



safetyplus

'preventing banana skin situations'

Pre-course Questionnaire

Name

(Please write in clear capital letters as you will want your name to appear on your certificate. For any mistakes to be corrected, candidates may have to pay)

Address

Organisation

Home or Work no Mobile no

E-mail

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 **SafetyPlus**?

4. Why do you want to do this course? Explain below

5. How do you intend to use this knowledge after training?

Sign

Date

LTV Complex, LTV Canteen Building, Upper Floor, Agidingbi, Ikeja, Lagos

w: www.safetioneplus.com | e: info@safetioneplus.com

