

**REGISTRATION FOR THE CREATIVE ACTIVITIES COURSE**

**DURBAN - 2016**

|  |
| --- |
| PARTICIPANT DETAILS |
| TITLE |  | SURNAME |  |
| FIRST NAMES |  | KNOWN NAME |  |
| ID NUMBER |  | DATE OF BIRTH |  |
| NATIONALITY |  |
| ETHNIC GROUP | Black | Asian | Coloured | White | DISABILITY | Yes | No |
| POSTAL ADDRESS |  |
|  |
|  |
| RESIDENTIAL ADDRESS |  |
|  |
|  |
| TELEPHONE: | HOME |  | CELL |  |
| EMAIL ADDRESS |  |
| HIGHEST QUALIFICATION |  |
| TEACHING EXPERIENCE - GRADES  |
|  |
|  |
|  |
| Please provide, below, details of any medical conditions of which we should be aware (e.g. allergies, diabetes, epilepsy): |
|  |
|  |
| INFORMATION FOR ACCOUNT PURPOSES |
| NAME OF PERSON RESPONSIBLE FOR THE ACCOUNT  |  |
| TEL NUMBER |  | CELL NUMBER |  |
| EMAIL ADDRESS |  |



**CAVERSHAM EDUCATION INSTITUTE**

CREATIVE ACTIVITIES COURSE

 I, ……………………………………………………………………………………….

ID Number: ……………………………………………….. (Copy attached)

Hereby register for the Caversham Professional Development Course

CREATIVE ACTIVITIES FOR YOUNG CHILDREN

### I understand that Caversham will

* Recognise, accept and affirm my existing creative skills
* Assist me to deepen and activate these skills through well planned activities
* Help me raise my levels of awareness by fostering my skills of
	+ Reflection / Self observation
	+ Self evaluation and the assessment of learners
	+ Teaching and incorporating art activities into teaching & learning
* Give opportunities for dialogue to facilitate the exchange and sharing of experiences and ideas
* Build my confidence and skills in being able to sensitively respond to each child’s uniqueness.
* Provide a file, notes and workshop materials
* Be professional and offer excellence

**I commit myself to**

* Fully explore this Caversham course
* Be open and ready to share and learn, to give and receive in the group
* Make the time and space to implement what I have learnt with my learners
* Complete the Follow-Up Assignments given
* Create a portfolio of ideas & activities
* Keep my Journal and attempt as far as possible to explore ”Nurturing Spaces”

**I also commit myself to**

* Paying the fees of R250 per workshop - R1500 for the course.

# I further understand that

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………………………………………….. ………………………

 Signed Date

…………………………………………. …………………….

 Witnessed Date



**CAVERSHAM EDUCATION INSTITUTE – ETDP 5896**

**CREATIVE ACTIVITIES FOR YOUNG CHILDREN**

PROFESSIONAL DEVELOPMENT SHORT COURSE 2016

**Venue**: Durban – 3 Fulham Corner – 443 Lena Ahrens Road – Glenwood - Durban

**Workshop Time**: 9.00 – 12.30 am.

|  |  |  |
| --- | --- | --- |
| **WS** | **TITLE** | **DATE** |
| 1 | The importance of creativity Setting up an arts areaDrawing | 30.04.16 |
| 2 | Developing confidence in using and teaching art activitiesUnderstanding different contexts and needsPainting | 07.05.16 |
| 3 | Planning & using themes for ideas Personal & professional Collage & Printmaking | 28.05.16 |
| 4 | Using creative activities to develop language, mathematics and life skills. Group work | 11.06.16 |
| 5 | Assessment in creative activities Modeling | 18.06.16 |
| 6 | Exploring art worksExtending creativity using all media  | 25.06.16 |