

Training Needs Analysis

Employee Information

Employee Name*: _____
 Employee ID*: _____
 Department*: _____ > Options: Production, Maintenance, Safety, Human Resources, Quality Assurance, Other
 Job Title*: _____
 Assessment Date*: _____

Current Competency Assessment

Competency Assessment:

Skill / Task	Current Level	Required Level	Gap Identified	Comments

Options for 'Current Level': None, Beginner, Intermediate, Advanced, Expert
 Options for 'Required Level': None, Beginner, Intermediate, Advanced, Expert

Training Needs

Required Training:

Course / Program	Training Type	Priority	Target Completion Date	Cost Estimate (\$)

Options for 'Training Type': Online, Classroom, On-the-job, External, Other
 Options for 'Priority': High, Medium, Low

Overall Recommendations: _____

Approval

Assessor Name*: _____
 Assessor Role: _____

Version Authorised by Review # Date of Issue: Review Date: 1