

QUALITY SYSTEM DOCUMENT STAFF TRAINING

REVISION	DATE	DESCRIPTION/REASON
Draft	April 2003	Draft for management review
A	1 July 2003	Initial issue under ISO 9001:2002 Standard
B	1 Oct 2004	New Internal training course outline form
C	1 Oct 2008	Review & update of QMS
D	7 Aug 2009	Update for electronic QMS
E	7 Feb 2011	Update of induction process
F	11 Nov 2014	Update of Qualifications Register form, Training Register form, QMS Requirements process and associated documents

RECOMMENDED BY:  Date: 11/11/2014
(Quality Assurance Manager)

AUTHORISED BY:  Date: 11/11/2014
(Director of Quality)

CONTROLLED COPY NO: _____



PURPOSE

To establish and define the requirements for the development and training of employees.

SCOPE

This procedure will apply to all employees of Lambert & Rehbein.

DEFINITIONS

Training

Training refers to any organised event in which new or updated information directly related to an employee's professional duties is delivered. Training is typically delivered via an external party or via an internal meeting or seminar.

Competency Development Plan (CDP)

All staff members have a CDP which is a document that identifies levels of competency within their area of expertise and provides a training program aimed at assisting the employee's competency in these relevant areas.

RESPONSIBILITIES

Human Resources (HR) and Admin

HR will be responsible to establish and maintain a training and qualifications register for each staff member to record qualifications, areas of competency and any training that has been completed during employment with the company. Admin may be required to assist.

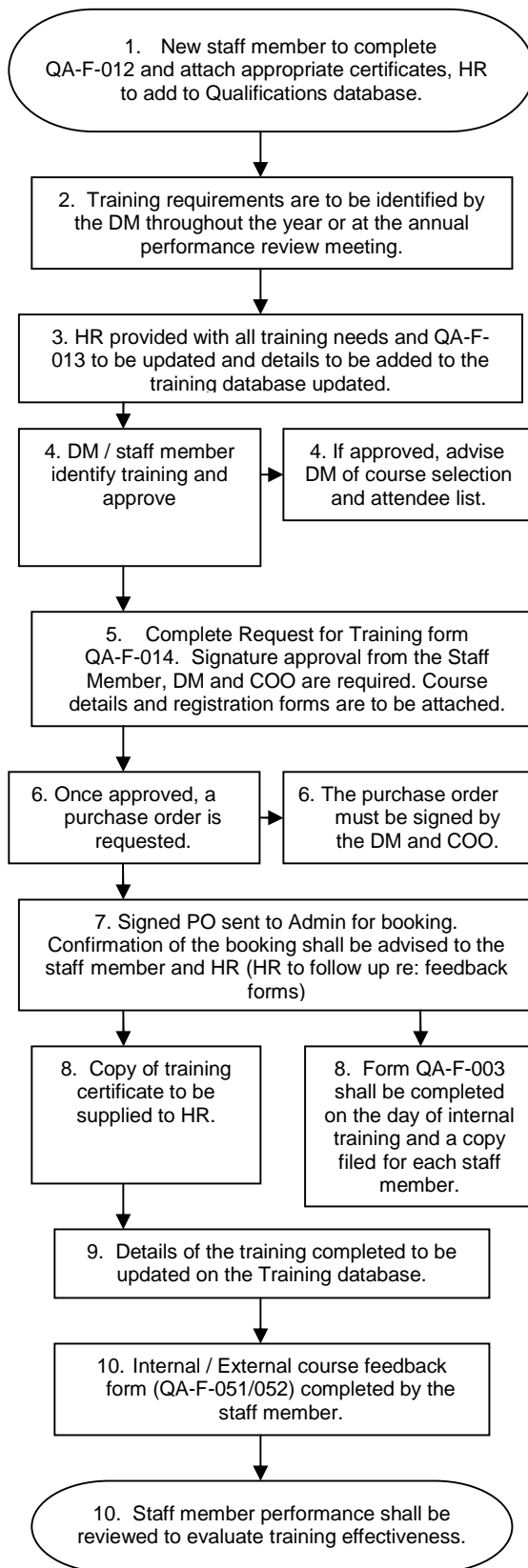
Divisional Manager

Each Divisional Manager (DM) is responsible for the monitoring and assessing of the training needs of their staff, both external and internal.



