

Pre-Conference Workshop

Going Further With Fathers

A two day workshop for practitioners
& clinicians, managers & policy advisors

Monday 14th & Tuesday 15th April 2008



Presented by

Richard Fletcher

**Engaging Fathers Research Program
– Family Action Centre and**

Stuart Anderson

Men's Resource Centre – Lismore

How do you establish real change with fathers?

Attendance (getting them in the door) is good but it is not good enough. Because we want what is best for fathers and their families we cannot be satisfied simply to get a few fathers to attend a few sessions or programs. For effective work a more in-depth approach is required. In this workshop we will be tackling the more complicated elements of fathers' work which are necessary for sustainable change.

Content:

- What do fathers' programs deliver apart from validating fathers' role?
- How do the physical/experiential program elements balance with delivering information to fathers and fostering skills in fathers?

Systemic Change:

How does your work with this particular group of fathers link to wider change in

- a) the men's families;
- b) your organization; and,
- c) in the community?

Advanced Skills for Practitioners:

There are already moves to establish a basic set of competencies for father-workers. But the Going Further with Fathers workshop will emphasise an advanced skill set for father-workers or professionals to work effectively with fathers.

Who can attend?

Males and females are invited who have already had experience in managing or delivering courses, services or programs to fathers.

NOTE: This workshop takes place at the same time as the first two days of First Indigenous Family Strengths Conference. For this reason Indigenous aspects of working with fathers will not be a feature of the Going Further with Fathers workshop. Those interested in working with Indigenous fathers should attend the workshops being held as part of the First Indigenous Family Strengths Conference.

For further information

Call Richard on 02 49216401

For bookings

Please fill out the following registration form. If you are also attending The Fifth Australian Family And Community Strengths Conference discounted rates are available. Please register using the conference registration form or register online at www.pco.com.au/family

Going Further With Fathers

Monday 14th & Tuesday 15th April 2008

The University of Newcastle,
Newcastle, NSW, Australia

Family 2008 Conference Secretariat
Tulips Meetings Management ABN: 32 003 901 657

PO Box 116, Salamander Bay NSW 2317 Australia

Telephone: +61 2 4984 2554 Facsimile: +61 2 4984 2755

Email: family@pco.com.au Conference Website: www.pco.com.au/family

Registration Form

This completed form is a tax invoice for the purposes of GST after payment is received. ONE FORM PER DELEGATE.

IF YOU ARE ALSO ATTENDING THE FIFTH AUSTRALIAN FAMILY AND COMMUNITY STRENGTHS CONFERENCE DISCOUNTED RATES ARE AVAILABLE. PLEASE REGISTER USING THE CONFERENCE REGISTRATION FORM OR REGISTER ONLINE AT WWW.PCO.COM.AU/FAMILY

DELEGATE INFORMATION		Title: <input type="radio"/> Prof <input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Other	
Given Name:	<input type="text"/>	Family Name:	<input type="text"/>
Position Held:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Suburb:	<input type="text"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>
Country:	<input type="text"/>	Country:	<input type="text"/>
Phone: ()	<input type="text"/>	<input type="radio"/> Home <input type="radio"/> Work	Facsimile: () <input type="text"/>
Email:	<input type="text"/>	Mobile:	<input type="text"/>
Please indicate special dietary requirements / needs: <input type="text"/>			
Your name as you wish it to appear on your name badge:	Given name: <input type="text"/>	Surname:	<input type="text"/>
In the case of an emergency, please contact:	Name: <input type="text"/>	Telephone:	<input type="text"/>

REGISTRATION FEES	Until 25 Jan	Between 25 Jan /25 Mar	After 25 Mar	TOTAL COST
Workshop Only Registration	\$ 495.00	\$ 528.00	\$ 550.00	\$ _____

ACCOMMODATION

Accommodation is NOT required OR Please book accommodation as selected below

Arrival Date: ___ / ___ / ___ Departure Date: ___ / ___ / ___

Total number of nights accommodation required: _____

Estimated time of arrival: ___ / ___ / ___ Smoking Non smoking

No. of: Adults: _____ Children: _____

Age of children: ___ / ___ / ___ / ___

Please indicate bedding configuration required: Single Double* Twin*

*If sharing with other delegates, please advise name/s: _____

Pref 1: Hotel/Apt Name: _____

Room type: _____ Rate per night: \$ _____

Pref 2: Hotel/Apt Name: _____

Room type: _____ Rate per night: \$ _____

Pref 3: Hotel/Apt Name: _____

Room type: _____ Rate per night: \$ _____

For information about accommodation alternatives, refer to the conference website

I would like a place on the daily shuttle bus between my hotel & the University of Newcastle OR I will provide my own transport

I have included a deposit of \$ _____ in this cheque payment (minimum of one night) OR

Please give the credit card details supplied below to the hotel as a credit card guarantee OR

Please request the hotel to charge the credit card number below \$ _____ before my arrival

Cardholder's Name (Please Print): _____

Cardholder's Signature: _____

Accommodation Note: Any outstanding balances must be paid on departure. GST does not apply to hotel deposits.

Tax invoices for accommodation will be issued by the hotel/motel at time of departure.

PAYMENT DETAILS — Calculate your fees:

Registration	<input type="text"/>	Cardholder's Name:	<input type="text"/>	(Please Print)
2% surcharge if paying by credit card	<input type="text"/>	Cardholder's Signature:	<input type="text"/>	
Accommodation (Cheque or EFT only)	<input type="text"/>	Amount:	<input type="text"/>	
ABN: 32 003 901 657	Total:	Card number:	<input type="text"/>	
<input type="radio"/> I have enclosed a cheque (payable to "Tulips/Family 2008") OR <input type="radio"/> I am paying by EFT OR		Expiry Date:	<input type="text"/>	
<input type="radio"/> Please charge my credit card: (Please tick) <input type="radio"/> MasterCard <input type="radio"/> Visa <input type="radio"/> American Express		CCV / AMEX ID Number:	<input type="text"/>	

The Conference organiser reserves the right to substitute or cancel program sessions where necessary. Privacy — A list of delegate contact details will be issued to all delegates and sponsors. If you do NOT want your details included on this list please advise the conference manager in writing.

OFFICE USE ONLY

Date received: _____ Pin #: _____ Payment Amount received \$ _____ Cheque No.: _____

Drawer: _____ Bank: _____ Branch: _____ Date Conf. Sent: _____