



Application Form

2015 - 2017
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 one of the Training faculty.

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 will reserve your place on the course subject to references and the successful completion of a 'police vetting' 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 police vetting check. For New Zealand applicants this involves filling out and submitting a 'consent to disclosure' 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 completed enrolment form. Either full course fees or the first instalment if choosing Option 2 must be paid, plus your \$65.00 AMI annual membership, prior to the commencement of the course.

