



Bahrain Montessori Centre
Institute for Teacher Training and Research

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APPLICATION

DATE of APPLICATION: _____

NAME OF APPLICANT: _____

CURRENT OCCUPATION: _____

IF EMPLOYED, PLACE OF EMPLOYMENT: _____

HOW LONG AT PRESENT EMPLOYMENT: _____

DATE OF BIRTH: _____

MARITAL STATUS: _____

SPOUSE'S NAME AND OCCUPATION: _____

SPOUSE'S CONTACT NUMBER: _____

CHILDREN _____

POSTAL ADDRESS: _____

HOW LONG AT CURRENT ADDRESS: _____

EMAIL ADDRESS: _____

NATIONALITY: _____

NAME OF COURSE ENROLLING FOR:

DATE of COURSE COMMENCEMENT: _____

EDUCATIONAL BACKGROUND (list dates when attended; certification or degree received; additional vocational training; etc.) Add additional sheets of paper if necessary.

WORK EXPERIENCE (include dates; reasons for leaving; work description; employer's name address and contact number; duration of work; in-service training; etc.) Add additional sheets of paper if necessary

CONTACT TELEPHONE NUMBERS:

AT HOME: _____ AT WORK: _____

MOBILE : _____

IN CASE OF EMERGENCY, CONTACT (give name and number)

Name: _____

Contact no. _____

DO YOU HAVE ANY HEALTH CONDITIONS THAT WE SHOULD BE AWARE OF?

YES ___ NO ___

PLEASE SPECIFY: _____

Signature _____

Please provide three reference letters (not relatives or friends) to this application e.g., employers, work or volunteer-related involvement, special interest organisations of participation, special honours, etc. Also, provide telephone numbers and email addresses for all references. Thank you.

List reference names and details below.

1.

Name: _____
Title: _____
Contact no. _____
Email address: _____

2.

Name: _____
Title: _____
Contact no. _____
Email address: _____

3.

Name: _____
Title: _____
Contact no. _____
Email address: _____

In order to reserve a place for the course, the full non-refundable tuition fees must accompany this application form. This will confirm your place for the course enrolled.