

LINKING SCHOOLS & EARLY YEARS

Date: *Wednesday 12th November, 2008*
Venue: *Clocktower Centre,
750 Mt Alexander Road, MOONEE PONDS*

Seminar Agenda

9.00 – 9.30am	Registration
9.30 – 9.35am	Welcome and Introductory Comments
9.35 – 10.00am	<p>A look at the research evidence</p> <p>Linking schools and early years services – What does the Research evidence tell us</p> <p>Dr. Tim Moore Senior Research Fellow, Centre for Community Child Health¹ The Royal Children's Hospital</p>
10.00 – 10.30am	<p>Putting the research evidence into practice</p> <p>Linking Schools and Early Years Project - Overview</p> <p>Ms. Bella Laidlaw Project Officer, Centre for Community Child Health¹ The Royal Children's Hospital</p>
10.30 – 11.00am	MORNING TEA
11.00 – 12.30pm	<p>Linking Schools & Early Years Project – 3 site case studies (Local Project Site representatives T.B.C.)</p>
12.30 – 1.30pm	LUNCH
1.30 – 2.00pm	<p>Linking Schools & Early Years Project – Evaluation</p> <p>Ms. Kylie Valentine General Manager, Early Childhood Programs, Office for Children and Early Childhood Development, Department of Education and Early Childhood Development (DEECD)</p>
2.00 – 2.45pm	<p>Challenges and Issues – A Panel Discussion</p> <ul style="list-style-type: none"> • Ms. Bella Laidlaw • Ms. Kylie Valentine • Project Site Representatives T.B.C.
2.45 – 3.00pm	<i>Summary and Discussion</i>
3.00pm	Close

The Early Years: From Research to Policy to Practice Seminar

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Seminar Registration Form

Registration closes: **Wednesday 5th November, 2008**

Name: _____
Organisation: _____
Position Held: _____
Address: _____
Suburb: _____ State: _____ Postcode: _____
Phone: () _____ Fax: () _____
Email: _____

Cost: \$121.00 incl. GST

(Cancellation Policy: Full fee payable if less than 24 hours notice given)

Payment Details (please tick):

- Please invoice the above organisation
 Prepay with cheque made payable to **Murdoch Childrens Research Institute**
 Credit card (please ensure all details are completed fully)

Card type: Mastercard Visa

Amount: \$ _____

Card number
_____-_____-_____-_____

Name on card

Expiry date _____/_____/_____ Signature _____

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