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**Pre-Learning questionnaire**

**(To be completed by attendee, prior to learning event)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of event: \_\_\_\_\_\_\_\_

**How was this learning need identified?**

**What are the stated outcomes of the event?**

**What learning and development needs are you hoping to achieve as a result of the attending this event?**

Continued …/…

**What are you hoping to do differently as a result of attending the event?**

**What do you think the benefits will be?**

(Consider personal benefits, organisational benefits, benefits to colleagues and clients)

**Do you have any concerns about attending the event? If so what are they?**

**How would you rate your current level of skill and knowledge in the areas identified on the course outline? Please tick the box that applies to you:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very good** | **Good** | **Average** | **Poor** | **None** |
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