



AMI International Montessori Teacher Training 6-12 Diploma Course

APPLICATION FORM

Getting Started

Please read carefully through the whole of this form before filling it in. Please write clearly in ink using BLOCK CAPITAL letters and tick [\checkmark] appropriate boxes where indicated.

When you have completed the form, please ensure that you have read the Terms and Conditions and signed the declaration on the last page and return it with all the items that are required to be submitted with this form, including the application fee.

Only a complete application form with all required information and attached documents will be processed.

Personal Details				
Title: [] Mr	[] Mrs	[] Miss	[] Other	
First Name:				Surname:
Date of Birth:				Place of Birth:

Nationality:	No./Ages of children (if any):
Religion:	Profession:
Mother Tongue:	Other Languages:

English Language Skills:

- [] mother tongue native speaker
- [] business fluent near native/fluent
- [] advanced excellent command/highly proficient in spoken and written English
- [] upper intermediate very good command
- [] intermediate good command/good working knowledge
- [] elementary basic communication skills/working knowledge
- [] beginner





Contact details

Permanent Address:	
	Postcode:
Province/City:	Country:
Telephone:	Mobile:
Email:	
Address in Tanzania, if different from above:	
l Tele	phone:
Leave this section blank if you do not know yet what will be your add Please inform us as soon as you have this information.	-
Emergency Contact name:	
Relationship: Tele	phone:
Email:	

Education

Please state your highest educational qualifications (and/or level of education achieved), the subjects you studied, with place/date of examination, and enclose copies of appropriate documentation.

School/College Name	Province/City and Country	Years attended	Qualification/ Level of Education





Employment/Work Experience

Please give details of any previous teaching or other experience (role, organisation, duration etc.)

Organisation Name, Province/City and Country	Phone Number and Email	Duration of Employment	Role/Position

References

Two-character references must be submitted with the application form.

References must be in English.

References must be written by someone who has known you for least two years in a professional capacity such as college principal, university professor, priest, lawyer, doctor, dentist, bank manager, work supervisor, etc.

Please identify your referees below, we will contact them to request the reference:

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Title:	Title:
Telephone:	Telephone:
Email:	Email:





Fees

	Tanzanian Nationals	International Students
Application Fee	TZS 50'000	USD 50
Course Fee	TZS 10'000'000	USD 5'000

The Application Fee is due at the time of submitting the application, which will only be processed if this fee is paid and a copy of the transfer/deposit receipt is attached.

The Course Fee is inclusive of course tuition, exam fees, Montessori books and course handouts. No additional payments are required for teaching practice and observation sessions. However, all transportation and accommodation costs during teaching practice and observation sessions are the student's responsibility.

Students are also responsible for the costs of their own personal use, such as accommodation, travel and transport, food, printing/photocopying and stationary for the duration of the full course.

Fee Payment

My course fees will be paid by:

- [] Myself
- [] Sponsor
- [] I intend to apply for a scholarship once I am accepted on the course (Information on scholarships is available on the website. Please read carefully before applying.)

My costs for personal use will be paid by the following: [] Myself [] Sponsor

If you are paying for yourself, please give details: Paying by: [] Bank Transfer [] Bank Deposit at CRDB [] Western Union

If sponsored, please give details:

Sponsor Name:	Relatio	onship:
Paying by: [] Bank Transfer	[] Bank Deposit at CRDB	[] Western Union

Bank details

Account Name: URSULA MATTLE Account Number: EURO: 0911000262 USD: 0911000590 Bank: EXIM BANK (T) LTD Address: MWANZA BRANCH, KENYATTA ROAD STREET, MWANZA, TANZANIA Branch Code: 013006 Swift Code: EXTNTZTZ

The applicant has to mention her/his name and the course: AMI 6-12, MTC, Mwanza Please note that payment in cash or by telephone/MPESA will NOT be accepted.





Further Requirements

The following items and documents must be attached to the application form. All documents must be in English.

- 1. A recent passport size photograph (headshot)
- 2. Copy of valid Passport or ID (all personal details, including the photo, must be clearly visible on the document copy)
- 3. An essay of approximately 750 words, in your own writing, on the following topic: *Why I wish to undertake this course.*
- 4. Health Form signed by your doctor. *The form is joined to this form.*

How did you hear about the Course?

