

TRAINING NEEDS ANALYSIS:

Provider:

Date:

Consultant:

YOUR BUSINESS

ORGANISATION NAME:

NO OF EMPLOYEES:

SENIOR (DIRECTOR):

ADDRESS:

MANAGERS:

TEAM LEADERS:

OPERATIONAL:

SUPPORT:

STATUS:

TEL NO:

NATURE OF BUSINESS:

FAX NO:

EMAIL:

CONTACT NAME:

POSITION:

THE PROCESS:

WHERE DO WE WANT TO GO?

Business aims and objectives

WHERE ARE WE NOW?

Key business issues and concerns

Your people – Organisational Chart

Functions analysis

Results of function analysis

Groups skills audit

HOW ARE WE GOING TO GET THERE?

Organisation training plan

Training plan element

Training evaluation and impact analysis

Staff training record

BUSINESS AIMS AND OBJECTIVES

No.	WHAT OBJECTIVE	HOW ACTIONS	WHO STAFF	WHEN START/FINISH	WHERE LOCATION	WHY BENEFIT	Ability	Training

KEY BUSINESS ISSUES AND CONCERNS

It is important to stop and consider business issues which are of a concern to both you and the organisation.

Maybe it is: Turnover, Profits, Sales, Marketing, Staff, Equipment, Competition, etc.

1

4

2

5

3

6

YOUR PEOPLE

Insert an organisational chart indicating levels of report and grade levels.

FUNCTION ANALYSIS

Consider each individual business function and record both your current position and your desired position.

(When complete, transfer the gap scores onto the next page)

- 3 Needs dramatic improvement ● = Current position
- 2 Requires a review for change ○ = Desired position
- 1 Weak
- 0 Satisfactory
- 1 Good
- 2 Excellent
- 3 Outstanding

Mark in the grid below the current and desired position of each of the functions. Count the difference between the two marks and put that in the GAP column.

	-3	-2	-1	0	1	2	3	GAP
BUSINESS PLANNING								
COMMUNICATION								
LEADERSHIP								
MANAGEMENT SKILLS								
SUPERVISORY SKILLS								
STAFF SKILLS								
MARKETING								
ACCOUNTS/FINANCE								

	-3	-2	-1	0	1	2	3	GAP
PERSONNEL								
QUALITY								
PROCUREMENT								
SYSTEMS/PROCESSES								
EQUIPMENT								
H&S								
CUSTOMER CARE								
INNOVATION								

FUNCTION ANALYSIS RESULTS

Transfer the scores from the previous page into the grid below to create a graph of the function shortfalls.

	BUSINESS PLANNING	COMMUNICATION	LEADERSHIP	MANAGEMENT SKILLS	SUPERVISORY SKILLS	STAFF SKILLS	MARKETING	ACCOUNTS/FINANCE	PERSONNEL	QUALITY	PROCUREMENT	SYSTEMS/PROCESSES	EQUIPMENT	H&S	CUSTOMER CARE	INNOVATION		
6																		
5																		
4																		
3																		
2																		
1																		
0																		

GROUP SKILL AUDIT

Group name

NAME	JOB TITLE	Individual skill sets																								
		Desired	Competence	Training	Desired	Competence	Training	Desired	Competence	Training	Desired	Competence	Training	Desired	Competence	Training	Desired	Competence	Training	Desired	Competence	Training	Desired	Competence	Training	

NB. When scoring individual members of staff against each skill set it is worth considering whether a skill is either essential or desirable. This may influence your decision when recommending further training. A low score may in some cases be satisfactory for an individual member of staff.

KEY: X = Not applicable T = Training Needed Competence level to carry out the task 1 - 5 (1 is low and 5 is high)

1 = No skill at all. 2 = Only basic skill. 3 = Some practical skill. 4 = Reasonable competence in the skill. 5 = High competence in this skill.

INDIVIDUAL SKILLS AUDIT

NAME:

Key areas for development:

JOB TITLE:

1 _____

OVERALL OBJECTIVE OF THE POSITION:

2 _____

3 _____

4 _____

5 _____

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	Review 1	Review 2	Complete
Duties/Tasks/Responsibilities	Importance 1 - 10	Competence score 1 - 10	Gap	Training required	Date	Date	Y/N

TRAINING PLAN ELEMENT

Priority.	TRAINING PROGRAMME	STAFF	To be completed for each identified training requirement.	
			Method of training	
			Duration	Qualifications
			Cost	Date Completed
			Business objectives	

STAFF TRAINING RECORD

Complete this form for each member of staff.

NAME:

DEPARTMENT:

Date	Course/Programme/Element	Cost	Outcome	Objective

TRAINING EVALUATION AND IMPACT ANALYSIS

This form is to be completed by all staff who attend a company training course.

DELEGATE: _____
PROVIDER: _____
TRAINER: _____

COURSE TITLE: _____
LOCATION: _____
DATE: _____

(SCORES 1 = LOW 5 = HIGH)

Comments:

Course content:	1	2	3	4	5
Course Notes:	1	2	3	4	5
Trainers knowledge of subject:	1	2	3	4	5
Trainers delivery:	1	2	3	4	5
Training venue:	1	2	3	4	5
Length of course:	1	2	3	4	5

How did the course meet the learning objectives?

How are you going to apply the new knowledge/skill to your job?

