**QUALIFICATIONS TO BE FULFILLED AT THE TIME OF APPLICATION:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| An AMI Primary diploma (3–6) | [ ]  | [ ]  |
| An AMI Assistants to Infancy diploma (0–3) **or** an AMI Elementary Diploma (6–12)\* An AMI Orientation Certificate in **both** Assistants to Infancy (0–3) **and** Elementary (6–12) level\*(Please provide details in the Montessori Qualification section below)\*If not at the time, obtain before AMI Associate status can be awarded | [ ]  | [ ]  |
| [ ]  | [ ]  |
| A minimum of five years’ experience, **after** obtaining your AMI 3–6 Diploma | [ ]  | [ ]  |
| At least three of these years consecutive in a classroom with children aged between two and one-half and six years, where the Montessori principles and practice are implemented | [ ]  | [ ]  |
| A bachelor’s degree or the equivalent in your own country | [ ]  | [ ]  |
| Membership of AMIPlease enter your membership number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |
| Observation visit report Please enter the Date and Name of the Trainer who conducted the observation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |
| If any of the above requirements is outstanding, please describe below how and when you intend to complete them: |
| At the time of submitting this form, please make sure you have completed the application fee payment (Please refer to the Application Fee section below) |

**APPLICATION FORM**

NB: All applications are treated in the strictest confidence

## Personal Information

|  |  |  |
| --- | --- | --- |
| First/Middle Names |  | \*Insert your photograph here |
| Surname |  |
| Maiden name if relevant |  |
| Telephone number(s) |  |
| Email address\**\*please ensure this address will be active until the completion of the programme* |  |
| Present mailing address |  |
| Permanent mailing address |  |
| Country of Passport(s) |  |
| Country of Permanent Residence |  |

## Why do you wish to follow the Training of Trainers programme at the Primary (3–6) level?

|  |
| --- |
|  |
|  |

#### Please indicate the training option you wish to follow

|  |  |
| --- | --- |
| Path A (a minimum of 3 courses) |  |
| Path B (Seminar Format – if available, is a minimum of 2 courses, plus five seminar modules in three years) |  |

## Montessori qualifications

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Training Centre | Location | Director of Training | Year | Age group | Diploma no. |
|  |
|  |
|  |
|  |

## Academic qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Location | Year | Degree/Diploma received |
|  |
|  |
|  |
|  |

## Professional experience

## List, in chronological order, experiences in teaching and other professional fields since obtaining your AMI diploma:

|  |  |  |  |
| --- | --- | --- | --- |
| Nature of work | Employer/address | From (mth/yr) To (mth/yr) | No. academic years |
|   |
|  |
|  |
|  |
|  |

## Please indicate the number of consecutive years of teaching experience you have had

|  |  |
| --- | --- |
| Assistants to Infancy (0–3) |  |
| Primary (3–6)\**\*If teaching at primary level, has this been over an extended day?* |  |
| Elementary (6–9) |  |
| Elementary (9–12) |  |

## Present employment

|  |
| --- |
| What is your current occupation? |
|  |
| When did you commence this employment? |
|  |
| Location address |
|  |
| Name of Director/Principal |
|  |

**Further experience in Montessori**

|  |  |
| --- | --- |
| Do you own a Montessori school? |  |
| If yes, are you the administrator? |  |
| No. of classes in your school? |  |
| No. of children? |  |
| Are you an administrator of a Montessori school? |  |
| No. of classes in your school? |  |
| No. of children? |  |
| Has an AMI Trainer visited your class? |  |
| If yes, who? |  |
| When? |  |
| Has an AMI Consultant visited your class? |  |
| If yes, who? |  |
| When? |  |
| Please mention any other relevant experience:  |
|  |

## Further information

|  |
| --- |
| Please outline any special activities, interests or concerns, which you have developed as a teacher |
|  |
| Have you lectured before? |
|  |
| If yes, where and when? (At study conferences, workshops, parents’ groups, etc.) |
|  |
| Have you worked as part of a team before? |
|  |
| If yes, what team, where and when? |
|  |
| In what capacity? |
|  |

## Contact with AMI

|  |
| --- |
| Are you a member of AMI? |
|  |
| Since when have you been a member? |
|  |
| Have you any other connections with AMI? |
|  |

## Why do you want to become an AMI Trainer?

|  |
| --- |
|  |

## General information

|  |
| --- |
| Do you have any other demanding responsibilities? |
|  |
| If yes, please list: |
|  |
| Are you willing to follow the Training of Trainers Programme at an AMI Training Centre outside your own country? |
|  |
| List countries of preference: |
|  |  |
|  |  |
|  |  |
| List all languages that you speak fluently: |
|  |
| List all languages that you read fluently: |
|  |
| List all languages that you write fluently: |
|  |

## Additional submissions

1. If you are currently working at an AMI Training Centre, or have done so in the past, **please enclose a list,** signed by the Director of Training, of the duties you have covered at that Centre.

## References

Please supply **three references** from:

1) a person in authority in your workplace

2) the Director of Training of the centre where you obtained your AMI diploma

3) a person of professional standing

Please download the **AMI reference form** template and send it to the people named hereunder.

Kindly ask them to complete the forms and return them directly to trainingoftrainers@montessori-ami.org.

References will be supplied by:

1) a person in authority in your workplace

|  |  |
| --- | --- |
| Name |  |
| Position Held/ Where |  |
| Address |  |
| Telephone |  |

2) the Director of Training of the centre where you obtained your AMI diploma

|  |  |
| --- | --- |
| Name |  |
| Position Held/ Where |  |
| Address |  |
| Telephone |  |

3) a person of professional standing

|  |  |
| --- | --- |
| Name |  |
| Position Held/ Where |  |
| Address |  |
| Telephone |  |

## Application Fee

Before submitting this application form, an application fee of €225 (or the equivalent in another currency) must be paid in full. Please refer to the ‘Payments to AMI’ section in the *Training of Trainers Application Requirements and Programme Overview* document for details.

I, .........................................................................., herewith state that, to the best of my knowledge, the foregoing information is correct.

Furthermore, I agree to accept the conditions laid down for application and to abide by the decision of the Training Group regarding my individual application and training.

|  |  |
| --- | --- |
| Signed |  |
| Date |  |