

BOURNEMOUTH MONTESSORI CENTRE APPLICATION FORM



Why do you wish to undertake this course :

Do you have any health concerns or disabilities? (If yes please give details) :

Do you have any extra needs? (If yes please give details) :

Are you taking any prescribed medication? (If yes please give details) :

Have you attended an informal interview with the Academic Director?

YES / NO (Please delete as appropriate)

Date of Interview :

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Important Notes :

1. Please enclose 4 passport size, colour photographs of yourself. These are required for Student ID Cards.
2. This document is confidential.
3. The B.M.C is an Equal Opportunity College & Employer.
4. Your place on the course cannot be confirmed until your registration fee is paid. See the enclosed fee sheet.

Declaration : I, as a student, will obey all the College rules & regulations

Signed :

Date :

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