



Registration for the 5th AMI Montessori Elementary Training Course for teachers 2019 - 2021

Please fill out in print and send to: **Verein Montessori CH, Abendweg 1, CH-6006 Luzern**

Herewith I enrol for the AMI-Elementary Course, ages 6 to 12, in Lucerne, Switzerland organised by Montessori CH. I declare that I have read the course guidelines and I agree with them. I also agree to pay the course fees on their due dates.

Personal data:

Family Name and First Name: _____

Address, zip code, city, country: _____

Business address: _____

Billing address: _____

Telephone number home: _____ Phone number business: _____

Fax : _____ e-mail: _____

Date of birth: _____ in: _____ Country: _____

Native language: _____ other languages: _____

Nationality: _____ Marital status: _____

Age of children: _____

In case of an emergency (i. e. an accident) please notify:

Family Name and First Name: _____

Address: _____

Phone number: _____ Relationship: _____

Professional Training:

Pedagogical studies in chronological order:

University, Seminar (CH), College of Higher Education (CH), other schooling or apprenticeships	City/Country	Dates: begin/end	Completion; Grade
1.			
2.			
3.			
4.			

Enclose a copy of diplomas and credentials



Status in studies for teaching

- First half of studies completed 1. State exam completed 2. State exam completed

Previous Montessori Training

Course provider	City/Country	Dates: begin/end	Completion
1.			
2.			

Enclose copies of diplomas.

Professional activities:

Employer	City/Country	Dates: begin/end	Type of activities
1.			
2.			
Current professional activities:			

References (three professional contacts who are able to assess my work):

Name	Address	Profession
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1. _____
2. _____
3. _____

How did you learn about this course:

- Newspaper, where: _____ Flyer Internet
- recommendation/personal conversation : _____ other sources: _____

Date: _____

Signature: _____

Following documents are enclosed:

- completely filled in enrolment form
- Curriculum vitae
- Copies of diplomas and credentials
- Three recommendation letters (originals) from individuals who can evaluate my professional competences
 - are enclosed
 - have been asked for with the request to send them to Montessori CH
- Motivation report with handwritten answers to the following questions:
 - Why do you want to take the Montessori Elementary Training?
 - What special qualifications do you bring to this work?
 - How do you intend to use your training?
- Three passport photos
- Enclose Copy of the proof of the transfer of the enrolment fee of CHF 500.- into the account of: Montessori CH, Raiffeisenbank Region Stans, Robert-Durrer-Strasse 2, 6370 Stans
IBAN: CH42 8122 3000 0077 2026 5, SWIFT- BIC: RAIFCH22