**Form No. (2) Description Card for Solution or Training Patterns**

**Patterns of Training:**

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| Training Patterns: |
| Training Services Provider (s):  |

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| **Group of Targeted Individuals:** |
| * What is group of trainees that will benefit from the training pattern?
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| **Training Objective** (Based on the requirements identified in the analysis of corporate training needs) |
| * What are the main objectives of training?
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| **Desired Results of Training** |
| * What are the competencies and skills that will be acquired by trainees upon completing this course?
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| Structure of Training Pattern |
| * How many sessions are covered by the course? What are the course's programs, schedules, trainers, and prerequisites in education, training, reading, etc
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| **Training materials** |
| The required support materials inside and outside the Entity include: (rooms, facilities, technical support, books, etc.). |
| **Methods of Assessment**  |
| * How will the trainees be assessed at the end of the training program?
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| Approval of the Director of Training Department: |
| Date: |

**Instructions to Human Resources Department:**

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