

Dear Learner,

In order to improve our learning quality and support your training needs, we appreciate if you can take a moment to fill the below details to take all your training requirements before joining the course.

Disclaimer: Training Plus Institute (TPI) will not, in any circumstances, share your personal information with other individuals or organizations without your permission, including public organizations, corporations or individuals, except when applicable by law. We do not sell, communicate or divulge your information to any mailing lists

General Information:

Name		Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Current Position		Department		
Course Name				
Age Group	<input type="checkbox"/> 24- <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50+			
Educational Level	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree			
Work Experience	<input type="checkbox"/> Job Seeker <input type="checkbox"/> Less than 2 Years <input type="checkbox"/> 3-5 Years <input type="checkbox"/> 6-10 Years <input type="checkbox"/> 20+ Years			
Level of English	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low		Level of Arabic	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low
1. Do you have a Professional Certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please specify: _____				
2. Will you register for a Certification Exam? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please specify: I will attend the Exam within: <input type="checkbox"/> 3months <input type="checkbox"/> 6months <input type="checkbox"/> 12months				
3. Was the guidance on Career progression provided? <input type="checkbox"/> YES <input type="checkbox"/> NO				
4. Was the next phase of Certification explained? <input type="checkbox"/> YES <input type="checkbox"/> NO				
5. Do you have any previously earned credit and/or prior learning on the same course/ topic you plan to register? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please specify: _____				
6. Please specify how do you intend to finance your studies at TPI <input type="checkbox"/> Sponsorship <input type="checkbox"/> Self Finance If Sponsorship, please specify: _____ If Sponsored by Tamkeen, please select how was the registration processed: <input type="checkbox"/> By myself <input type="checkbox"/> By my Company <input type="checkbox"/> with assistance from TPI student counselor				
7. Please list brief summary of your professional experience:				

8. What do you expect from this training?
9. What skills/ knowledge does your job require in relation to the training course?
10. What is your next priority of "areas for improvement"?
11. Do you have any training special needs?
12. Please share brief details of your work/experience.
13. Please list other Training courses you would like to register.

Completed by:

Learner Name / Signature: _____

Date: _____

<p>Trainer Comment/s:</p> <p>Trainer Name and Signature: _____</p> <p>Training Manager Signature: _____</p>
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