



COURSE APPLICATION FORM

AMI Montessori School Administrators Certificate

PERSONAL DETAILS

Surname		Title (Mr/Mrs/Miss)	
First Names			
Preferred Name			
ID / Passport Number			
Date of Birth		Nationality	
Home Language		Race	
Other Languages You Understand			

ADDRESS DETAILS

Physical Address (Home)	
	Postal Code
Physical Address (Boarding During Studies)	
	Postal Code

CONTACT DETAILS

Contact Number	
Alternative Contact Number	
Email Address	

EDUCATIONAL BACKGROUND AND EXPERIENCE

Please list your qualifications (e.g., High School / University / College / Certificates) as well as the dates of receiving your respective qualifications:

Date	Qualifications

Please list any previous Montessori training or experience:

Date	Montessori Training or Experience

INTERNATIONAL APPLICANTS – VISA STATUS (please mark with “X”)

Not Yet Applied		Applied		I Have a Valid Visa for South Africa	
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METHOD OF PAYMENT (please mark with “X”)

Self-Paying Student		Sponsored by an Individual or Company	
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INTERNET ACCESS (please mark with “X”)

Do you / will you have access to internet throughout the course?

Yes		No		I Will Need Assistance	
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DIRECT MARKETING (please mark with “X”)

Application for the consent of a data subject for the processing of personal information for the purpose of direct marketing in terms of section 69(2) of the protection of personal information act, 2013 (act no.4 of 2013).

Newsletters		New and Upcoming Courses	
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STUDENT HANDBOOK

Please refer to the Student Handbook for all the information on the Institute, its policies, and a detailed breakdown of the course.

DECLARATION

I hereby declare that the information provided on this form is complete and correct. I confirm that, as the person providing information, I unconditionally and voluntarily, consent to the processing of the submitted personal information for the purposes of adhering to any contract or agreement between the parties.

.....
SIGNED

.....
DATE

PAYMENT AGREEMENT

I hereby agree that should my application be successful:

- I will be liable for all fees, and should I have a sponsor or bursar, it is my responsibility to ensure that my sponsor or bursar settles my fees.
- I will be responsible to ensure that all my fees are settled on time and that the Institute may take action, should fees be paid late;
- I acknowledge that failure to settle tuition fees on time will result in me not being allowed to continue with a module, until such time that my account has been brought up to date; and

.....
SIGNED

.....
DATE

SUPPORTING DOCUMENTS CHECKLIST

Completed application form.	
Clear copy of ID or Passport.	
Short autobiographical essay. (refer to point 3.3. of the Student Handbook)	
Application fee proof of payment. (refer to point 5. of the Student Handbook)	

We process all personal information in accordance with our privacy notice, to view, visit our website at www.indabainstitute.org or follow the link on our email signature.