



# Montessori Training Center

Blantyre, Malawi

Date

Program  
start date

## APPLICANT INFORMATION

Name	Date
Age	Date of birth
Current address	
Tel	Mobile
Email	

## EMERGENCY CONTACT PERSON

Name
Contact number

## REFERENCES

Name	
Mobile	Email
Name	
Mobile	Email

## EMPLOYMENT HISTORY

School/business	
Position	Date of service
Director/supervisor	Contact no.
Age of children taught or duties of position	
School/business	
Position	Date of service
Director/supervisor	Contact no.
Age of children taught or duties of position	
School/business	
Position	Date of service
Director/supervisor	Contact no.
Age of children taught or duties of position	

## EDUCATION

Secondary school	Diploma/Certificate	Date
Educational course certificate(s)		Date
Teaching diploma	College/Center	Date
University	Redential/Degree	Date

**TEACHING VALUES & EXPERIENCES**

As a teacher, what do you see as your three most important roles?

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What do you enjoy most about teaching young children?

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What have children taught you?

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What does a young child need to grow intellectually, socially, emotionally, and spiritually?

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What are your strengths in teaching children?

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Do you have any special gifts or expertise? (ex. music, sewing, painting, dancing, design, etc.)

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What has been your biggest challenge in teaching children?

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When children disagree with you or refuse to follow your directions, what do you do?

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What is the curriculum area in which you have the most interest or experience? (ex. mathematics, zoology, etc.)

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What is the curriculum area in which you have the least interest or experience? (ex. language arts, geography, etc.)

What do you hope to gain from this Montessori Early Childhood Education Diploma program?

Please list your future goals in teaching and your future career goals. (ex. open a school, become a head mistress)

How do you view children? How do you view your role in relationship to them as a teacher? (Please write at least 100 words)

Why do you want to complete this Early Childhood Teaching Program (Please write at least 100 words)

Do you anticipate any obstacle to you completing this diploma program?

Do you have any health concerns or concerns about transportation that might affect your participation in this program? (if so, please explain)

**I have answered these questions  
honestly and the best of my ability.**

\_\_\_\_\_  
Diploma Program Candidate - Signature

\_\_\_\_\_  
Diploma Program Candidate - Full name

\_\_\_\_\_  
Date

FOR OFFICE USE	
<input type="text"/>	<input type="text"/>
Montessori Teaching Center <b>Director &amp; Field Consultant</b>	Date application reviewed
_____ Signature	