**Annexure 7 – Templates on Training, Learning and Development (HR 009A – HR 009E)**

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**HR 009A – Template on Capturing Individual Information on Training Needs**

# Name of the Division:

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| Name of staff member: | | | | |  | | | | | | |
| Section/Unit: | | | | |  | | | | | | |
| General:- | | | | | | | | | | | |
| 1. | | | Are you a new employee or a long-standing employee of the company? | | | |  | | | | |
| 2. | | | How long have you been in your present job? | | | |  | | | | |
| Confirmation of Current Duties:- | | | | | | | | | | | |
| 3. | | | Indicate the key duties and responsibilities in your job role | | | | | | | | |
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| Job Analysis:- | | | | | | | | | | | |
| 4. | | Describe the tasks you regularly perform that are critical to carrying out your job effectively. | | | | | | | | | |
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| 5. | | Describe the type of equipment you are required to use (for example, Machinery, Equipment, Computers, Printers, Data Systems etc.). | | | | | | | | | |
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| 6. | | What are the technical competencies required in your job? | | | |  | | | | | |
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| 7. | | To what extent does your job require you to work closely with other people, such as customers, clients or people in your own organization? Please circle. | | | | | | | | | |
|  | | Very little Moderately A lot | | | | | | | | | |
| 8. | | How much autonomy is there in your job, ie, to what extent do you decide how to proceed with your work? Please circle. | | | | | | | | | |
|  | | Very little Moderately A lot | | | | | | | | | |
|  | |  | | | | | | | | | |
| Training Needs:- | | | | | | | | | | | |
| 9. | | To perform your current job: What training do you still need (either on-the-job or a formal course) to perform your current job competently (e. g. IT literacy, English as a second language, etc.)? | | | | | | | | | |
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| 10. | | To perform other jobs in the organization: What other roles in the organization would you be interested in doing if a vacancy became available (eg, transfer to another section, higher position, etc.)? | | | | | | | | | |
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| Future Development Needs:- | | | | | | | | | | | |
| 11. | | What are your career aspirations? | | | | | | | | | |
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| 12. | | What training or development do you need to help make this happen (e. g. external degree study, formal meeting procedures, leadership training, etc.)? | | | | | | | | | |
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| Recognition of Prior Learning:- | | | | | | | | | | | |
| 13. | | What training have you attended within the last three years? (This will help identify if any training sessions have been missed or if any refresher training is required.) | | | | | | | | | |
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| 14. | | What training or skills have you acquired outside your current job that may be relevant to the wider organization? | | | | | | | | | |
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| 15. What are the most preferred methods of training that you desire? …………………………………………………………………………………………….....................  …………………………………………………………………………………………………………. Action Plan:- | | | | | | | | | | | |
|  | | Agreed training and development to be provided over the next 12 months: | | | | | | | | | |
|  | | Training | | | | | | | |  | |
|  | | 1. | | | | | | | |  | |
|  | | 2. | | | | | | | |  | |
|  | | 3. | | | | | | | |  | |
|  | | 4. | | | | | | | |  | |
| Signature of Staff Member | | | | : |  | | | Date : | |  | |
| Signature of Supervisor | | | | : |  | | | Date : | |  | |

**HR 009B – Template on Capturing Divisional Training Needs**

Division: …………

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Technical Competencies | Staff 1 | Staff 2 | Staff 3 | Staff 4 | Staff 5 | Staff 6 | Staff 7 |
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|  |  |  |  |  |  |  |  |
| Non-Technical Competencies | Staff 1 | Staff 2 | Staff 3 | Staff 4 | Staff 5 | Staff 6 | Staff 7 |
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**Note:** Tick the staff that requires the specific technical and non-technical competencies from the list identified

**HR 009C – Template on Annual Training Plan**

Annual Training Plan (Training Calendar) for the period from April to March, 2021

Month of April 2021

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program No | Program Title | Target Participants (job category) | Related Division | Venue/ Training Institution | Expected Participants # | Program Duration – Days # | Estimated Cost (Rs) | Cost per Head (Rs) |
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Month of May 2021

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program No | Program Title | Target Participants (job category) | Related Division | Venue/ Training Institution | Expected Participants # | Program Duration – Days # | Estimated Cost (Rs) | Cost per Head (Rs) |
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Month of June 2021

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program No | Program Title | Target Participants (job category) | Related Division | Venue/ Training Institution | Expected Participants # | Program Duration – Days # | Estimated Cost (Rs) | Cost per Head (Rs) |
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…Month of March 2022

