**Target Group/ Participant Questionnaire**

Please complete the following questionnaire in order to help us deliver a training that responds to your learning needs and is useful in your current position:

**1. What are your learning needs related to the topic of the training?**

OPTION 1: Please write a minimum of three learning needs in order of their importance.

OPTION 2: You can create a list of knowledge, skills, behaviours, and attitudes, then invite people to rate them according to the following scale: 1 (most important) to 7 (least important):

**2. What are your expectations related to the training? What would need to happen for this training to be useful for you?**

**3. How do you learn best? What supports you in your learning process?**

**4. What are your existing competencies related to the topic of the training?**

OPTION 1: Invite people to write a minimum of three competencies.

OPTION 2: You can create a list of knowledge, skills, behaviours, and attitudes, then invite people to rate them according to the following scale:

* 1 = Not at all Competent; 2 = Little Competence; 3 = Moderately Competent; 4 = Fairly Competent; 5 = Very Competent
* Another scaling option: 1 = No knowledge/skill; 2 = A little knowledge/skill but considerable development required; 3 = Some knowledge/skill but development required; 4 = Good level of knowledge/skill displayed, with a little development required; 5 = Fully knowledgeable/skilled—none/very little development required; N/A = This competency is not applicable to my job

Invite people to share additional comments if they wish.

**5. How important do you think the following competencies are for your current job?**

Create a list of knowledge, skills, behaviours, and attitudes, then invite people to rate them according to the following scale 7 (very important) to 1 (not important at all):

**6. Have you participated in other professional trainings on the topic before?**

**If yes, please indicate topic, number of hours, date and training provider if possible.**

**7. What is your profile?**

* What is your position within the company?
* How long have you been working in this position?
* What is your age?
* What is your gender?
* Do you have any special needs we should take into consideration? Dietary needs, accessibility challenges, audio-visual impairments, etc.
* Is there anything else you feel might be relevant for us to know?

**8. Please rate the method of training you feel would be most effective to achieve your learning goals.** Choose from Not Very Effective/ Somewhat Effective/ Very Effective

* Face-to face trainings and workshops
* Videos related to the topic
* Online courses
* Web Conferencing

**9. What type of face-to-face training would suit you best?**

* 2 day training
* 1 day training
* ½ day training