



# Application Form

## 2023 - 2024

### AMI 3-6 Diploma Course



### Contact Details

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

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

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

D.O.B.: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Gender/Identity: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Iwi: \_\_\_\_\_

First Language *(All students must have good spoken and written English)*: \_\_\_\_\_

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

#### Emergency Contact Details:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Education

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

#### Tertiary Education:

Diploma Obtained	Institution Attended	Period Attended	Subject of Study

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

### Work

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

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

### Health

Statement of Health (note any pertinent comments, explanations or details)

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

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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

## Additional Learning Needs

Do you consider yourself as having a disability, impairment or medical condition that might affect your participation in this qualification? Yes  No

If you answered YES to the above question, please indicate the nature of your additional learning need:

Cognitive  Physical  Please provide details: \_\_\_\_\_

Are there any adjustments that you believe we may need to make for you to be successful in this qualification?

Yes  No  Please specify if the answer is YES: \_\_\_\_\_

## 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:

- Names and address of employers, dates of employment and list of responsibilities. Include all employment and experience in Montessori schools.
- Answers to the following questions:

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- a. Why do you want to take Montessori Early Childhood training?
  - b. What qualities should an adult seeking to work with young tamariki/children possess?
3. Certified copies of all tertiary qualifications.
  4. Two recent passport-size photographs.
  5. A short autobiography.
  6. Three signed letters of reference.

## Application Process

An interview, face to face or online, will be carried out with the trainer or MMEF representative. You will receive an Enrolment Agreement & Learner Contract plus an invoice for the enrolment fee of \$500.00 +GST.

Payment of the enrolment fee and the signed agreement form are to be returned to MMEF within 2 weeks of the contract date. This will reserve your place on the course subject to satisfactory references and the successful completion of a 'police vetting' check.

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

Due to N.Z. regulations, you will be required to undergo a police vetting check. A Vetting Service, Request & Consent Form which will be sent to you by MMEF with the enrolment agreement. International tertiary learners must also apply for a police check in your own country and provide a copy with your completed enrolment form. Learners whose first language is other than English, must submit their results of an IELTS Level 7 (overall band score) Academic or equivalent English language test.

For Domestic tertiary learners, either full course fees or the first instalment if choosing option 2 must be paid, plus the \$65.00 AMI annual membership, prior to the commencement of the course.