

**REGISTRATION FOR THE CREATIVE ACTIVITIES COURSE**

**DURBAN - 2016**

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| 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 | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
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| RESIDENTIAL ADDRESS | | | | |  | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | |
| TELEPHONE: | | HOME | | | |  | | | | | CELL | | |  | | | | | |
| EMAIL ADDRESS | | | | | |  | | | | | | | | | | | | | |
| HIGHEST QUALIFICATION | | | | | |  | | | | | | | | | | | | | |
| TEACHING EXPERIENCE - GRADES | | | | | | | | | | | | | | | | | | | |
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| Please provide, below, details of any medical conditions of which we should be aware (e.g. allergies, diabetes, epilepsy): | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | |
| 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 area  Drawing | 30.04.16 |
| 2 | Developing confidence in using and teaching art activities  Understanding different contexts and needs  Painting | 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 works  Extending creativity using all media | 25.06.16 |