



QMS Solutions

Trainer Questionnaire

Query	Response
Name:	
Address:	
Tel No.	
E-mail:	
Website (if applicable):	
Please list training programmes that you propose to deliver on behalf of QMS Solutions:	
Training Profile: For the above mentioned training programmes, please provide details of current training content and costs:	
Have you completed a Train the Trainer Course?	
Please outline training methodologies:	

Please outline experience relevant to the above mentioned training programmes:	
Please outline qualifications that have a direct relevance to the above mentioned training programmes:	
Does your business have professional indemnity insurance?	
(Where applicable) Does your business have a quality management system?	
(Where applicable) Is your QMS accredited to ISO 9001?	
(Where applicable) What training is given to employees?	
Does your service comply with regulatory standards and legal requirements? Please list standards and legislation that applies.	
Please provide names, addresses and telephone numbers for at Least 2 referees	Name: Address: Telephone No:
	Name: Address: Telephone No:

**Please submit a current CV with this completed questionnaire*

Signed: _____

Print Name: _____

Date: _____

QMS SOLUTIONS OFFICE USE ONLY

Remarks:

Signed:

Date:

CONTROLLED DOCUMENT