Office:
Montessori-Berufsverband e.V.
Starnberger Str. 5
82343 Pöcking

Course contact:
Mobil: +49 (0)173-5636228
E-Mail: info@therapie-montessori.de
Web: www.therapie-montessori.de

Montessori Therapie-Fortbildung
Therapy Training

Registration for the Montessori Therapy Training

I hereby apply for registration for the next training course in Montessori Therapy:

○ female ○ male ○ diverse

Last Name		First Name	
Street/No.		Phone	
ZIP Code/City		Country	
E-mail		Profession	
Date of Birth	DD/MM/YYYY	Place of Birth	

Currently employed: ○ yes ○ no

Current Occupation:			
Vocational Training:			
Montessori Diploma/Certificate:			
Provider:		Location:	
Time Period:		Category:	

Place, Date _____ Signature _____

Please complete and sign the form in full. Send it via email to info@therapie-montessori.de
Also include the attachments and the privacy policy (see page 2)

Note on Pre-Registration

This registration serves as a pre-registration for participation in the Montessori Therapy Training. Upon receipt and review of your complete documents, you will receive a registration confirmation that provisionally secures your place in the next training course.

Once the course planning is finalized, you will automatically receive all relevant information regarding the start date, schedule, and organization of the training. The binding training contract (including payment terms) will only be concluded upon completion of the course planning.

lease attach the following **documents** as PDF files to your application:

- A chronological CV (preferably with a current photo for easier identification)
- Proof of your completed Montessori training (e.g., diploma)
  Alternatively: a current certificate of participation if your training is still in progress

Data Protection (DSGVO) and Consent to Data Processing

By signing below, I confirm that I have read and understood the privacy policy. I consent to the processing of my personal data provided here in accordance with legal regulations for the purpose of organizing, conducting, preparing, and following up on the Montessori Therapy Training. The data will not be published or shared with third parties.

I agree that my email address may be added to a mailing list for information and communication purposes. I may revoke this consent at any time with future effect.

Further information on data protection can be found at the bottom of the websites: www.montessori-berufsverband.de or www.therapie-montessori.de

Place, Date _____ Signature _____