



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

	ly identify the category you feel	that it bes	t describes yo	our work in the	nis Entity:	
	Leadership category					0
	Supervisory category					
	Executive category					0
4	Professional category					0
		0 day	1 -2 days	3-4 days	5 – 6 days	Over 6 d
Deter	mine the number of training					
	you attended during past year					
		4	- 1		1	•
	you discussed your training and	l developn	nent needs w	ith your line	manager durin	g the past
year?						
Yes,						
	0					
No,						
	0					
Do vo	ou currently have an Individual l	Developm	ent Plan (IDI	P)?		
Yes,	sa carrenal nave an marviauar	o c cropin	0110 1 1011 (12)			
100,	0					
No,						
	0					
TC						
If yes		1	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 1 1	DI (IDO) I	1
	you achieved the objectives set	out in the	Individual D	evelopment i	Plan (IDO) du	ring the
past y	/ear !					
Yes,	0					
No,						
110,	0					
If no.	,					
Pleas	e explain the reasons that hinder	ed you fro	om attendance	e to the traini	ng events spec	cified in
the pl	an.					
	pple: I have been seconded to an	_	ertment for si	x months. Th	erefore, I did	not have
enoug	gh time to attend all training eve	nts.				





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

	I never	2	3	4	Most
	care at				Preferred
	all 1				5
1. Internal Training (with external trainers)	0	0	0	0	0
2. Internal Training (provided by our staff).	0	0	0	0	0
3. External Training (provided by external trainers).	0	0	0	0	0
4. Official Academic Studies	0	0	0	0	0
5. Secondment	0	0	0	0	0
6. Applied Tasks	0	0	0	0	0
7. Career Shadowing	0	0	0	0	0
8. Career Rotation	0	0	0	0	0

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	0	0	0	0	0
2	I do not know what are the available training courses suitable for me	0	0	0	0	0
3	There are no training courses that meet my own training needs	0	0	0	0	0
4	I do not feel that training is necessary for the kind of work I perform	0	0	0	0	0
5	Training course times are not appropriate at all	0	0	0	0	0
6	No budget has been allocated for training in my department	0	0	0	0	0
7	I have a bad experience with the quality of training provided during the past year	0	0	0	0	0
8	The manager does not give us enough time to discuss our training needs	0	0	0	0	0





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

	No	2	3	4	Closely
	Relevance				Relevant
	1				5
1. Enter the name of the course	0	0	0	0	0
2. Enter the name of the course	0	0	0	0	0
3. Enter the name of the course	0	0	0	0	0
4. Enter the name of the course	0	0	0	0	0
5. Enter the name of the course	0	0	0	0	0
6. Enter the name of the course	0	0	0	0	0
7. Enter the name of the course	0	0	0	0	0
8. Enter the name of the course	0	0	0	0	0

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