[] Recommendation
[] Internet
[] Flyer/Poster
[] Advertisement
[] Other:





Terms and Conditions

- 1. The Application fee is non-refundable and non-transferable.
- Acceptance on to the Course and payment of the Course fee whether in full or by instalments, forms a binding contract between the prospective student and the Montessori Training Centre Mwanza (MTC Mwanza) subject to these terms and conditions, from which time the student agrees to pay the entire Course fees irrespective of whether they complete the Course or not.
- 3. Students are responsible for their own food, accommodation and travel arrangements and are obliged to ensure that they have sufficient funds for these expenses during the entire period of the course. Students are also responsible for their own printing, photocopying and stationery costs during the entire course.
- 4. International students must have a valid immigration visa issued by the Government of Tanzania.
- 5. Course Fees cannot be refunded or transferred under any circumstances such as personal accident, illness, refusal of immigration visa, insufficient funds for accommodation, etc. Students are advised to insure themselves against loss of fees due to personal accident, illness.
- 6. MTC Mwanza reserves the right to suspend students making late payment for fees from attending the Course.
- 7. Students paying by electronic bank transfers from foreign bank accounts must ensure that MTC Mwanza receives the full amount due after any bank charges that are payable.
- 8. MTC Mwanza reserves the right to change the timing and/or content of the Course and to provide suitable alternatives.
- 9. 90% attendance is required in order to be eligible to sit for the Diploma Examination.
- 10. Each student is provided with the MTC Mwanza Student Handbook on acceptance. This contains the Institute's rules and regulations and advice on how to prepare for and get the best out of the Course.
- 11. MTC Mwanza reserves the right to ask a student to discontinue the course of study for medical, psychological, academic or other pertinent reasons.
- 12. MTC Mwanza reserves the right to suspend from continued attendance any student whose attendance or conduct is unacceptable. As it is not possible to reallocate the place on the Course, no refund will be made of the Course fees.
- 13. MTC Mwanza takes no responsibility for the loss or damage of any personal belongings.
- 14. Students consent to MTC Mwanza, and the Association Montessori Internationale making use of information relating to them (including photographs and video recordings) for the purposes of: (i) managing relationships between the Centre and current students; (ii) promoting the Centre to prospective students; (iii) publicising the Centre's activities; and (iv) communicating with the Centre's community and alumni. In respect of (ii), (iii) and (iv), this includes use of such information by the Centre in/on the Centre's prospectus (in whatever format or medium), the Centre's website and (where appropriate) the Centre's social media channels.
- 15. Copyright in all materials provided by MTC Mwanza belongs to MTC Mwanza, and the Association Montessori Internationale. All materials are provided for personal use of the individual student only and are not to be copied, circulated or included in other material or published in any form.
- 16. Plagiarism is not tolerated. If a student is found to have plagiarised someone's work, that student's course will be terminated.
- 17. Students are expected to abide by the conditions laid down for taking the Course and any arrangements made for their training during the Course including teaching practice and observation in schools.

Declaration

- [] I have read and agree to the Terms and Conditions mentioned above.
- [] I have attached the following to my application form:
 - [] Application fee payment receipt
 - [] Copies of educational documents
 - [] Photograph
 - [] Copy of valid Passport or ID
 - [] Motivation Essay
 - [] Health Form

Student Name (please print):

Student Signature: Date:





Student Name:

ESSAY

- The essay should be of approximately 750 words and must be in your own writing. It must be clear and legible.
- The essay must start on this page. The second and third pages are 'continuation pages'.
- All pages must have the student's name and must be numbered.

Topic: Why I wish to undertake this Course





Student Name:

AMI International Montessori Teacher Training: 6 – 12 Diploma Course

Continuation Page





Student Name:

AMI International Montessori Teacher Training: 6 – 12 Diploma Course

Continuation Page





HEALTH FORM

This form must be completed, in English, by a registered Doctor/Medical Practitioner following a full medical examination and submitted along with the application form.

The medical examination must be within 30 days before the date of submitting the application. All information on this form will be treated with the strictest of confidence.

Student - Applicant Information

Student Name:	Age:
Date of Birth:	Male/Female:
Health Information	
Date of medical examination:	
Blood Count:	Spleen:
Eye Test:	Ear Test:
Stool Test:	Urine Test:
Chest:	ТВ:
Yellow Fever Vaccination: [] Yes [] No	Malaria in the past 3 months? [] Yes [] No
If yes, date of vaccination:	If yes, details:
Physical Impairment or Chronic Disease requiring spec	ial treatment/attention:
Doctor/Medical Practitioner	
Name:	
Designation:	
Hospital/Clinic Name:	
City/Province and Country:	
Telephone:	Email:





The above-mentioned person is applying for an intensive course of study over a period of two years in Tanzania.

Would you consider the applicant in good physical and mental health?	[] Yes []No
Is the applicant, in your opinion, suitable to be in charge of young children?	[] Yes [] No
Signature of Doctor:	

Date: Stamp: