



APPLICATION FORM ACADEMIC YEAR 2024 and 2025

Montessori Primary Teacher Training (Children 2 1/2 - 6 + years of age)



MONTESSORI TRAINING CENTER PERUGIA "MARIA ANTONIETTA PAOLINI"

Piazza dei Navigatori n. 26 – 06127 Perugia – Italy – E-mail: info@montessoriperugia.it

PERSONAL INFORMATION

Name: _____ Surname _____

Date of birth: _____ Place of birth: _____

Citizenship: _____ Current address: _____

City/Town of residence: _____ Country of Residence: _____

Mother Tongue: _____ Other languages: _____

Home phone number: _____ Mobile: _____

E-mail: _____

Name of person to be informed in case of emergency: _____

Contact number: _____ E-mail: _____

EDUCATION

Year High School Diploma: _____

Degree/Diploma granted: _____

Date started: _____ Date granted: _____

University: _____ College: _____

Date started: _____ Date granted: _____

Other Educational attainments: _____

Teaching license (if any): _____

Teaching experience (if any): _____

Previous Montessori Course (if any): _____

STATEMENT OF PURPOSE

The applicant is asked to respond to the following questions in a brief yet substantial manner

How did you become interested in Montessori Education?

What is your purpose in taking the course at the Perugia Training Centre?

If you have any experience with working with children, please share and describe your experiences.

REFERENCES

Please provide full names and addresses for at least one of following references

A former instructor/professor/teacher:

Name _____

Telephone _____

Address _____

E-mail _____

A former employer:

Name _____ Telephone _____

Address _____ E-mail _____

A family friend who has known your several years

Name _____ Telephone _____

Address _____ E-mail _____

ESTIMATED DATE OF ARRIVAL (In case of acceptance):

NO APPLICATION CAN BEN PROCESSED WITHOUT THE FOLLOWING:

- Application form filled in fully with all required information and signed;
- Passport or identity card scanned copy;
- no refundable fee of € 500,00 (five hundred/00) payable to Montessori Training Center Maria Antonietta Paolini - Piazza dei Navigatori, n. 26 – Zip Code 06127 – Perugia Italy
- The scanned copy of the official transcripts from the last educational institute attended. The original one, legalised and authenticated must be delivered by hand at the first day of course.
- References: At least one of the three choices given above is required

PLEASE NOTE: ALL INFORMATION MUST BE SENT ONLY BY MAIL TOGETHER WITH THE RECEIPT OF PAYMENT NO LATER THAN 15TH MARCH 2024

NOTE:

IT WILL BE THE RESPONSIBILITY OF THIS ADMINISTRATION TO COMMUNICATE TO THE CANDIDATES THE BANK CREDENTIALS OF THE ACCOUNT TO WHICH THE PAYMENTS WILL BE MADE.

WE REMIND YOU THAT THE REGISTRATION FEE IS NON-REFUNDABLE.

I hereby apply for admission to the Montessori Primary Teacher Training Course of AMI conducted by Montessori training Center Perugia – Italy – for the Academic Years 2024 and 2025.

Signature of Applicant:

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application.

Signature of Applicant:

Pursuant to D.L.Vo 196/2003, I authorise to process the sensitive data I submit, exclusively for the purpose of personnel selection and recruiting.

YES	
NO	