



# Personal Data Form

Dear sewer

Please fill this registration form in electronically and e-mail it too Carole at [sew@sewcrazy](mailto:sew@sewcrazy) or [ckiley@telkomsa.net](mailto:ckiley@telkomsa.net)

## Personal Information

First name											
Surname											
Home address											
Home phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile or cellular phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="checkbox"/>
d. If other please add a comment:			
Which course would you like to sign up for?			
a.Beginners	b.Intermediate	c.Advanced	d.Tailoring
<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	Mornings 8-11am	Evenings 6-9pm	Saturday (check schedule for times)
First choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second choice	<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"/>
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