



Pre-course Questionnaire

Name:
(Please write in clear capital letters are you will want them to appear on your certificate. For any mistakes to be corrected candidates will have to pay).

Address:.....
.....

Organisation:.....

Home or Work no:..... Mobile no:

Course date:

Completion of this questionnaire will enable the trainer to identify your individual training need and appropriateness of programme.

1. What are your main duties at work?
.....
2. List any previous training.
.....
3. Where did you hear about **Safety+?**
.....
4. Why do you want to do this course? Explain below:
.....
5. How do you intend to use this knowledge after training?
.....
.....

Signature:..... Date:.....



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