

MY FIRST PHONE AGREEMENT

MY RESPONSIBILITIES

I WILL

I WILL NOT

I AGREE

MY DIGITAL BALANCE

My device is switched off by _____ PM

MY PRIORITIES OVER TECHNOLOGY USE ARE:

1. _____

2. _____

3. _____

MY BEHAVIOUR ONLINE

Online I want people to think of me as being:

_____ & _____

SETTINGS FOR MY SAFETY & WELLBEING



LOCATION SERVICES

ON OFF



ONLINE PROFILES

PRIVATE PUBLIC



PUSH NOTIFICATIONS

ON OFF



CONNECTIONS

KNOWN OFFLINE ANYONE

MY SUPPORT CREW

THREE PEOPLE WHO CAN HELP ME IF THINGS GO WRONG



1



2



3

I understand that using my personal device is a responsibility and a joint partnership between my parents / carers and I.

Signed: _____

Date: _____

TO BE REVIEWED ON: _____

