



APPLICATION FORM

AMI ASSISTANTS CERTIFICATE

ASSISTANTS TO INFANCY 0-3 YEARS

Please fill in the following information:

1. Personal information:

Name _____

Surname _____

Nationality _____

Date of birth: Day _____ Month _____ Year _____

E-mail _____

Phone number _____

Profession _____

Workplace _____

Foreign languages:

Foreign language.	Understanding	Speaking	Writing

Montessori School of Iasi

0744-793.789

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2. Education:

(please fill in the formular in cronological order)

Name of school/ college/university etc.	City	Graduation year	Degree

3. Work experience:

(please mention relevant work experience, especially with children)

Employer.	Responsibilities	From	Until

4. Please answer the following questions:

a. What is the reason for choosing to attend this Montessori course?

b. How did you find out about this course?

c. What are your expectations regarding this course?

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d. Where will you use the information you will get?

I certify that all the information and answers herein are complete, true and correct.

Signature

Date

Please take into account that the following documents are required for enrolment and should be sent by email to contact@montessori-iasi.ro

- CV
- Copy of your ID
- Application form dully filled and signed
- Data processing agreement

After sending all idocuments mentioned above, you need to pay the enrolment fee of 100 euro to Asociatia One For Hope, Fiscal no: 34576297, IBAN:RO21BUCU1031215949710EUR, Alpha Bank Iași and you will than receive the confirmation of your enrolment.

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