

Trainee Registration Form v1.6

TO BE COMPLETED BY DELIVERY PARTNER

Title of the Course:

Training Course Unique ID: Training Provider:

Duration of course (total hours): Start Date: Finish Date:

PLEASE COMPLETE IN INK (OR ELECTRONICALLY) USING BLOCK CAPITALS

First Names(s): Surname:

First Line of Home address: Home Postcode:

Home Phone or Mobile No: Personal E-mail:

Age: Less than 25 25-40 Over 40 Gender: Male Female

Are you: Employed Self-Employed Employer

Employment Status: Full-time Part-time Casual Seasonal

Please tick your ethnicity: White Indian Black Caribbean Other Black Other Ethnic Group
 Mixed Pakistani Other Asian Black African Chinese Prefer not to say

Business Details

Business Name:

Business Address: Business Postcode:

Business Telephone No:

Are you happy for us to contact your employer if we require further information?: Yes No

State type of Business (livestock, agriculture, food industry, forestry etc.):

No of Full-time employees: Less than 10 10 – 50 51 – 249 250 or more

Please tick all relevant descriptions for your business: Agric - Livestock Agric - General Forestry
 Individual Farmer Dairy Farmer Micro Enterprise – balance sheet less than EUR 2 million
 Non-profit Organisation Public Organisation Other

Turnover of company: Over £42 Million Under £42 Million Don't know

Declaration – the information I have provided is correct to the best of my knowledge. I understand that:

- I have had the programme eligibility explained to me and acknowledge that the information provided is true and accurate, and is required for equal opportunity monitoring purposes when training is undertaken.
 - Data Protection Act 1998: CCA LandSkills, the CCA LandSkills consortium of training providers & Defra will process this information for the purposes of accounting and auditing for this programme only. In certain circumstances, individuals may be approached to pursue further marketing and publicity opportunities. However your personal details will not be used for publicity purposes unless you give your written permission to do so.
 - I am either, currently in an advanced technical, management or Advanced Management role/supervisory role, or I aspire to progress to this level in the future and work in the agricultural, horticultural or forestry management sectors.
 - I agree that any match funding required by the delivery partner is to be paid
- This programme is funded through the European and UK government and as such the information you have provided will be passed to DEFRA and other government business support and training programmes, who may contact you to monitor your attendance on courses run through the CCA LandSkills Programme.*

Participant Signed: Date:

Trainee name:

Course Evaluation and Feedback

Your feedback is crucial as it could improve the satisfaction of this course for future trainees.

Please rate the following	Excellent	Good	Average	Poor
Course organisation				
1. Pre course information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Venue/Site facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course content				
3. Appropriate to your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Course objectives met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How was the pace of delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Course materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor				
7. Punctual, friendly & supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Effective presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Involved all trainees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Technical demonstration/knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General				
11. How do you rate the event overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. New skills learnt will be applied in practice	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/>
Any other comments, likes/dislikes, changes you would suggest, etc:				

Future Training Needs (please tick any you are interested in)

Benchmarking
 Supply Chain Marketing
 Marketing Basics
 Tree Husbandry
 Marketing Opportunities for the Sector
 Marketing Adding Value
 Land Management
 Marketing Opportunities for the Export Market
 Soil structure and Management
 Fertilisers and Pesticides

Technical? Please state:

Other skills? Please state:

INTERNAL USE ONLY

Declaration - I confirm that this Trainee Registration Form has been completed as required under our contract with CCA Landskills for this training course (to be signed by Delivery Partner Representative)

Delivery partner (Print name):

Signature Date: