

Professional Development for Educators: Vic. and Tas.

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"/> 21 Jul. Melbourne, Vic | <input type="checkbox"/> 28 Jul. Mildura, Vic | <input type="checkbox"/> 2 Aug. Melbourne, Vic | <input type="checkbox"/> 11 Aug. Halls Gap, Vic |
| <input type="checkbox"/> 18 Aug. Launceston, Tas | <input type="checkbox"/> 1 Sep. Melbourne, Vic | <input type="checkbox"/> 10 Sep. Werribee, Tas | <input type="checkbox"/> 6 Oct. Hobart, Tas |
| <input type="checkbox"/> 14 Oct. Melbourne, Vic | <input type="checkbox"/> 20 Oct. Albury, NSW | <input type="checkbox"/> 28 Oct. Seymour, Vic | <input type="checkbox"/> 2 Nov. Hamilton, Vic |
| <input type="checkbox"/> 4 Nov. Melbourne, Vic | <input type="checkbox"/> 11 Nov. Geelong, Vic | <input type="checkbox"/> 18 Nov. Frankston, Vic | <input type="checkbox"/> 25 Nov. Warragul, Vic |

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