# Junior Chamber International

## REGISTRATION FORM FOR

☐ PRIME ☐ EXCEL ☐ NATIONAL LEADERS TRAINING

Name: _____ Date of Birth: _____

Current position at ☐ National / ☐ Local level: _____

Dates and place of the course you wish to attend: _____

_____

Mailing Address: _____

City: _____ Postal Code: _____ State: _____ Country: _____

Tel. Number: ( ) _____ Fax Number : ( ) _____

Your Chapter: _____ National Organization: _____

Member since: _____ Occupation: _____

Languages spoken: _____

### Learning Style Inventory

This inventory is designed to assess your method of learning. As you take the inventory give a high rank to those words which best characterize the way you learn and a low rank to the words which are least characteristic of your learning style. There are nine sets of four words listed below. Rank in order each set of four words, assigning a "4" to the word which best characterizes your learning style; a "3" to the word which next best characterizes your learning style; a "2" to the next most characteristic word; and a "1" to the word which is least characteristic of you as a learner. **Be sure to assign a different rank number to each of the four words in each set.**

You may find it hard to choose the words that best describe your learning style because there are no right or wrong answers. Different characteristics described in the inventory are equally good. The aim of the inventory is to describe how you learn, not to evaluate your learning ability.

| | | | | |
|---|---|---|---|---|
| 1. | ☐ Discriminating | ☐ Tentative | ☐ Involved | ☐ Practical |
| 2. | ☐ Receptive | ☐ Relevant | ☐ Analytical | ☐ Impartial |
| 3. | ☐ Feeling | ☐ Watching | ☐ Thinking | ☐ Doing |
| 4. | ☐ Accepting | ☐ Risk-taker | ☐ Evaluative | ☐ Aware |
| 5. | ☐ Intuitive | ☐ Productive | ☐ Logical | ☐ Questioning |
| 6. | ☐ Abstract | ☐ Observing | ☐ Concrete | ☐ Active |
| 7. | ☐ Present-oriented | ☐ Reflecting | ☐ Future-oriented | ☐ Pragmatic |
| 8. | ☐ Experience | ☐ Observation | ☐ Conceptualization | ☐ Experimentation |
| 9. | ☐ Intense | ☐ Reserved | ☐ Rational | ☐ Responsible |

| Please indicate the training courses you have attended or conducted: | Training Hours | | Rank your ability conducting courses | | | |
|---|---|---|---|---|---|---|
| | ATTENDED | CONDUCTED | VERY GOOD | GOOD | FAIR | POOR |
| ☐ New Members Orientation | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Local Leaders Training | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Regional/State Leaders Training | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ National Leaders Training | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Vanguard Leaders | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Personal Dynamics | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Chapter Development | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Time Management | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Other: _____ | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Other: _____ | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Other: _____ | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Other: _____ | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Other: _____ | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Other: _____ | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Other: _____ | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Other: _____ | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |
| ☐ Other: _____ | [ ] | [ ] | ☐ | ☐ | ☐ | ☐ |

What do you expect to learn from the training course you are applying for?

_____

_____

Which of your training skills do you wish to improve?

_____

_____

Please list the five major problems/difficulties that exist in your National Organization in the area of training:

1. _____
2. _____
3. _____
4. _____
5. _____

Signature : _____ Date : _____

Endorsed by the National President : _____ Date : _____

Please return this form to the Director of Training at the Junior Chamber International World Headquarters, P.O. Box 140577, Coral Gables, FL 33114, U.S.A. • FAX: (1) (305) 442-0041 • TEL: (1) (305) 446-7608