LEARNING NEEDS ASSESSMENT:

This assessment should be completed by each participant, preferably 2-3 weeks before the training takes place. That gives facilitators the opportunity to adjust the modules to meet the expectations, experiences and competences of the participants. All information is treated with the utmost confidentiality.

***If there are any questions you don’t feel comfortable answering, please feel free to skip them.***

|  |  |
| --- | --- |
| Full Name Here |  |
| Topic for training: |  |
| Dates for training: |  |
| Business Name: |  |
| Job Title: |  |
| How do you identify?  |  |

**Answer these questions:**

1. What are your expectations and motivations regarding the training?
2. Have you received any previous training on any of the topics in the training programmed, or do you have professional experience of them? If so, please specify topics, period and training institution and/or employer, job title, experience.
3. On which specific topics of this training theme would you like to acquire more knowledge and information?
4. On which specific topics of this training theme would you like to acquire more **skills** (know- how)?
5. Regarding the theme: Are there particular issues regarding safety or otherwise – or any risks, dilemmas, taboos or worries – that you would like to be considered during the training session(s)?
6. Regarding yourself: What do you need to fully participate and to feel safe and included during the training course?
7. Is there any other information that you feel the facilitators should know about you?