



APPLICATION CHECKLIST

To be completed by all MTC applicants

Applicant's name and surname

.....

Address

.....

.....

Phone # and e-mail address

.....

Follow the instructions precisely and include all necessary information and documents to streamline the application process. Incomplete application may result in denial of application for admission.

To complete the application you need to:

1. **Fill out the application checklist and sign the student's declaration.**
2. **Fill out the Application form and attach your portrait photo.**
3. **Send the above two scanned by email to registration@amipoland.pl,**
4. **Send the above two by post (address below) together with:**
5. **Resume or curriculum vitae,**
6. **Write an essay responding to questions:**
 - Why do you want to take the AMI Primary Training?
 - How will the AMI Primary diploma further your professional goals?
 - What is your experience with children of any age and of children 3-6?
 - What qualifications do you bring to the work of guiding a child?
7. **Two professional references in a sealed envelope posted directly by the referee,**
8. **Pay a non-refundable application fee of 500 EUR.**

All documents, including your essay and CV, have to be signed.

You will receive an invoice for the application fee based on submission of application checklist and application form via email; the application fee has to be wired to our bank account within 3 days. The application process of the student begins upon receiving the application fee and the documents in original.

Diploma requirements:

An AMI diploma is granted upon satisfactory completion of the training requirements which include full attendance at lectures, full attendance at supervised practical sessions, a minimum number of hours of observation and teaching practice in Montessori classrooms previously approved by staff of the training, reports on observations and records associated with practice teaching, satisfactory completion of albums containing illustrated notes on developmental materials and classroom presentations as given in the training, essays on lectured theory and practice associated with readings and lectures, satisfactory preparation of classroom materials, passing marks on AMI approved written examinations, as well as passing marks on oral examinations supervised by an external examiner appointed by AMI.

Student's declaration:

By signing this form I hereby declare my willingness to attend the AMI Primary Training in Poznan, Poland. I hereby certify that all information submitted by me is true and correct to the best of my knowledge. I hereby certify that after completion of the AMI Primary Training I will not be involved in any role in organization and provision of any Montessori teacher training. I give my consent to Montessori Training Center to manage and process the submitted personal data for the purposes connected with the training.

Signature

Date



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APPLICATION FOR ADMISSION

To be completed by all MTC applicants

Student record

PLEASE PRINT LEGIBLY

Student's full name Male Female

.....
Given Middle Family or Surname

.....
Date of birth (DD/MM/YYYY)

.....
Place of residence

.....
Phone # and e-mail address

.....
Mother tongue and other languages



Portrait photo

Education and professional record

.....
Highest education acquired

.....
Current occupation

.....
Teaching experience

.....
Previous AMI training(s)

Personal Data Management Clause

I consent to allow the Montessori Training Center to process the data, reports and forms submitted.

Signature

Date

(Day/Month/Year)



APPLICATION FOR ADMISSION

BILLING INFORMATION

PLEASE PRINT LEGIBLY

Please mark the party responsible for payment of invoices for the training:

- company/corporate
- private

If company/corporate payer

Company name

NIP or other TAX ID

Address (street, city, city Zip code, country)

.....

.....

Company contact person for billing issues

Phone #.....

Email address

Please provide the address where the invoice should be mailed, if different from address above. If you prefer to receive the invoice also by e-mail, please provide us with the email address

If private payer

Invoices for training fees will be sent to you via e-mail only. If you need to receive an original of the invoice by post, please also fill out the address section below.

Name of person

Phone #

Email address

Address (street, city, city Zip code, country) – if you would like the invoice to be sent to you by post

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