Registration for the 7th AMI Montessori

Elementary Training Course for teachers 2024 - 2026

**Please fill out in print and send to: seraina.compagno@montessori-ch.ch**

Herewith I enrol for the AMI-Elementary Course, ages 6 to 12, in Switzerland organised by Montessori CH in cooperation with DAMIP.

**I declare that I have read the course guidelines, and I am in agreement 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: ……………………………………..………………………………………..………………………………………..

Phone No. home: ………………………………………….. Phone No. work: …………………………….…………………..

mobile: ………………………………………….. 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: ………………………………………………..

zip code / City: …………………………………………..

phone No.: ………………………………………….. 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

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