

Training Outcomes Analysis

Please complete the following questionnaire as fully as possible.

NAME D.O.B.

ADDRESS

PHONE (inc STD code) MOBILE

EMAIL

What is your current profession?

What formal qualifications do you hold?

Inc degrees, honours, doctorates

Certifications, professional bodies

How did you find out about FFTAD?

Which courses are you considering?

What do you expect to gain from working with FFTAD?

What other experiences of training have you had?

What personal/business outcome(s) do you have?

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.....

How will you know when you have achieved your outcome(s)?

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.....

How would you like your life to be different in 1 year?

.....
.....

Actions

.....
.....

Referrals

1.
2.
3.

Thank you for completing this questionnaire. We encourage you to immerse yourself fully in your training and allow yourself to learn, grow, be inspired and motivated, and above all **ENJOY YOURSELF!!!**

The FastForward Training and Development Team.