

Parent / Guardian

I support my child's application to participate in the **Cyber Security Challenge** program. I am aware that the event will be away from their Home School and fully supervised.

Name of Parent / Guardian:

Mobile Phone Number:

Email:

Signature of Parent / Guardian:

I give The Gordon permission to photograph and / or interview my child for use in a range of print, electronic and other media for communication and promotional purposes. ☐ Yes ☐ No

Student

If I am successful in gaining a place in the **Cyber Security Challenge** program, I will participate to the best of my ability in all the activities provided.

Name of Student:

Signature of Student:

School Endorsement – Careers or Support Teacher

I support the application of to be part of the **Cyber Security Challenge** program.

Name of Careers or Support Teacher:

Email:

Signature of Careers or Support Teacher:

When?

Preferred group (please tick)

☐ **Term 4:** 1, 8, 15, 22 November

The school is prepared to share supervision on rotation with teachers from other schools to support this program for part or full days. (Organised by Skilling the Bay).

☐ Yes ☐ No

Please scan and email this application form to:

Lindy Mills: **lmills1@gordontafe.edu.au OR**
Mail to: Lindy Mills
Skilling the Bay
The Gordon
Private Bag 1, Geelong Mail Centre Vic. 3221

Further information: **Lindy Mills P 5225 0475**