

## Pre-course questionnaire for PTC Instructors

Name	
Email	
Mobile / telephone number	

Please Score 1-5 (1 = not confident at all; 5 = very confident)

Do you feel confident to:	1	2	3	4	5
Deliver a PTC lecture					
Run a discussion group					
Teach a PTC Skill					
Run a trauma scenario					

*What do you hope to learn from this course?*

*Thank you for completing this form.*