

Golden Opportunities

Experiential Learning Days



Primary School Students Hosted by
Corinda State High School.

Food, test tubes and you.

Use science principles to make your own mozzarella cheese and cupcakes. Experiment and learn about the chemistry of foods so you can be the next Heston.

Participate in workshops to create your own mozzarella cheese and discover the importance of carbon dioxide in baking. Successful students can decorate the controlled cupcakes for a take home reward.

Open to any interested year 5 and 6 student

When: 21st June 2016

Time: 8.30am to 2.45pm

Where: Trade Training Centre at Corinda State High School

46 Pratten Street, Corinda 4075

Cost: \$40 per student

Contact: Erin Clare- Gifted and Talented Coordinator at Corinda SHS.

Phone: 07 3379 0222

Email: echud0@eq.edu.au

Registration: 8.30am. Students sign in near the Lynne Grove Ave gate, under the administration building.

8.45am – 10.30am

Workshop 1:

- Compulsory safety awareness and hygiene for food production in a lab.
- Presentation of the science in cheese making
- Master class in *mozzarella making*
- Sampling the mozzarella and putting it on a pizza base

Morning Tea- 10.30 to 11.00am

Workshop 2:

- Presentation on the science behind baking- why is carbon dioxide important?
- Trial and testing of cupcakes using a variety of ingredients to produce the best product.

Lunch- 12.30 to 1pm

Workshop 3

- Analysis of the cupcakes and which ingredients are necessary in baking to understand food chemistry.
- Reflection on the day's learning
- Decorate a cupcake for a home reward.

2.45pm – Students collected from Lynne Grove Ave and signed out

What do students gain from this activity?



REGISTRATION FORM

Child's name: _____ Date of Birth: _____

Year Level in 2016 _____ Male/ Female: _____

Your Child's School: _____

Parents' Names: _____

Address: _____

Mobile: _____ e-mail: _____

Does your child have any ongoing medical condition or **Allergies or special dietary requirements**? YES / NO Please specify:

Emergency contact: _____ Phone: _____

Medicare No: _____ Medical Cover : _____

Emergency medication carried by your child: _____

In an emergency, if medical assistance is needed for my child, I assent to Corinda State High School taking whatever steps necessary.

I understand that photographs and video recordings may be taken of the group, to be used in Corinda State High School media.

Corinda State High School agree that no names will be mentioned in any resulting publication. I understand that, if any student's behaviour is disruptive, interfering with other participants' ability to fully benefit from program participation, his/her parents will be contacted, and he/she may be removed from the program. I understand that, once enrolment applications have been confirmed and payment is made there will be no refunds.

Parents Signature: _____ Date: _____

CHEQUE/MONEY ORDER: Please make cheque/money order payable to Corinda State High School.

Drawer: _____

Bank: _____ Amount (incl. GST):\$ _____

CARD NO: _____

NAME ON CARD: _____ EXPIRY DATE: _____

SIGNATURE: _____

Please post to : Erin Clare , Corinda State High School, 46 Pratten St, Corinda 4075



