



Application Form

2025 - 2026
AMI 3-6 Diploma Course



Contact Details

Surname: _____ First Name: _____

Address: _____

Phone Mobile: _____ Work: _____

D.O.B.: _____ Birthplace: _____ Gender/Identity: _____

Country of Citizenship: _____ Iwi: _____

First Language *(All students must have good spoken and written English)*: _____

Email Address: _____

Emergency Contact Details:

Name: _____ Relationship: _____ Mobile: _____

Education

Secondary School(s): _____ Level Obtained: _____

Tertiary Education:

Diploma Obtained	Institution Attended	Period Attended	Subject of Study

Other Studies: _____

Work

Current Employer: _____ Length of Employment: _____

Address: _____

Health

Statement of Health (note any pertinent comments, explanations or details)

Are you in good health Yes ☐ No ☐

Are you at present attending the doctor for any reason? Yes ☐ No ☐

Are you currently prescribed any medication? Yes ☐ No ☐

MMEF Maria Montessori Education Foundation

Studio 8, Daytone House, 53 Davis Crescent • Newmarket • Auckland 1023 • New Zealand •

Admin 021 263 7516, Training 021 111 4133 • mmefnz@outlook.com • www.mmef.org.nz

Have you ever suffered from nervous or other similar illnesses? Yes ☐ No ☐

Have you ever suffered from tuberculosis or epilepsy? Yes ☐ No ☐

Are you registered disabled? Yes ☐ No ☐

Additional Learning Needs

Do you consider yourself as having a disability, impairment or medical condition that might affect your participation in this qualification? Yes ☐ No ☐

If you answered YES to the above question, please indicate the nature of your additional learning need:

Cognitive ☐ Physical ☐ Please provide details: _____

Are there any adjustments that you believe we may need to make for you to be successful in this qualification?

Yes ☐ No ☐ Please specify if the answer is YES: _____

References (2 professional, 1 character – not a partner or family member)

1. _____
2. _____
3. _____

It is a requirement to inform your referees that MMEF will call them. Have you informed the above referees that MMEF will call them? Yes ☐ No ☐

Signature

I declare that the information supplied is true and correct.
Please note that the supply of false information may lead to dismissal from the course and forfeit of fees.

Signature: _____ Date: _____

Enclosures

Please enclose the following:

1. Names and address of employers, dates of employment and list of responsibilities. Include all employment and experience in Montessori schools.
2. Answers to the following questions:

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- a. Why do you want to take Montessori Early Childhood training?
 - b. What qualities should an adult seeking to work with young tamariki/children possess?
3. Certified copies of all tertiary qualifications.
 4. Two recent passport-size photographs.
 5. A short autobiography.
 6. Three signed letters of reference.

Application Process

An interview, face to face or online, will be carried out with the trainer or MMEF representative. You will receive an Enrolment Agreement & Learner Contract plus an invoice for the enrolment fee of \$575.00 inc. GST.

Payment of the enrolment fee and the signed agreement form are to be returned to MMEF within 2 weeks of the contract date. This will reserve your place on the course subject to satisfactory references and the successful completion of a 'police vetting' check.

* If, for some reason the course does not proceed, this fee will be refunded.

Due to N.Z. regulations, you will be required to undergo a police vetting check. A Vetting Service, Request & Consent Form which will be sent to you by MMEF with the enrolment agreement. Students whose first language is other than English, must submit their results of an IELTS Level 7 (overall band score) Academic or equivalent English language test.

For Domestic tertiary learners, either full course fees or the first instalment if choosing either option 2 or option 3 must be paid, plus the \$65.00 AMI annual membership, prior to the commencement of the course.