

Course Title:

Your name please :

### Disability and Accessibility:

Do you consider yourself to have a disability?

If yes please specify the nature of your disability and advise if you have any specific requirements in order to train with ENSTTI.

(Some examples of impairments that meet the definition of disability are hard of hearing, partially sighted, severe back problems, arthritis, speech impairment, dyslexia, diabetes, epilepsy, asthma and cardiovascular conditions.)

### Dietary requirements:

Do you have any special dietary requirements? If yes, please state which:

### Course Expectations:

This information will be provided to your module leader to help prepare the course materials:

What are your expectations of this course?

What would you like to focus on?

Do you have any preferred teaching methods?

#### Head Office

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Thank you for completing this form, we hope it will contribute to a better learning experience for you.