

SMTC CERTIFICATE APPLICATION FORM

Please use an [X] when making a selection.

Personal Details			
Given Name			
Family Name			
Date of Birth			
Country of Birth			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> 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: <input type="text"/>

Course Details	
<i>Please use an X to mark your selection.</i>	<i>What month and year does your selected course start?</i>
<input type="checkbox"/> AMI Foundation Certificate**	
<input type="checkbox"/> AMI Montessori 0-3 Orientation Certificate	
<input type="checkbox"/> AMI Montessori 3-6 Orientation Certificate	

	AMI Montessori 6-12 Orientation Certificate	
	AMI Montessori Introduction to Adolescents Certificate	
	AMI Montessori School Administrators Certificate**	

<p>**When applying for the AMI Foundation Certificate and the AMI Montessori School Administrators Certificate please include a short explanation (a few paragraphs) as to why you would like to undertake this certificate. Please email your response in a Word or PDF document to admin@smtc.com.au.</p>		<p><i>Please mark the box with an X to show that you have emailed your response.</i></p>

Language and Cultural Diversity		
<i>Please use an X to mark your selection.</i>		
Are you an Australian citizen and/or a permanent resident and/or eligible to study in Australia?		Australian Citizen; or
		Permanent Resident; or
		Neither - <i>visa letter verifying eligibility is required.</i>
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

Individual Learning Needs		
<i>Please use an X to mark your selection.</i>		
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?	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes, Please specify:

Education		
Have you successfully completed any of the following qualifications listed?		
<i>Please use an X to mark your selection.</i>		<i>Please specify</i>
<input type="checkbox"/>	Bachelor or Higher Degree in:	
<input type="checkbox"/>	Adv. Diploma/Assoc. in:	
<input type="checkbox"/>	Diploma/Assoc. Diploma in:	
<input type="checkbox"/>	Certification (specify level) in:	
<input type="checkbox"/>	Other:	

Employment		
Name of Employer (if applicable):		
<i>Please use an X to mark your selection.</i>		
What best describes your employment situation?	<input type="checkbox"/>	Employed: full-time / part-time / casual
	<input type="checkbox"/>	Self-employed - not employing others
	<input type="checkbox"/>	Employed - unpaid in family business
	<input type="checkbox"/>	Unemployed - seeking full-time employment
	<input type="checkbox"/>	Unemployed - seeking part-time employment
	<input type="checkbox"/>	Not employed, not seeking work

Reasons for Study	
<i>Please use an X to mark your selection.</i>	
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:

Payment Options	
<i>Please use an X to mark your selection.</i>	
<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:	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.	
<i>Please use an X to mark your selection.</i>	
<input type="checkbox"/>	EFT: <i>Account details will be provided in the invoice attached with the applicant letter.</i>
<input type="checkbox"/>	<i>Cheques made out to: Sydney Montessori Training Centre Limited Post to: 756 Darling Street, ROZELLE NSW 2039</i>

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.

I, _____ 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.

Student Full Name:

Signature:

Date:

* A DIGITAL SIGNATURE WILL BE ACCEPTED.