Name:

Address:

Postcode:

Telephone Daytime: Evening:

E-mail address:

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| --- | --- |
| 1. | 1. How did you hear about the training? |
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| --- | --- |
| 2. | What, if any, experience do you have of working within your local community? |
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| --- | --- |
| 3. | What issues from a personal point of view, do you think are important in your community? |
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| --- | --- |
| 4. | What aspects of community life do you feel can be changed by community members becoming more involved in their communities? |
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| --- | --- |
| 5. | What skills do you think are needed when helping to make changes in your local community? |
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| --- | --- |
| 6. | What skills do you already have which are useful when working in your local community? |
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| --- | --- |
| 7. | What experience do you have of working with others as a team? |
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| --- | --- |
| 8. | A) What do you enjoy about working in your community? |
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|  | B) What don’t you enjoy about working in your community? |
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| --- | --- |
| 9. | What is the one thing you think you could bring to this training programme? |
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| --- | --- |
| 10. | What do you expect to get from the training programme? |
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Commitment and expectations

Please carefully study the programme information and then circle the appropriate answers

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| --- | --- |
| Are you able to commit the time to attend every session of the training programme? | YES / NO |

|  |  |
| --- | --- |
| Do you need crèche provided? | YES / NO |

Names and ages of children who will be attending the crèche

1 Age

2 Age

3 Age

4 Age

5 Age

|  |  |
| --- | --- |
| Do you have other carer responsibilities which would make it difficult for you to attend? *(We may be able to help)* | YES / NO |

|  |  |
| --- | --- |
| Would you be able to travel within the Council area?  *(Travel expenses will be paid)* | YES / NO |

|  |  |
| --- | --- |
| Do you have any additional or specific needs that will require us to support you in a different way? | YES / NO |

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| --- | --- |
| Facilitators may take photographs during the training which would be used for evidence of the learning taking place. Would you object to this? | YES / NO |

Please specify:

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|  |

Signed: Date: