



SASA Box 206, Ferndale, 2160 • SASA0722031515 • suzuki.association.sa@gmail.com

SASA Questionnaire and Registration form

Thank you for your interest in the Suzuki Violin Method. Please fill in the following information so that we can better help you in your pursuit to become a Suzuki Violin teacher.

GENERAL INFORMATION

Name:

Age:

Address:

Contact details: Mobile:

Email:

MUSICAL QUALIFICATIONS

- 1. How long have you been studying violin?**
- 2. To what level have you studied the violin?**
- 3. Do you have any achievements in violin playing?**
- 4. Have you ever studied the Suzuki repertoire? Up to what piece or book?**
- 5. Have you been teaching violin already? How long?**

GENERAL

- 1. Do you have access to a computer and video camera/ipad/smartphone?
(For communication with the SASA and submission of course work)**
- 2. Have you read the Teacher's Training Course Rules and SASA Name Agreement in the attached documents?**
- 3. Where did you hear about the Suzuki Method?**
- 4. Why do you want to study the Suzuki method?**
- 5. How do you hope the Suzuki teacher's training will help you in your teaching?**

COMMITMENT OF INTENT

Please put a cross in the box

I hereby commit to taking the SASA Teacher Training course for violin in 2019 and will pay my R4 500 deposit by 31 March 2019.

Thank you for your time for filling in this form.

THE SASA COMMITTEE