

# Corporate Training Pre-Arrival Participant Survey

Full Name

Email Address

Department/Team

Job Title/Role

## 1. Have you attended similar training before?

☐ Yes ☐ No

2. What are your main goals or expectations for this training?

3. Are there specific topics or questions you would like covered?

4. What skills or knowledge would you like to improve through this training?

## 5. Preferred learning style (select all that apply):

☐ Lecture ☐ Group Discussion ☐ Case Studies ☐ Hands-on Activities ☐ Other

6. Are there any challenges you face in your current role that this training might help address?

7. Dietary restrictions, accessibility needs, or other accommodations required?