**HR 009D – Training Program Planning Template**

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| --- | --- |
| To |  |
| From |  |

|  |  |
| --- | --- |
| Date |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Program   Description | Program Title | |  | | | | | |
| Scheduled For | |  | | Days # | |  | |
| Venue | |  | | | | | |
| 1. Objectives (What would be the training needs?) |  | | | | | | | |
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|  | | | | | | | |
| 1. Target Group   (Who would be the participants?) |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Participants # |  | Female | |  | | Male | |  |
| 1. Subject Contents (What specific subjects that would be covered?) |  | | | | | | | |
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|  | | | | | | | |
| 1. Methodology (How training is delivered or techniques used?) |  | | | | | | | |
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| 1. Expected Outcome (What the results that could be achieved after the training?) |  | | | | | | | |
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| 1. Resource Persons   (Who would be the persons undertake training sessions? see the session plan). |  | | | | | | | |
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| 8. Training Aids and Materials | | Training Aids: |  | | | | |
|  | | | | |
| Training Materials: |  | | | | |
|  | | | | |
| 9. Logistic Arraignment | | From | To | Place /Venue | | | Capacity |
| 1. Lecture or Seminar Hall | |  |  |  | | |  |
| 1. Training Room | |  |  |  | | |  |
| 1. Audio Visual Equipment | |  | | | | | |
| 10. Transport Arrangement | | Resource Persons | | Company Staff | | Participants | |
|  | |  | |  | |  | |
| 11. Cost Estimate | | | | Unit Cost (Rs) | Quantity & Day # | Cost (Rs) | Mode of Payment |
| Hall charges | | | |  |  |  |  |
| Additional cost for the halls | | | |  |  |  |  |
| Residential facilities | | | |  |  |  |  |
| Meals | Breakfast | | |  |  |  |  |
| Lunch | | |  |  |  |  |
| Dinner | | |  |  |  |  |
| Tea | Morning | | |  |  |  |  |
| Evening | | |  |  |  |  |
| Resource persons fees | | | |  |  |  |  |
| Participants’ attendance allowance | | | |  |  |  |  |
| Transport cost | | | |  |  |  |  |
| Stationary cost | | | |  |  |  |  |
| Sundry cost | | | |  |  |  |  |
| Total Cost & Unit Cost per Head | | | |  |  |  |  |
| Budget Code |  | | | Cash Advance | | Rs. | |

Prepared by----------------------------------------------- Training Officer Checked and recommended by

(Coordinated through divisional staff) HR Manager ---------------------------------------

(In consultation with relevant HOD)

Meeting /Not Meeting Divisional

Training Requirement by……………………………………………. (HOD)

Approved / Not Approved by……………………………………….. (ED)

Note:

1. Quotations to be submitted, if the meals, hall/residential facilities, transport or any other services are obtained from external parties
2. The Session Plan to be prepared followed by the relevant template reference.

**HR 009E – Template on Training Feedback Evaluation**

SAMPLE - TRAINING EVALUATION FORM

Instructions: Using the understanding that you now have at the end of today’s training, please rate the items below about the training you have received.

Date & Time :

Topic/s Covered:

Presented by :

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Description | Pre & Post | Low | | Medium | | High | | Does not Apply |
| 1 | Ability to counsel clients/Staff about the topic/s covered in this training | Before the Training | 1 | 2 | 3 | 4 | 5 | 6 | 0 |
| After the Training | 1 | 2 | 3 | 4 | 5 | 6 | 0 |
| 2 | Ability to manage clients/ staff regarding topic/s covered in the this training | Before the Training | 1 | 2 | 3 | 4 | 5 | 6 | 0 |
| After the Training | 1 | 2 | 3 | 4 | 5 | 6 | 0 |
| 3 | Overall Knowledge of the topic/s covered in this training | Before the Training | 1 | 2 | 3 | 4 | 5 | 6 | 0 |
| After the Training | 1 | 2 | 3 | 4 | 5 | 6 | 0 |
|  |  |  |  |  |  |  |  |  |  |
| 4 | Clarity of the Training Program | Presentation and explanation | 1 | 2 | 3 | 4 | 5 | 6 | 0 |
| 5 | Time Management | From the start to the end | 1 | 2 | 3 | 4 | 5 | 6 | 0 |
| 6 | Responsiveness | Total back ground understanding & Management | 1 | 2 | 3 | 4 | 5 | 6 | 0 |
| 7 | Overall facilities provided to make comfortable environment for the participants. | During the Training | 1 | 2 | 3 | 4 | 5 | 6 | 0 |
| 8 | Any other comments that you would like to communicate to the Trainer / Training Department /Sponsors / Supervisors |  | | | | | | | |