

## CERTIFICATE AND FOUNDATION COURSE APPLICATION FORM

PERSONAL DETAILS			
Given Name			
Family Name			
Date of Birth			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Residential Address			
Postal Address (if different)			
Email Address			
Mobile Number			
Emergency Contact Details	Name:	Relationship:	Mobile:
Working with Children Check	WWCC Number:		Expiry Date:

COURSE DETAILS	
Course you wish to enrol in	<input type="checkbox"/> AMI Foundation Course <input type="checkbox"/> AMI Montessori Assistants Certificate Course <input type="checkbox"/> 0 – 3 <input type="checkbox"/> 3 – 6 <input type="checkbox"/> 6 - 12
Selected Course	Start Date: Foundation Course
	Start Date: Assistants Certificate

LANGUAGE AND CULTURAL DIVERSITY	
Are you an Australian citizen and/or a permanent resident and/or eligible to study in Australia?	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Neither – <i>visa letter verifying eligibility required</i>
Is English your second language? If more than one language indicate the one spoken most often	<input type="checkbox"/> No – English only <input type="checkbox"/> Yes (specify other) _____
Are you of Aboriginal or Torres Strait origin? For persons of both Aboriginal and Torres Strait origin mark both boxes	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

INDIVIDUAL LEARNING NEEDS	
Do you consider yourself as having a disability, impairment or long-term medical condition that might affect your participation in this qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to the above question, please indicate the nature of your individual learning need	<input type="checkbox"/> Cognitive <input type="checkbox"/> Physical Please provide details _____
Are there any adjustments that you believe we may need to make in order for you to be successful in this qualification?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) _____

EDUCATION	
Have you successfully completed any of the following qualifications listed? (Tick all relevant boxes)	Bachelor or Higher Degree in _____ Adv. Diploma/Assoc. in _____ Diploma/Assoc. Diploma in _____ Certification (specify Level) <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV in _____ Other _____

EMPLOYMENT	
Name of Employer (if applicable)	
Of the following categories, which best describes your current employment status? (Tick one only)	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid in family business <input type="checkbox"/> Not employed – not seeking work

REASONS FOR STUDY	
Which of the following best describes your reason for wanting to enrol in this qualification?	<input type="checkbox"/> Embark on a career in Montessori education <input type="checkbox"/> Extend own knowledge and understanding of Montessori education <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It is a requirement of my job <input type="checkbox"/> Extra skills for my current job <input type="checkbox"/> To start or develop a business
How did you hear about this qualification?	<input type="checkbox"/> Word of mouth <input type="checkbox"/> SMTC Website <input type="checkbox"/> Advertisement <input type="checkbox"/> Social Media (please specify) _____

COURSE FEES 2020	
	\$2,500 Foundation Course \$1,300 Montessori Assistants Course

PAYMENT OPTIONS	
	<input type="checkbox"/> I will be paying my own fees <input type="checkbox"/> My school/centre/employer/other will be paying my fees. Invoices to be made out to: Organisation: _____ Address: _____ Contact Name: _____ Phone: _____ Email: _____

PAYMENT DETAILS		
EFT <input type="checkbox"/>	Cheque <input type="checkbox"/>	Credit <input type="checkbox"/>
Account name: BSB: 082-057 Account: 33-133-7142 (Please indicate your full name in the reference)	Made out to: Sydney Montessori Training Centre Limited  Post to: 756 Darling Street, Rozelle NSW 2039	Cardholders name: _____ Card N°: _____ CCV: _____ Exp. Date _____

## TERMS AND CONDITIONS

Please read carefully as these terms and conditions form part of your agreement with the Sydney Montessori Training Centre (SMTC) when you enrol in a course.

### Course fees

The Course Fee is defined as the Tuition Fee.

The current course fees are published on the SMTC website.

The Tuition Fee is due two weeks prior to the start of the course.

Where the employer is paying for the student course fees, a letter of agreement will be required from your employer confirming this arrangement.

### SMTC Agreement

Upon confirmation of enrolment, SMTC will provide the following services according to the terms and conditions of enrolment:

- provide receipts for payments received;
- confirm the course enrolment;
- confirm the course commencement date;
- provide access to the course materials and content;
- provide the course as described in the marketing information;
- assist with finding appropriate work placement as required for the course;
- provide trainer and administration support to participants throughout the course;
- mark and provide feedback and results on the submitted course assignments;
- support participants to achieve their goal of completion of the qualification with reasonable adjustments;
- provide support for participants with specific and special needs identified by the parties within the capacity of SMTC;
- award the applicable AMI Certificate upon satisfactory completion of course requirements;
- provide a letter of attendance when those requirements have not been met;
- provide a fair and reasonable complaints and assessment appeal process.

### Student Agreement

Upon signing the course enrolment and payment of the enrolment fee, the student acknowledges their understanding of the agreement entered into with SMTC and agrees that:

- details provided on enrolment are correct and the student warrants he/she is aware of and meets the entry requirements and has discussed special needs with SMTC;
- course enrolment is complete when the enrolment fee is paid;
- the terms and conditions of enrolment are accepted including fees and refund policy;
- SMTC will provide the date for course commencement and this date will be known as the agreed course commencement date;
- course duration is effective from the agreed course commencement date;

- students are responsible for their own attendance on the course, attendance at observation and practice teaching placements, progress of submission of all course assignments;
- students will communicate with the trainer and administration if there are issues or barriers to the completion of the course where SMTC may be able to help to support the student;
- SMTC provides opportunities for feedback on its services and a complaints and assessment appeal process.

### Cancellations and Refunds

In the event that a student withdraws or cancels their enrolment in a course, notification must be in writing or email. Please refer to the Fees Policy on the website for full details.

## PRIVACY NOTICE

Your personal information (including the personal information on this enrolment form and your training activity data) may be used or disclosed in the Sydney Montessori Training Centre for statistical, regulatory and research purposes. Please refer to the Sydney Montessori Training Centre website for our full Privacy Notice.

**If applying for the Foundation Course the following are included with my application;**

- Current resume
- Certified copies of all tertiary qualifications
- Short one-page essay written in your own words outlining why you wish to undertake Montessori training
- Two written character references

I declare that the information I have provided to the best of my knowledge is true and correct. (Please note that the supply of false information may lead to dismissal from the course and forfeit of fees).

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Student Name: \_\_\_\_\_ Student Signature \_\_\_\_\_

Date \_\_\_\_\_