

Professional Development for Educators: NSW and ACT

Registration form—Terms Three and Four 2010

The Cybersafety Outreach—Professional Development for Educators is a **free, one-day accredited workshop**. This comprehensive internet safety workshop covers topics including how children use technology, digital literacy, cyberbullying, identity protection and the legal responsibility of schools to minimise risk. To register for a workshop, please fill in your details below.

Option 1: Off-site workshop—held at a central venue

Please tick your preferred date:

Lunch and refreshments will be provided.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 29 Jul. Newcastle, NSW | <input type="checkbox"/> 4 Aug. Kempsey, NSW | <input type="checkbox"/> 6 Aug. Tamworth, NSW | <input type="checkbox"/> 12 Aug. Sydney, NSW |
| <input type="checkbox"/> 19 Aug. Canberra, ACT | <input type="checkbox"/> 25 Aug. Broken Hill, ACT | <input type="checkbox"/> 2 Sep. Sydney, NSW | <input type="checkbox"/> 16 Sep. Dubbo, NSW |
| <input type="checkbox"/> 20 Oct. Sydney, NSW | <input type="checkbox"/> 20 Oct. Albury, NSW | <input type="checkbox"/> 27 Oct. Armadale, NSW | <input type="checkbox"/> 4 Nov. Penrith, NSW |
| <input type="checkbox"/> 10 Nov. Nowra, NSW | <input type="checkbox"/> 17 Nov. Sydney, NSW | <input type="checkbox"/> 19 Nov. Bathurst, NSW | |
| <input type="checkbox"/> 25 Nov. Parramatta, NSW | <input type="checkbox"/> 30 Nov. Wagga Wagga, NSW | | |

OR Option 2: On-site workshop—held at your school

The ACMA requires approximately 25 teachers to conduct a session.

One-day workshop held at your school

Number of teachers likely to attend this session:

Contact details (please write in block letters)

Title: _____ First name: _____ Surname: _____

Telephone: () _____ Position/role: _____

Email address: _____

I consent to receiving additional information from the ACMA about other cybersafety initiatives.

I have consulted with the Principal who consents to the release of information that identifies the school as having participated in the ACMA's Cybersafety Outreach program.

School details

Sector: State school Catholic school Independent school
Type: Primary Secondary

School name: _____

Principal's name: _____ Education district: _____

Street address: _____ Suburb: _____ State: _____

Postcode: _____ Telephone: _____ Fax: _____

How did you hear about this workshop?

Internal school communication

Advertisement in education publications

The ACMA website

An ACMA presentation

Other (please specify): _____

Please forward your completed registration form to the ACMA's Cybersafety Outreach section:

Email: cybersafety@acma.gov.au Fax: (02) 9334 7799 Phone: 1800 880 176

Mail: Australian Communications and Media Authority

Cybersafety Outreach Section, PO Box Q500
Queen Victoria Building, Sydney NSW 1230

Register online at: www.cybersmart.gov.au