

TRAINING NEEDS ANALYSIS/FEEDBACK

Training request for:
[Full Name]

Date:

COURSE DETAILS

Name and Location of Course:

Provider/Source:

Date(s):

Cost:

SUMMARY OF COURSE CONTENT

STATE WHAT QUALIFICATION (IF ANY) IT WILL LEAD TO

DESCRIPTION OF PRESENT NEED WITHIN THE ORGANISATION

(Should be relevant to your position and/or in line with Council objectives)

EXPECTED BENEFIT TO YOUR DEVELOPMENT

EXPECTED BENEFIT TO COUNCIL OBJECTIVES

ARE YOU WILLING/ABLE TO CASCADE THE KNOWLEDGE GAINED AND TO WHOM IN THE ORGANISATION

AUTHORISED BY:

DATE:

TO BE COMPLETED AFTER ATTENDING THE COURSE:

DID THE COURSE MEET YOUR LEARNING OBJECTIVES, IF SO PLEASE PROVIDE EVIDENCE

AS A RESULT OF ATTENDING THIS COURSE IS THERE ANY OTHER TRAINING REQUIREMENTS

WOULD YOU RECOMMEND THIS COURSE TO OTHERS, IF SO WHO