



This form should be completed by the person who will be attending the facilitator training. This Facilitator Training Registration form must accompany the Facilitator Training Application Form that has been signed by your supervisor.

Your answers will help the *Nobody's Perfect* trainer integrate your specific needs and interests into the training workshop. All responses are confidential.

**Facilitator Registration:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Check any of the following kinds of training or workshops that you have previously attended.**

- Child Development
- Facilitation Skills
- Mental Health
- Communication Skills
- Adult Education
- Other Parent Education Programs (please specify):  
\_\_\_\_\_

**List your Formal education (certificate, diploma, degree)**

**Why are you choosing to become a *Nobody's Perfect* facilitator?**

**In your own words, what is your definition of the role of a facilitator?**

**How comfortable would you be if you were to facilitate a parent discussion right now?**

**Tick a number**

**not comfortable    1    2    3    4    5    6    7    8    9    10    very comfortable**

**Describe why you chose the number you did. For example, "I am comfortable with people... or I am nervous when..."**

**What challenges have you encountered, or think you might face, when working with groups?**

**Think of something you just learned. What is your preferred learning style? (e.g. watching someone, doing it yourself, reading a book...)**

**In your opinion, what is experiential learning?**

**What is your experience with a participant-centered approach to adult education, either as a participant or as a facilitator?**

**What are *your* goals &/or expectations for this training?**