

# MASASI DISTRICT COUNCIL



## TRAINING NEEDS ASSESSMENT FORM 2019/2020

Date.....

NAME.....

Age;.....[Years] Sex: MALE/FEMALE..... Check No.....

Position/Post held.....

Education Level.....

Department.....

Previous Training experience.....

Which difficulties do you face in performing your duties? .....

What kind of solution do you (employee) suggest how will improve your working standard?.....

What kind of training you think will help to improve? ( you are interested in?) .....

What type of course is favorable to you; [LONG/SHORT] .....

[a]If Short course, duration.....

[b]If Long course, duration.....

The course of choice.....

What college do you prefer?.....

Year of study.....

Financier/Sponsor.....

### COMMENTS FROM THE:

[A]Supervisor(HoD/HoU):.....

[B]DHRO:.....

[C] EMPLOYER:.....

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