## RCM-WPR-Letterhead-2016_1-2-top.jpgLearning Rep training needs questionnaire.

All information will be treated confidentially.

Please circle the answer of your choice and write answers where lines are provided.

**General Information**

1. Current Band: 5/6/7

2. Full time/part time/temporary/bank

3. Age: 21-35 36-45 46 and over

4. Department you work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How long have you been qualified? \_\_\_\_\_\_\_\_\_

6. Preferred contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training needs**

7. What essential training do you require to fulfil your role?

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8.What additional training would you require to enhance your professional

development?

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**Type of training**

9. Preferred training: online/face to face/other (please specify)

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10. Are you aware of the opportunities within Open University and would be interested

in further information?

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