

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 and return it to:

Norman Gentry Consulting, 19 Lansdowne Court, Carlisle CA3 9HW

Candidate name:		Date:	
Course title:			

Where do you work?
What type of work do you do?
What training have you previously undertaken?
Do you have any particular learning needs, disability, medical condition or language difficulty, which you require assistance with, in order to complete this course? (Please contact the centre if you have any queries or wish to discuss confidentially).
What are you not looking forward to in attending this course?
What are you most looking forward to in attending this course?

For office use:

Date received:		Date passed to trainer:	
Reasonable adjustment form details / notes:			