

**INDIVIDUAL REGISTRATION &**

**PRE-COURSE NEEDS ASSESSMENT**

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| **Course Organiser’s name:** | **Course title:** |
| **Your name:** | **Date & venue:** |
| **Practice/work address:** | **Job title/position:** |
| **Why do you want to attend this course /undertake this learning?** |  |
| **What skills or knowledge do you hope to develop (please be specific)** |  |
| **Will this learning have an impact on your work, and if so what will it be?** |  |
| **Any special/dietary requirements?**  **(If applicable to course)** |  |