



Montessori Training Center
Blantyre, Malawi

Montessori Training Center
Early Childhood Education Diploma Program Application

Diploma Applicant Information:

Name: _____ Date: _____ Program Start Date: _____

Age: _____ Date of Birth: _____ Current Address: _____

Contact Number(s): _____ Email Address: _____

Emergency Contact: Name: _____ Number: _____

References:

Name: _____ Number: _____ Email: _____

Name: _____ Number: _____ Email: _____

Employment History:

School/Business: _____ Position: _____ Dates of Service: _____

Director/Supervisor: _____ Contact Number: _____

Age of Children Taught or Duties of Position: _____

School/Business: _____ Position: _____ Dates of Service: _____

Director/Supervisor: _____ Contact Number: _____

Age of Children Taught or Duties of Position: _____

School/Business: _____ Position: _____ Dates of Service: _____

Director/Supervisor: _____ Contact Number: _____

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: _____ Credential/Degree: _____ Date: _____

Teaching Values & Experiences

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

What do you enjoy most about teaching young children?

What have children taught you?

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

What are your strengths in teaching children?

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

What has been your biggest challenge in teaching children?

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

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

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 honesty and the best of my ability.

Diploma Program Candidate

Date

Montessori Teaching Center Director

Date