

DOT Clubs Registration form (Printable version)

This registration form is intended to be used by Club Leaders facilitating Mozilla DOT Clubs. The information collected in this form can only be accessed by DOT and Mozilla staff and will be used to assess the impact of The Mozilla DOT Clubs program.

1. PERSONAL INFORMATION

a)	Name
b)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other:
c)	Phone Number Email
d)	Twitter
e)	Region
f)	City
g)	I'm okay with Mozilla and DOT handling my info as explained in this Privacy Notice (https://www.mozilla.org/en-US/privacy/)
	Yes / No (circle one)

2. PROFESSIONAL AND EDUCATION EXPERIENCE

a)	Highest level of education completed <input type="checkbox"/> Completed Primary School <input type="checkbox"/> Completed Secondary School <input type="checkbox"/> Completed High School <input type="checkbox"/> Completed University/College <input type="checkbox"/> Completed Vocational/Technical School <input type="checkbox"/> Left School during Secondary School <input type="checkbox"/> Left School during High School <input type="checkbox"/> Some University/College <input type="checkbox"/> Some Vocational/Technical School	b)	What level of education are you currently completing (If Applicable) <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Vocational – Technical <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Private Institution Area of study :
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c)	Employment status (Check all that apply) <input type="checkbox"/> Working full-time <input type="checkbox"/> Working part-time <input type="checkbox"/> Working casually <input type="checkbox"/> Self employed <input type="checkbox"/> Studying <input type="checkbox"/> Neither working nor studying	d)	Work information (If Applicable) Job Title Name of Employer Sector of employment <input type="checkbox"/> Agriculture/Farmer <input type="checkbox"/> Industry <input type="checkbox"/> Handicrafts <input type="checkbox"/> Service <input type="checkbox"/> Retail <input type="checkbox"/> Trades <input type="checkbox"/> Financial <input type="checkbox"/> Education <input type="checkbox"/> Other (please explain):
e)	Do you have bank account <input type="checkbox"/> Yes <input type="checkbox"/> No	f)	Do you have a registered business <input type="checkbox"/> Yes <input type="checkbox"/> No

3. EVENT INFORMATION

a)	Club Leader Name
c)	Event Title
e)	Date of Event
g)	How did you hear about the event?