Rollout C5 Pre-Training form	
Trainee Details	
Many thanks for agreeing to fill in this form, it i	s anonymous and will only take you a couple of
minutes to complete. Your feedback helps us e	evaluate and improve the program.
* 1. Unique ID Number (if unknown put NA)	
ID number	
* 2. Please provide the name of your trainer	
* 3. Please select the region	
North East	East of England
North West	London
Yorkshire and the Humber	South East
East Midlands	South West
West Midlands	
Other (please specify)	
* 4. Please enter the postcode where you are act	tive. (If you do not work in a fixed location please put the
postcode your are most often working in).	
* 5. Please enter the first date of your Connect 5	training session 1
5. The use effect the mat date of your connect s	
Date / Time	
MM/DD/YYYY	
* 6. Please enter your job title	

Emergency services (including fire service, police, ambulance)	Social care and housing professionals (housing officers, social workers, youth workers and other social care
Public health specialists and practitioners (e.g. public hea	professions) alth
consultants, health improvement managers, smoking cessation advisors)	Teaching and educational professionals (e.g. headteachers, teachers, teaching assistants, admin staff working in education settings)
Welfare (e.g. employment advisers, benefits case worker	
advisers working on a voluntary basis)	Childcare related professions (e.g. nursery staff, childminders)
Community health promotion workers/volunteers (e.g.	
health trainers, health champions, health and wellbeing advisors, breastfeeding volunteers)	Sports and fitness occupations (e.g. sports coaches, fitnes instructors and leisure centre employees)
Health Professionals (e.g. GPs, nurses, Allied Health Professionals)	
Other (please specify)	

