhanced programme will consist of an assembly presentation, followed by class-based activities. It will cover information on how STI are transmitted, signs, symptoms and consequences of STI/AIDS, effective ways of protection including abstinence, being faithful as well as condom use, and life-skills such as decision-making. The enhanced programme has been conducted in schools since 2007 by trained personnel from HPB and teachers.

3. If you do not wish your son/daughter/ward to attend this programme, please fill in the Withdrawal section below and return it to the school. For any clarifications regarding this programme, kindly contact Mr Kelana Baharim at 6435 3943 or email [hpb\\_shp@hpb.gov.sg](mailto:hpb_shp@hpb.gov.sg) with "STI/AIDS programme" and your child's school in the subject heading.

4. Thank you for your cooperation.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Allan Chan', is written over a faint, larger signature.

Mr Allan Chan  
Deputy Director,  
Secondary School & Junior College Outreach Department  
Youth Health Division  
Health Promotion Board

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**WITHDRAWAL FROM STI/AIDS EDUCATION PROGRAMME (SEC)**

**Please complete this section if you DO NOT wish your child to attend our STI/AIDS Education Programme and return it to the school.**

I, (name) \_\_\_\_\_, (NRIC no.) \_\_\_\_\_ do not wish my son/ daughter/ward (delete accordingly), (name) \_\_\_\_\_, from \_\_\_\_\_ (class/name of school) to participate in the STD/AIDS Education Programme conducted by Health Promotion Board. The reason for this is

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date