



# Application Form

## AMI 3-6 Diploma Course

### Contact Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_  
(All students must have good spoken and written English)

Email Address: \_\_\_\_\_

### Education

Secondary – School(s): \_\_\_\_\_ Level Obtained: \_\_\_\_\_

#### Tertiary Education

Diploma Obtained	Institution Attended	Period Attended	Major Field	Minor Field

Other Studies: \_\_\_\_\_

### Work

Current Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

### Health

Statement of Health (note any pertinent comments, explanations or details) *Please circle one*

Are you in good health? Yes No

Are you at present attending the doctor for any reason? Yes No

Are you currently prescribed any medication? Yes No

Have you ever suffered any form of illness/disability which may impact adversely on your study? Yes No

Have you ever suffered from nervous or other similar illnesses? Yes No

Have you ever suffered from tuberculosis or epilepsy? Yes No

Are you registered disabled? Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References (2 professional, 1 character – not a partner or family member)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

It is a requirement to inform your referees that MMEF will call them. Have you informed the above referees that MMEF will call them? Yes / No

### Signature

I declare that the information supplied is true and correct.

Please note that the supply of false information may lead to dismissal from the course and forfeit of fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Enclosures

Please enclose the following:

1. Names and address of employers, dates of employment and list of responsibilities. Include all employment and experience in Montessori schools.
2. Answers to the following questions:
  - a. Why do you want to take Montessori Early Childhood training?
  - b. How did you first learn about the Maria Montessori Education Foundation?
3. Certified copies of all tertiary qualifications.
4. Two recent passport-size photographs.
5. A short autobiography.
6. Three letters of reference.

### Procedures

An interview, by telephone if applicable, will be carried out with the Director of Training.

You will receive an enrolment agreement letter plus a \$500.00 invoice for enrolment. Payment and a signed copy of the enrolment agreement should be returned within two weeks of the date of the enrolment agreement letter. This reserves your place on the course subject to references and the successful completion of a 'working with children' police check.

\* If, for some reason the course does not occur, this fee will be refunded.

Due to NZ regulations, you will be required to undergo a working with children police check. For New Zealand applicants this involves filling out and submitting a form which will be sent to you by MMEF with the enrolment agreement.

International students must apply in your own country and provide a copy with your application form.

The final invoice for the remaining fees must be paid, plus your \$100 annual membership to AML, prior to the commencement of the course.



**MMEF**  
MARIA MONTESSORI  
EDUCATION FOUNDATION

