# APPLICATION FORM: AMI Montessori School Administrators Certificate

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| **Course Start Date** |  |

# Please use an [ X ] when making a selection.

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| **Personal Details** | | | | |
| Given Name |  | | | |
| Family Name |  | | | |
| Date of Birth |  | | | |
| Country of Birth |  | | | |
| Gender | Male  Female  Other **­**Prefer not to say­­ | | | |
| Residential Address |  | | | |
| ­­Postal Address  (if different) |  | | | |
| Email Address |  | | | |
| Mobile Number |  | | | |
| Emergency Contact Details | Name |  | | |
| Relationship |  | | |
| Mobile Number |  | | |
| Working with Children Check | WWCC Number |  | Expiry: |  |

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| **Personal Statement:** |
| *I would like to participate in the AMI Montessori School Administrators Certificate because …* |

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| **Language and Cultural Diversity** | | |
| *Please use an* [ **X** ] *to mark your selection.* | | |
| Is English your second language?  If more than one language is spoken, indicate the one spoken most often. |  | No, English ONLY |
|  | Yes, Please specify: |
| Are you of Aboriginal or Torres Strait origin? |  | No |
|  | Yes, Aboriginal |
|  | Yes, Torres Strait Islander |
|  | Yes, BOTH Aboriginal and Torres Strait Islander |

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| **Individual Learning Needs** | | |
| *Please use an* [ **X** ] *to mark your selection.* | | |
| Do you consider yourself as having a disability, impairment or long-term medical condition that might affect your participation in this qualification? |  | No |
|  | Yes, Please specify: |
| If you answered YES to the above question, please indicate the nature of your individual learning need/s. |  | Cognitive |
|  | Physical |
| Please specify: | |
| Are there any adjustments that you believe we may need to make in order for you to be successful in this qualification? |  | No |
|  | Yes, Please specify: |

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| **Education** | | |
| Have you successfully completed any of the following qualifications listed? | | |
| *Please use an* [ **X** ] *to mark your selection.* | | *Please specify* |
|  | Bachelor or Higher Degree in: |  |
|  | Adv. Diploma/Assoc. in: |  |
|  | Diploma/Assoc. Diploma in: |  |
|  | Certification (specify level) in: |  |
|  | Other: |  |

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| **Other Montessori Training** | | |
| *Please use an* [ **X** ] *to mark your selection.* | | |
| Have you undertaken any other Montessori training (not necessarily AMI) at a Certificate or Diploma level? |  | No |
|  | Yes - Please list all of the other Montessori training you have completed below. |
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| *Include the Montessori Certificate or Diploma title, year it was completed, Awarding body and country.* | | |

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| **Employment** | | | | |
| *Please use an* [ **X** ] *to mark your selection.* | | | | |
| What best describes your employment situation? |  | Employed: full-time / part-time / casual | | |
|  | Self-employed - not employing others | | |
|  | Employed - unpaid in family business | | |
|  | Unemployed - seeking full-time employment | | |
|  | Unemployed - seeking part-time employment | | |
|  | Not employed, not seeking work | | |
| Name of Employer *(if applicable)*: |  | | | |
| Position Title: |  | | | |
| Number of Years in this Position: |  | | | |
| Name of School *(if applicable)*: |  | | | |
| School Type *(eg. public, private, not for profit)*: | | |  | |
| Number of Years in Educational Leadership *(if applicable)*: | | | |  |

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| **Reasons for Study** | | |
| *Please use an* [ **X** ] *to mark your selection.* | | |
| Which of the following best describes your reason for wanting to enrol in this qualification? |  | Embark on a career in Montessori Education. |
|  | Extend my own knowledge and understanding of Montessori Education. |
|  | It is a requirement of my job. |
|  | To get a better job or promotion. |
|  | To gain extra skills for my current job. |
|  | To start or develop a business. |
| How did you hear about this qualification? |  | Word of mouth |
|  | SMTC website |
|  | Advertisement |
|  | Social Media, please specify: |
|  | Other, please specify: |

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| **Payment Options** | | |
| *Please use an* [ **X** ] *to mark your selection.* | | |
|  | I will be paying my own fees. | |
|  | My school/centre/employer/other will be paying my fees. | |
| Invoices to be made out to: | | Address: |
| Contact name at Organisation (if applicable): | | |
| Phone: | | Email: |
| **Payment Preference** | | |
| **Please DO NOT submit any payments until SMTC issues you a letter of offer and an invoice.** | | |
| *Please use an* [ **X** ] *to mark your selection.* | | |
|  | EFT  *Account details will be provided in the invoice attached with the applicant letter.* | |
|  | Cheques  *Made out to: Sydney Montessori Training Centre Limited*  *Post to: 756 Darling Street, ROZELLE NSW 2039* | |

**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.

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

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

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| Student Full Name: |  |  |  |
| Signature: |  | Date: |  |

*Digital signature accepted.*