



South African Quilters' Guild

SAQG Accredited, Recognized and Specialist Teachers Update Information Form

PLEASE PRINT CLEARLY OR COMPLETE ELECTRONICALLY
Email Form to: teachers@quiltsouthafrica.co.za

PROVINCE									
Eastern Cape <input type="checkbox"/>	Free State <input type="checkbox"/>	Gauteng <input type="checkbox"/>	KwaZulu-Natal <input type="checkbox"/>	Limpopo <input type="checkbox"/>	Mpumalanga <input type="checkbox"/>	Northern Cape <input type="checkbox"/>	North West <input type="checkbox"/>	Western Cape <input type="checkbox"/>	Out of South Africa <input type="checkbox"/>

SURNAME:		FIRST NAME:							
ADDRESS:							POST CODE:		
EMAIL:				DATE OF BIRTH (DD/MM/YYYY):					
MOBILE PHONE:				HOME PHONE:					
WEBSITE:			FACEBOOK*:			INSTAGRAM*:			

*Only include if predominantly quilting related and public accounts.

QUILTING GUILD MEMBERSHIPS	
REGIONAL	
LOCAL	
OTHER	
MEMBER OF SAQG	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, <input type="checkbox"/> GUILD AFFILIATION, or <input type="checkbox"/> INDIVIDUAL MEMBER

SAQG ACCREDITED QUILT TEACHER	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, YEAR:
SAQG RECOGNIZED OR SPECIALIST QUILT TEACHER	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, YEAR:
OTHER QUILT TEACHER ACCREDITATIONS	
YEARS OF QUILT TEACHING EXPERIENCE	
I AM TEACHING PATCHWORK/QUILTING/TEXTILE ARTS:	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> REGULARLY <input type="checkbox"/> INFREQUENTLY <input type="checkbox"/> ON REQUEST <input type="checkbox"/> NOT TEACHING	

TYPE OF PATCHWORK, QUILTING, AND/OR TEXTILE ART YOU TEACH:	
.....	
.....	
WHAT LEVEL(S) DO YOU TEACH?	
<input type="checkbox"/> BEGINNERS <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/> CHILDREN <input type="checkbox"/> OTHER	
REGION(S) WHERE YOU TEACH:	
ARE YOU WILLING TO TRAVEL TO OTHER REGIONS TO TEACH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU INVOLVED IN OUTREACH/COMMUNITY TEACHING? <input type="checkbox"/> YES <input type="checkbox"/> NO	

I confirm that the information I have given is correct and true. I agree that my name and contact details can be posted on the SAQG website.

SIGNATURE

DATE