

# Advisory Group Information Sheet



Name \_\_\_\_\_  
\_\_\_\_\_

Name I prefer to go  
by \_\_\_\_\_

Tell me about your family/support system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital Experience Y N Job: \_\_\_\_\_ FT / PT  
/ OC

What do you do for self-care?  
\_\_\_\_\_

What are your study habits?  
\_\_\_\_\_

What are your goals for this module?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do I need to know to help you be successful in this module?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What past experiences may trigger you, related to our content,  
that you would like me to be aware of?  
\_\_\_\_\_

# Advisory Group Information Sheet



---

---

---

---

---

---