



AMI MONTESSORI FOR DEMENTIA, DISABILITY AND AGEING TRAINING OF TRAINERS PROGRAMME APPLICATION FORM

PERSONAL DETAILS

Given Names (First and middle names)			
Family Name (Surname)			
Date of Birth (dd/mm/yyyy)	/	/	Preferred Gender Pronoun
Postal Address			
Usual Residential Address			
Email Address			
Telephone Numbers	Work:	Mobile:	Home:

LANGUAGE

Nationality	Please specify _____
Do you speak a language other than English at home?	<input type="checkbox"/> No – English only <input type="checkbox"/> Yes – Other (please specify) _____
If you answered yes above, how well do you speak English?	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <i>The application and professional development of Training of Trainers process is conducted in English. Any arrangements for translation must be made at the applicant's expense.</i>

EDUCATION

What was your highest COMPLETED educational level?	Please specify _____
Have you SUCCESSFULLY COMPLETED any of the following qualifications? (Tick all relevant boxes and specify details)	<input type="checkbox"/> Bachelor or Higher Degree – please specify _____
	<input type="checkbox"/> Diploma – please specify _____
	<input type="checkbox"/> Certificate – please specify _____
	<input type="checkbox"/> Professional License – please specify _____
	<input type="checkbox"/> AMI Diploma or AMI Assistants Certificate – please specify _____
	Please list all other relevant qualifications: _____

AMI MONTESSORI FOR DEMENTIA, DISABILITY AND AGEING PRACTITIONER

Certificate Number:	Date of award:
Date and location of workshop:	
Name of Trainer:	

CURRENT EMPLOYMENT STATUS

Of the following categories, which BEST describes your current employment status (tick ONE only)	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
	<input type="checkbox"/> Other _____	

ATTACHMENT CHECKLIST

- ADULT EDUCATION EXPERIENCE:** Attach an outline of your experience in course and training material development, in-service education and training delivery
- PUBLIC SPEAKING EXPERIENCE:** Attach an outline of your experience in presenting at conferences and/or giving talks
- PERSONAL ESSAY:** A short essay describing your reasons for applying and how you meet the eligibility criteria
- TWO LETTERS OF RECOMMENDATION:** Two letters of recommendation describing how the applicant meets the above eligibility criteria
- CURRENT RESUMÉ:** Please attach a copy of your current resumé.



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PROGRAMME FEES

Application Fee (non-refundable)

€225

PAYMENT DETAILS - Please quote your full name as the reference when making payment.

Credit card charges 3.3%. For **CREDIT CARD** payment, please use the following secure link:

<https://montessori-ami.org/webforms/online-payment-ami>

Bank details: ABN AMRO, PO Box 283, 1000 EA Amsterdam, The Netherlands BIC/SWIFT Code: ABNANL2A

For **USD** bank transfer:

Account number: 56.39.77.930

IBAN: NL34ABNA0563977930

Bank charges USD 25

For **EURO** bank transfer:

Account number: 41.33.75.951

IBAN: NL81ABNA0413375951

Bank charges Euro 10

I have made my Application Fee payment via (specify method): Credit Card USD Transfer EURO Transfer

TERMS AND CONDITIONS

Please read carefully as these terms and conditions form part of your agreement with the Association Montessori Internationale when you enrol in the programme.

Programme Fees

- The Application Fee is payable upon submission of the application
- The candidate is also liable for all fees and expenses associated with registration for and observation of an AMI Montessori for Dementia and Ageing Workshop
- All expenses associated with the candidate's participation in delivering two supervised AMI Montessori for Dementia and Ageing Workshops are the responsibility of the candidate

AMI Agreement

Upon application, AMI will provide the following services according to the terms and conditions:

- provide receipts for payments received and acknowledge application
- confirm outcome of application with feedback
- provide supervisor and administration support to participants throughout the programme
- mark, provide feedback and results on the submitted assessment materials
- issue results and provide documented proof of status as an AMI Montessori for Dementia and Ageing Auxiliary Trainer or Trainer
- provide a fair and reasonable complaints and assessment appeal process

Your Privacy: The information you provide remains confidential and is used for administration and programme reporting. No personal information will be disclosed outside of AMI without your permission, except where required by law.

Candidate Agreement

Upon signing the application form, the candidate agrees that:

- details provided on the application form are correct and the candidate warrants he/she is aware of and meets the programme eligibility criteria
- the programme application is complete when the application fee is paid
- the terms and conditions of application are accepted including fees and refund policy
- if accepted onto the programme, AMI will provide the date for programme commencement and this date will be known as the agreed programme commencement date
- programme duration is effective from the agreed programme commencement date
- candidates are responsible for their own participation in the programme including attendance of workshops, attendance at supervised practice, progress and submission of work for assessment
- candidates will indemnify AMI against all liability for their work as an AMI Montessori for Dementia and Ageing Training of Trainer candidate during their participation in the programme and subsequently including their own liability insurance arrangements
- candidates will sign an IP Agreement recognising AMI's ownership of the AMI logo and certification content
- candidates will communicate with the assessor and administration if there are issues or barriers to completion of the programme where AMI might be able to help to support the candidate

Cancellation and Refund: Refund policy available upon request

I declare that the information supplied is true and correct. (Please note that the supply of false information may lead to a rejection of your application to the programme and forfeit of fees.)

Signature: _____

Date: _____

Return completed form to Association Montessori Internationale via email: mda@montessori-ami.org