

TAA40104 Certificate IV in Training and Assessment

Pre-training questionnaire (for confidential use by trainer)

Personal Details

Name:

Address:
..... Postcode:

Telephone:

Mobile:

Email:

If you are part of an organisation please complete the following details

Organisation Name:

Primary area of work:

Background (please include the year)

Do you have any qualification/s or do you have an area of expertise that you wish to conduct training and assessment for?

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Briefly describe any experience you have previously had in conducting training or assessment

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Have you received any training yourself in the training and assessment area?

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What do you most hope to accomplish by conducting training and assessment in your work or subject area?

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Are there one or two topics or skills that you would like to work on or improve during the course?

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Do you have access to opportunities where you can conduct assessment and training **YES / NO**

Do you wish to apply for Recognition of Prior Learning? **YES / NO** If so please speak to Training Co-ordinator

Please return completed form to: Anne Blight, Longbeach PLACE Inc. Phone: (03) 97761386
15 Chelsea Road, CHELSEA VIC 3196 Email: anne@longbeachplace.org.au