

AMI Montessori Primary Teacher Training Course

Lund 2018-2019

APPLICATION FORM

Date: _____

PERSONAL DETAILS

(Recent photo)	First Name:
	Last Name:
	Address:
	Mobile Number:
	Email:
	CPR Number:
	Date of Birth:
	Place of Birth:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Nationality/ties:	
Mother tongue:	
Other languages:	
Names and ages of children (if any):	
Person to be contacted in case of emergency:	
Name: _____ Email: _____	

EDUCATION (highest degree earned)

School Name:	
School Location (city, country):	
Major / Specialization:	
Degree Name:	Year Graduated:

QUESTIONNAIRE

Please answer the following questions on a separate sheet. Your answers should be detailed and no longer than 10 lines for each question.

- 1) What experience have you had in working with children?
- 2) How were you first introduced to Montessori?
- 3) Do you have any experience in the Montessori environment?
- 4) Why do you want to take the AMI Montessori Primary Teacher Training Course?
- 5) Where did you find the information about Maria Montessori Institutet and the course?

For a complete application, you must include the following documents:

- Application Form
 - Separate sheet with answers to questionnaire
 - Your updated CV
 - A photocopy of your passport / ID
 - A photocopy of your degree
- I understand and agree that if I am accepted on the course, I will receive payment-information of SEK 2,000 + 25% VAT as a non-refundable fee to complete my registration.

The following course fee payment schedule:

- Course fee paid in four installments:
- SEK 25 000 + 25 % VAT by 31 July 2018
 - SEK 14 000 + 25% VAT by 31 January 2019
 - SEK 14 000 + 25% VAT by 31 July 2019
 - SEK 14 000 + 25% VAT by 30 September 2019
- I understand and agree that in case the course is cancelled, 75% will be refunded. In case of your cancellation 50% will be refunded. No refunds will be given once the course has begun.
- I understand and agree that if I do not respect the payment schedule, my registration to the course will be cancelled and I will not be able to attend the classes nor receive my diploma.

Signature: _____ Date: _____

Please send your application by email to: malin.spets@mmi-institutet.se

The postal address is:
Maria Montessori Institutet AB, S:t Lars Väg 5, 222 70 Lund, Sweden

THANK YOU!