



Adolph Kaestner

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Training Brief In House / Closed Groups

Please supply as much information as possible so that the training can be tailored to your specific needs and ensure maximum benefit and ROI

Name of Company							
Department/Division/Group							
Company Order Number							
Date/s of Training							
Venue to Use							
Venue Physical Address							
Training Type <i>e.g. Presentation Skills/Leadership</i>							
Total Group Size		One or Several Groups					
Delegates Current Skills Level		Basic		Intermediate		Advanced	
Specific Needs of the Group <i>e.g. Technical Presentations</i>							
How will this training be used and impact on their day to day duties?							
Any other comments & information to assist with the development of the workshop for this group							
Completed By:-							
Initials and Surname							
Date							
Contact details		e-Mail					
		Tel No		Cell Phone			

Note: Please attach a Full Names list of delegates – First Names and Surnames (required for certificates)