

CYBER SAFETY

Being Smart Surfing Smart

A 5-week interactive workshop.

Topics Include:



Facebook

Cyber Bullying

Internet Safety



Chat Rooms

Gaming



Online Selling and Purchases

Location: 1914 9 Avenue SE

Dates: Thursdays, May 17th-June 14th, 2018

Times: 1:00pm to 2:30pm

Cost: \$10



Application Deadline Tuesday May 1st, 2018

For more information, contact:



Kelly Debevck
Support Approach Consultant
Office: (403) 207-5115 ext. 273
debevck@supportedlifestyles.com



Mailing Address
#210, 495 36th Street NE
Calgary, Alberta T2A 6K3
Fax: (403) 207-5125

An interview will be booked with each applicant.
Interviews will be conducted on Thursday May 10th, 2018

Participant criteria include: strong verbal communication skill is an asset. Applicants should have some ability to understand basic computer skills and have experience using internet based media.



Supported Lifestyles Ltd. – CYBER SAFETY Application Form

Thursday May 17th – June 14th, 2018.

Name: _____ First Last	Home Mailing Address: City: Postal Code: Phone:															
PDD ID #: Date of Birth:	Guardianship: Is Individual Own Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Who to Contact for Interview: (select one only) <input type="checkbox"/> Self/Individual <input type="checkbox"/> Day Support Office Contact <input type="checkbox"/> Residential Support Office Contact <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____ Contact Name: _____ Contact Phone #: _____ Contact Email Address: _____	<div style="background-color: #cccccc; padding: 5px; text-align: center;"> Do not fill out this area, for OFFICE use only! Date Received </div> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="left" colspan="3">Dates Contacted:</th> </tr> <tr> <th style="width:33%;">Date:</th> <th style="width:33%;">Who:</th> <th style="width:33%;">Result:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> Applied for other groups? Y/N N/A Interview booked for: <input type="checkbox"/> RevApp <input type="checkbox"/> GuardSig	Dates Contacted:			Date:	Who:	Result:									
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Date:	Who:	Result:														

Are there any medical concerns (e.g. seizure disorder, allergies, etc.) that we need to be aware of in case of emergency?

Yes (please list below) No Not relevant

Do you take any medications to address these concerns? If yes, please list:

Do you have any food allergies? Yes (please list below) No

Risk Assessment for group participants:

Our goal is to provide a safe environment for all. Please identify if you have had challenges with any of the following:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Alcohol/Drug Usage | <input type="checkbox"/> None |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Smoking | <input type="checkbox"/> Sexual Behaviours (inappropriate) |

It is the individual's responsibility to get to and from the group. If assistance is needed, a support staff from your agency MUST be available. Please indicate your means of transportation to and from the group:

- | | |
|---|--|
| <input type="checkbox"/> ACCESS Calgary | <input type="checkbox"/> Calgary Transit |
| <input type="checkbox"/> Staff vehicle | <input type="checkbox"/> Other |

**Please note that the doors close 15 minutes after group ends and that Support Approach Team staff are not able to supervise individuals waiting for transportation past that time.

Please check if you require assistance with any of the following:

- Reading Writing Sight

Speech

Hearing

Mobility

What Social Media and internet sites do you use (e.g. Facebook, etc.)? Please explain:

Contact Information:

Person's Name	Telephone Number(s):
Guardian/Family:	
Day Support: (Agency and contact name)	
Residential Support: (Agency and contact name)	

In the event that a sudden medical emergency occurs, efforts will be made to obtain treatment consent from the guardian and to notify the service provider involved. In the event that the guardian cannot be reached, I hereby authorize Supported Lifestyles Ltd. to **seek emergency services**. It is the responsibility of the attending physician(s) and support personnel to obtain consent, or for the physician to decide to treat without guardian consent.

Note: Guardian approval (if applicable) is required for this course! Guardian signature authorizes Supported Lifestyles to contact the client's service agency, PDD or other services to obtain information pertinent to the needs of facilitating the CYBER SAFETY Workshop and is effective for the duration of the group.

☼ Individual's Signature _____

☼ Date _____

☼ Guardian Signature (if applicable) _____

I, the Guardian/Agent/Independent Adult, give my permission to Supported Lifestyles Ltd. Staff to videotape/record and or photograph the individual for the purpose of Educational, Training and /or Group promotion. I am aware that I can revoke, revise or terminate this authorization at any time.

Yes No _____ Initials

Application for the CYBER SAFETY Workshop may not guarantee you a spot in the group.

The final selection of participants will be made once each applicant has had an interview. Once the participants for the group have been selected, all applicants will be notified by email or telephone.

Completed applications can be returned to:

Mail: Kelly Debevc
Supported Lifestyles
#210, 495 36 Street NE
Calgary, Alberta T2A 6K3

Fax: (403) 207-5125
Attention: Kelly

Should you have any questions, please contact Kelly by:
Phone: (403) 207-5115 ext. 273
E-mail: debevck@supportedlifestyles.com