Learner profile



Date	completed:	V/)
Name	: DOB:	
Occu	oation:	
	e note that if you are not a qualified therapist Traditional Therapy short courses other the practitioner level do not qualify you to practice.	an
Highe	st level of qualification:	
	knowledge of subject if any:	
1)	Do you have any needs that we need to be aware of when delivering a session? Example: Difficulty hearing, Difficulty seeing, Difficulty writing, Difficulty standing or mo around, Nervous. Anything else?	oving
2)	What do you want to achieve by attending study sessions?	
	Please tick all appropriate	
	Social interaction with others	
	To listen and be stimulated	
	New knowledge	
	Refresher of existing knowledge	
	To achieve a new skill	
	To gain a qualification	
	Other, please elaborate	

3) Are you aware of your individual learning style? If so how would you describe it?

4) How do you best acquire and retain information? Please mark in order of preference 1 being best, 4 being worst Written Oral Visual Hands - on 5) Do you find any of the following particularly helpful when learning? Please tick any appropriate ☐ PowerPoint/ Visual teaching aids ☐ Pictures and diagrams ☐ Watching video ☐ Written information ☐ Hand-outs Practical activities ☐ Group activities ☐ Role play Quizzes and games ☐ Work books ☐ Assignments Demonstrations ☐ Discussions ☐ Other – Please specify

6) Is there anything else you would like to tell us?