



CHILD'S WORLD APPLICATION FORM

This application form is for the Child's World training programme of personal and professional enrichment for teachers, parents and individuals interested in children who wish to learn more about the KPM Approach to Children. The Child's World programme, which is subject to availability, lasts from one day up to two months. All Child's World programmes take place at Sri Atmananda Memorial School, the KPM model school in Kerala, India.

*** indicates required information**

CHILD'S WORLD DATES APPLIED FOR:

Commencement date*: DD/MM/YEAR

End date*: To DD/MM/YEAR:

The specific dates of the Child's World programme vary according to the operations of the model school and other training programmes and seminars. Please check with AVEF that the dates that you have requested are available. Child's World dates need to be arranged at the convenience of both the applicant and AVEF.

PERSONAL DETAILS

First name*:

Middle name:

Last name*:

Mailing address*:

Street*: **City*:** **State:** **Post code*:** **Country*:**

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Home address (if different to mailing address*):

Street*: **City:** **State:** **Post code:** **Country:**

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KPM Approach to Children
Atma Vidya Educational Foundation

Home telephone number (country-city code number)*:

Home fax number (country-city code number):

E-mail address*:

Date of birth*: DD/MM/YY

Child's World participants must be over the age of 18.

Country of birth*:

Country of citizenship*:

Native language*:

If your native language is not English, please describe below your proficiency in English:

Gender*: Male/Female

EDUCATION

Details of education (including relevant dates and university degrees/diplomas if applicable)*:

Any other relevant qualifications:



EMPLOYMENT INFORMATION:

Name of current or most recent employer and dates of employment:

Address of employer:

Street: City: State: Post code: Country:

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Employer's telephone number (country-city code number):

Employer's fax number (country-city code number):

Employer's e-mail address:

Your current or most recent position:

Dates of previous employment and dates of such employment:

If you are a teacher, which age group of children do you teach?

4-7

8-12

13-18

Which subjects do you teach?



PERSONAL STATEMENT

Write in the space below why you are interested in Child's World and your goals in attending the Child's World programme.

EMERGENCY CONTACT INFORMATION

(who to contact on your behalf in case of an emergency)

First name*:

Middle name:

Last name*:

Address*:

Street*:

City*:

State:

Post code:

Country*:

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Telephone number (country-city code number)*:

Fax number (country-city code number):



KPM Approach to Children
Atma Vidya Educational Foundation

E-mail address:

HOUSING AND AIRPORT PICKUP INFORMATION

Do you need assistance with housing or accommodation? Yes/No

Do you have anyone accompanying you who will also need accommodation? Yes/No (If 'Yes', please provide details.) (Note: A visitor accompanying a Child's World participant need not fill out a separate form if s/he just wishes to take a tour of the school without interacting with the children.)

Do you require an airport pick-up service? Yes/No

Signature of applicant: _____
(Type in name for electronic applications.)

Date: _____

Please submit this Child's World Application Form (by post or e-mail) to:

Child's World Programme
Atma Vidya Educational Foundation
Malakkara via Edayaranmula
Kerala 689 532
India
E-mail: training@kpmapproach.org