**REGISTRATIONFORM2015**

***TO SELECT THE BOX****, DOUBLE CLICK THE BOX AND CHOOSE ‘CHECKED’ UNDER THE ‘DEFAULT VALUE’ COLUMN*

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| **PERSONAL DETAILS** | | |
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| 1. Date of Programme attending |  | 1-4 Mar  3-6 May  31 May - 3 Jun  14-16 Jun  16-19 Aug  13-16 Sep |
| 1. Title |  | Mr  Mrs  Ms  Fr  Br  Sr |
| 1. Full Name (for certificate) |  |  |
| 1. Preferred Name for badge |  |  |
| 1. School / College |  |  |
| 1. Role/Position in School |  |  |
| 1. Email address |  |  |
| 1. Mobile number |  |  |
| 1. No. of years at current school |  |  |
| 1. No. of years at Marist Schools |  |  |
| 1. No. of years as a Teacher |  |  |

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| **MARIST FORMATION** | | | | |
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| 1. Have you ever participated in any Marist Solidarity Immersion experiences? |  | YES  NO | | |
| If yes, where? |  |  | | |
| 1. Have you participated in one of our *Marist In the Champagnat Way: New Staff Induction* Programmes? | | |  | YES  NO |

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| **DIETARY REQUIREMENTS** | | |
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| **IMPORTANT NOTE**: In accordance with *The Hermitage’s Policy*, the catering staff at *The Hermitage* are only able to cater for the below dietary requirements. If you have any other dietary needs/requirements, other than the 3 specified below, participants are requested to bring their own food to supplement any meals. |
| Vegetarian Gluten Free Lactose Intolerant |

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| **TRAVEL ARRANGEMENTS** | | |
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| 1. Are you travelling from **interstate** and require transport arrangements between Sydney and Mittagong? |  | YES  NO |

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| If yes, please note when making travel arrangements, participants requiring transport will need to be at *Sydney Central Railway Station* by 3.00pm on Sunday for the bus pick-up to Mittagong. It is recommended that you arrive no later than 1.30pm into Sydney Domestic Airport on Sunday. The bus will return all interstate participants *to Sydney Domestic Airport* by approximately 3.00pm on Wednesday. In case of unexpected traffic conditions, it is advised that you book a flight out of Sydney no earlier than 4.30pm. Details confirming specific pick-up arrangements will be **emailed** to you prior to commencement of the programme. |

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| **PLEASE RETURN YOUR REGISTRATION AND QUESTIONNAIRE FORMS BY THE DUE DATE TO:** | | |
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| Charlene Sim |  | Marist Schools Australia  **E** [register@marists.org.au](mailto:register@marists.org.au)  **T** 02 9218 4000 |

**QUESTIONNAIREFORM**

*To assist the team in planning for your Footsteps’ experience and to help you refine your own thinking and expectations, would you please complete the following questionnaire.* ***PLEASE KEEP YOUR RESPONSES BRIEF SO THAT THIS FORM REMAINS ON ONE PAGE ONLY.***

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| 1. **WHAT ARE SOME OF YOUR HOPES AND EXPECTATIONS FOR THIS PROGRAM?** |
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| 1. **MANY PEOPLE SAY ‘*OUR SCHOOL IS MARIST’*. WHAT DOES THIS MEAN TO YOU?** |
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| 1. **WHAT SIGNS OF HOPE OR CONCERNS DO YOU HAVE FOR THE FUTURE OF MARIST SCHOOLS?** |
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| 1. **YOU’VE PROBABLY HEARD OF MARCELLIN CHAMPAGNAT. WHAT DO YOU FIND APPEALING ABOUT HIS LIFE AND STORY?** |
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| 1. **YOU WOULD PROBABLY KNOW OF THE SPECIAL PLACE OF MARY WITHIN THE MARIST PROJECT. WHAT DO YOU FIND APPEALING ABOUT HER?** |
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