**Form No. (1) Staff Questionnaire on Analysis and Development of Training Needs**

|  |
| --- |
| Kindly identify the category you feel that it best describes your work in this Entity: |
| 1 | Leadership category | 🌕 |
| 2 | Supervisory category | 🌕 |
| 3 | Executive category | 🌕 |
| 4 | Professional category | 🌕 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 0 day  | 1 -2 days  | 3 – 4 days | 5 – 6 days | Over 6 days |
| Determine the number of training days you attended during past year |  |  |  |  |  |

|  |
| --- |
| Have you discussed your training and development needs with your line manager during the past year? |
| Yes, 🌕 |
| No, 🌕 |

|  |
| --- |
| Do you currently have an Individual Development Plan (IDP)?  |
| Yes, 🌕 |
| No, 🌕 |

|  |
| --- |
| If yes ...,Have you achieved the objectives set out in the Individual Development Plan (IDO) during the past year? |
| Yes, 🌕 |
| No, 🌕 |

|  |
| --- |
| If no….,Please explain the reasons that hindered you from attendance to the training events specified in the plan. |
| Example: I have been seconded to another department for six months. Therefore, I did not have enough time to attend all training events. |

Please rate your degree of preference to the following training patterns:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | I never care at all 1 | 2 | 3 | 4 | Most Preferred 5 |
| 1. Internal Training (with external trainers) | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 2. Internal Training (provided by our staff). | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 3. External Training (provided by external trainers). | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 4. Official Academic Studies | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 5. Secondment  | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 6. Applied Tasks | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 7. Career Shadowing  | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 8. Career Rotation | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

Please rate the extent of barriers and obstacles that you believe they prevent you from having access to training and development opportunities in this Entity.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | No barrier 1 | 2 | 3 | 4 | Major barrier 5 |
| 1 | I cannot get a leave from work to attend training | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 2 | I do not know what are the available training courses suitable for me | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 3 | There are no training courses that meet my own training needs | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 4 | I do not feel that training is necessary for the kind of work I perform  | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 5 | Training course times are not appropriate at all | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 6 | No budget has been allocated for training in my department | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 7 | I have a bad experience with the quality of training provided during the past year | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 8 | The manager does not give us enough time to discuss our training needs | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

If the Entity is to provide the following training courses next year, to what extent these courses are relevant to your work needs?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No Relevance 1 | 2 | 3 | 4 | Closely Relevant 5 |
| 1. Enter the name of the course ………………………………………. | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 2. Enter the name of the course ………………………………………. | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 3. Enter the name of the course ………………………………………. | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 4. Enter the name of the course ………………………………………. | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 5. Enter the name of the course ………………………………………. | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 6. Enter the name of the course ………………………………………. | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 7. Enter the name of the course ………………………………………. | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 8. Enter the name of the course ………………………………………. | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

|  |
| --- |
| What are the other specialized patterns of training do you need to best perform your job? |
| Example: I need to have on-the-job training, such as training on special projects in order to utilize the skills I have recently learnt about Microsoft.  |

|  |
| --- |
| Do you feel that this Entity grants value and importance to training and development? |
|  |

Please send the completed forms to the concerned training department.

Instructions to Human Resources Department:

|  |
| --- |
| The training department may amend and update this Form according to the needs of the concerned entity  |