6-12 YRS GEOMETRY WORKSHOP
PERTH  19, 20, 21 & 22 JANUARY 2015

Education .... *should no longer be thought of as imparting knowledge, but must take a new path that seeks to release the human potential within us all.*

*Maria Montessori*

This interactive Workshop is open to teachers and student teachers interested in teaching 6-12yrs using the methods and materials based on Dr Maria Montessori’s philosophy. There will be detailed instruction and opportunities for practice with the specialized equipment which assists the child’s understanding of Geometry for this age group. Sessions will also provide opportunities for gathering and sharing information and ideas.

The Montessori approach

- *meets the tendency for repetition*
- *provides essential skills*
- *builds confidence*
- *assists children to independence*

The presenter, Sheryl Ridout (Dip Teach (Early Childhood), Dip Ed(Montessori Education)), began her teaching career in 1976 as a Pre-Primary teacher in mainstream education. Her involvement in Montessori education began in 1981. Since then she has been involved in Montessori at many levels including Playgroup Coordinator, Assistant 3-6 and 6-9, Director 3-6, Director 6-9, LOTE teacher 6-12, Council Member, Co-Principal, Principal and most recently as a Director of Montessori Australia Council and a Conference Organiser.

**PLEASE FAMILIARISE YOURSELF WITH THE LOCATION, AND ARRIVE 15 MINUTES PRIOR TO COMMENCEMENT**

**VENUE:** Montessori Institute, Unit 3 / 20 Comserv Loop, ELLENBROOK WA

**DATES & TIMES:**
- Mon 19 January 2015 9am – 4pm  PLEASE BE PROMPT!
- Tues 20 January 2015 9am – 4pm
- Wed 21 January 2015 9am – 4pm
- Thurs 22 January 2015 9am – 4pm

**COST:**
- Montessori Inst. Students $480 gst free
- Montessori Inst. 6-12yrs Graduates $420 gst free
- Non-Montessori Inst. $840 gst free

**THIS WORKSHOP IS REQUIRED FOR**

- Graduate Diploma of Education (Montessori) 6-12yrs
- Diploma of Early Childhood and Primary Education (Montessori) 6-12yrs
PLEASE BRING
* Lunch each day
* Morning tea (tea and biscuits) will be provided
* Writing materials - paper, pen, HB pencil, sharpener, coloured pencils, ruler
* Geometry 6-12yrs curriculum guide

CLOSING DATE
Registrations and payment must be received by the office no later than **Wednesday 7 January 2015**

IMPORTANT INFORMATION
* Workshop venue does not have child-minding/babysitting facilities. Private arrangements, off-site, to be arranged by participants requiring this.
* Attendance at this workshop will not entitle non-Montessori Institute students to receive Curriculum Guides.
* Late registration fee, i.e. after closing date, applies.
* 50% Discount applies to anyone attending this workshop a second time. A copy of the previous workshop attendance certificate must accompany registration.
* A fee of $25 will apply for cancellation of registrations prior to the workshop.
* Certificate of attendance will only be provided for full attendance.
* Only registrations for full attendance will be accepted.

PAYMENT
* Payment by credit card only – please complete the attached registration form
* Strictly one person per registration form. Each participant must complete a registration form

THE MONTESSORI INSTITUTE WORKSHOP PARTICIPANT CODE OF CONDUCT
This Code of Conduct applies to all participants attending a Montessori Institute workshop.

<table>
<thead>
<tr>
<th>RIGHTS</th>
<th>RESPONSIBILITIES</th>
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<tbody>
<tr>
<td>Every person has the right –</td>
<td>Every person has the responsibility –</td>
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<tr>
<td>• to be treated with respect and dignity</td>
<td>• to treat others with respect and dignity</td>
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<td>• to hold and express an opinion</td>
<td>• to respect the rights of another</td>
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<td>• to work in a positive learning environment</td>
<td>• to respect that others have a right to hold and express an opinion</td>
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<td>• to achieve one’s personal best in all aspects of learning</td>
<td>• to express their own opinion in an appropriate way and at appropriate times</td>
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<td>• to work in a clean and safe environment</td>
<td>• to contribute to a positive learning environment</td>
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<td>• to have personal privacy and property respected</td>
<td>• to aim to do one’s personal best in all aspects of learning</td>
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<td>• to maintain a clean, safe environment</td>
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<td>• to respect personal privacy and property of others</td>
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Name: (First name)____________________________________(Surname)____________________________________

Address: _________________________________________________________________________________________
__________________________________________________________________
Postcode ____________________

Phone: ___________________ Mobile ___________________ E-mail: ___________________________________________

I am associated with ________________________________________________________________ School / Organisation.

Montessori Institute students only
I am a Montessori Institute student / graduate of:  Graduate Diploma  Diploma  Adv. Certificate  Leadership
with focus age group:  0-3  0-6  3-6  or  6-12
OR (other) ______________________________________________________ Montessori Course;

Where did you hear about this workshop? ____________________________________________________________________________

Would you like to be included on the email notification list for workshops?  Y  N  Currently on list

I have previously attended the following Montessori Institute Workshops: __________________________________________
________________________________________________________________________________________________

If you are currently employed at Montessori School/Centre, please provide details (e.g. Directress/Assistant, age group of children and give length of time).
________________________________________________________________________________________________

I ____________________________________________ agree to abide by the attached Code of Conduct when
attending Workshops held by the Montessori Institute.

PAYMENT BY CREDIT CARD

CLOSING DATE - Registration Form and payment to arrive no later than Wednesday 7 January 2015
Debit my Credit Card:  MasterCard  Visa

Credit Card No. ___________________________ Expiry Date: __/___

For the amount of (Australian Dollars) $________________ Cardholder’s Name: ________________________________

Signature: ____________________________ Date: ____________________________

RETURN REGISTRATION FORM TO
Post:  3/20 Comserv Loop, Ellenbrook WA 6069
Phone: (08) 6296 7900
Fax: (08) 6296 7911
Email: bhendry@mwei.edu.au

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