### Pre-course questionnaire

The following questions will help us to ensure you get the most out of your CIEH training course.

Please complete this form before your course and return it to:

Jaytinee Chotalia, Business Support Officer, Ocelot Education Solutions, Innovation Centre Medway, Maidstone Road, Chatham, ME5 9FD

|  |  |  |  |
| --- | --- | --- | --- |
| Delegate name: |  | Date: |  |
| Delegate address |  | | |
| Telephone number |  | | |
| Email address |  | | |
| Course attending: |  | | |
| Date of course |  | | |

|  |
| --- |
| How did you hear about this training course? |
|  |
| If you are currently employed, please state where you work and what type of work you do. |
|  |
| Have you had any other training similar to this course? Please give details. |
|  |
| Are you undertaking this training course for a particular purpose? E.g. to help you in your job role. |
|  |
| What are you most looking forward to in attending this course? |
|  |
| What are you not looking forward to in attending this course? |
|  |
| Please give details if you require additional support as a result of a disability, medical condition, or any other specific learning need. Additional support can also be given if you speak English as a second language. Please contact the centre if you have any queries or wish to discuss requirements confidentially. |
|  |

For office use:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date received: |  | Date passed to trainer: |  | Trainer name: |  |
| Reasonable adjustment form details / notes: | | | | | |