FORM/HR/009-11



HUMAN RESOURCE

TRAINING NEEDS ASSESSMENT TOOL

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PF. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division/School/Department/Section/Sub-Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **SECTION I: To be filled by employee** | | |
| S/no | Major Job Description | Training/ skills development required |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

**Supervisors Comments:**

**…………………………………………………………………………………………………………………………………………………………**

**Name:…………………………………………………… Signature:……………………………. Date:……………………………………………**

|  |  |  |
| --- | --- | --- |
| **SECTION II: To be filled by Human Resource.** | | |
| How it will be achieved (on-job training, internal and external training. | Training Provider | Period |
|  |  |  |

**Head- Human Resource Comments:**

**…………………………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………………**

**Name:……………………………………………………………. Signature……………………………….. Date:…………………………………**

***Rongo University is ISO 9001:2015 Certified*** 