

Personal Data Form



Dear sewer

Please fill this registration form in electronicall and e-mail it too Carole at ckiley@telkomsa.net

Personal Information

| | |
|--------------------------|---|
| First name | |
| Surname | |
| Home address | |
| Home phone | <input type="text"/> <input type="text"/> |
| Mobile or cellular phone | <input type="text"/> <input type="text"/> |
| Home fax | <input type="text"/> <input type="text"/> |
| Home e-mail address | |
| Birthday (MM/DD/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| ID number | <input type="text"/> |

Questionnaire

| Please answer the questions below this will help to establish what your requirements are for the lessons. | | Yes | No |
|---|---|--|--------------------------|
| 1. Do you have a sewing machine? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an over-locker? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you require a refresher on how to use your sewing machine? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require a refresher on how to use your over-locker? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you require a free assessment of your skills? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. What is your objective for wanting to learn to sew? (Tick below or add a comment) | a. Sewing for the family in other words basic e.g. tracksuits, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Sewing to make extra money. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | c. To make clothes to enhance your own wardrobe. | <input type="checkbox"/> |
| d. If other please add a comment: | | | |
| | | | |
| Which course would you like to sign up for? | | | |
| a.Beginners | b.Intermediate 1 | c.Intermediate 2 | d.Advanced |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Lesson date requirements – we try to accommodate the busy schedules of the sewers when starting a new course so please indicate the time best suited for you.

| Please indicate the preferred days of the week | | | | | | |
|--|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| Tick one each | Monday 8:30-11:30am | Tuesday 8:30-11:30am | Wednesday 8:30-11:30am | Thursday 8:30-11:30am | Friday 8:30-11:30am | Saturday 8:30-11:30am |
| First choice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Second choice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|-----------------------------|-----------------------------------|------------------------------------|------------------------------|------------------------------------|--------------------------------|
| Where did you hear about us | Facebook <input type="checkbox"/> | Instagram <input type="checkbox"/> | Web <input type="checkbox"/> | Pamphlets <input type="checkbox"/> | Other <input type="checkbox"/> |
|-----------------------------|-----------------------------------|------------------------------------|------------------------------|------------------------------------|--------------------------------|