REQUIREMENTS

Flowchart: Training Requirements



1. As part of the Induction pack, each new staff member receives form QA-F-012 to complete prior to starting and to provide copies of relevant certification on start day
 - 1.1. HR verifies qualifications and files electronically on the individual's personal HR training folder as well as the hardcopy Training Records Register folder.
 - 1.2. As part of the induction process, an individual training folder is set up in the employees personal HR electronic folder for training to be completed in the future
 - 1.3. Employee is added to the Qualifications database, and Training database.
2. During the annual performance review and competency development meetings, the DM shall match qualification and skill requirements against available staff. Where deficiencies are identified, training of staff shall be arranged as appropriate and will form part of the staff members CDP. HR to update training needs identified on QA-F-013 and the Training Database.
3. The staff member is to research course options including providers, costs and dates. The collated information must be presented to the DM for approval.

If approved, the DM is to be advised of the course selected and attendee list.
4. A Request for Training form QA-F-014 must be completed. Signature approval from the Staff Member, DM and COO are required. Course details and registration forms are to be attached.
5. Once approved, a purchase order is raised and signature approved by the DM and COO.
6. Admin will book the course on behalf of the staff member. Confirmation of the booking shall be advised to the staff member and HR by admin (HR to follow up staff member re: feedback forms).
7. The person attending the training or workshop is to supply a copy of the training certificate to HR at the conclusion of the training.

When internal training is undertaken, Form QA-F-003 shall be completed on the day and a copy filed for each staff member.
8. The details of the training completed shall be listed on the Training database.
9. Course feedback forms (QA-F-051/052) must be completed by the staff member at the completion of all internal or external courses to ensure we receive feedback on the training effectiveness.
10. Performance following training shall be reviewed by DM to evaluate the effectiveness of the training. Note the outcome in the "Verified By" column in the QA-F-013 Training register form.



6. ASSOCIATED DOCUMENTS

- Training Register QA-F-012
- Qualifications Register QA-F-013
- Request for Training QA-F-014
- Internal Training Register QA-F-003
- External Course Feedback form QA-F-051
- Internal Course Feedback form QA-F-052
- Internal Training Course Outline QA-F-006
- Training Register
- Qualifications Register

ATTACHED DOCUMENTS

Sample of the following completed forms attached:

- Training Register QA-F-012
- Qualifications Register QA-F-013
- Request for Training QA-F-014
- Internal Training Register QA-F-003
- Internal Training Course Outline QA-F-006
- External Course Feedback form QA-F-051
- Internal Course Feedback form QA-F-052



QUALIFICATIONS REGISTER

Please complete this Qualifications register form and attach any appropriate documentation. This is required for Quality Assurance purposes and may be needed for tender applications.

Name:		
Division:	Location:	
Academic Qualifications	Copies Received:	Verified By:
*	<input type="checkbox"/>	
*	<input type="checkbox"/>	
*	<input type="checkbox"/>	
*	<input type="checkbox"/>	
*	<input type="checkbox"/>	
*	<input type="checkbox"/>	
Other Qualifications (eg. First Aid, OHS Auditor etc):	Copies Received if relevant:	Verified By:
*	<input type="checkbox"/>	
*	<input type="checkbox"/>	
*	<input type="checkbox"/>	
*	<input type="checkbox"/>	
*	<input type="checkbox"/>	

Example Only



TRAINING REGISTER

Training register form to be maintained by the HR coordinator, this is used to establish and define the requirements for continual development and training of employees.

Name:				
Division:		Location:		
Training needs identified				
•				
•				
•				
•				
•				
•				
•				
Training completed		Run By:	Date Attended:	Copies received if relevant:
•				<input type="checkbox"/>
•				<input type="checkbox"/>
•				<input type="checkbox"/>
•				<input type="checkbox"/>
•				<input type="checkbox"/>

Example Only



INTERNAL TRAINING REGISTER

DATE:	3 July 2003
NAME OF COURSE:	KarelCAD / AutoCAD 2002
DESCRIPTION OF COURSE / QA PROCEDURES COVERED:	

LIST OF ATTENDEES:

Ben May	Structures	
Clinton Aitkenhead	Civil Urban	
David Lenarduzzi	Civil Urban	
Kirsty Ahier	Structures	
Diego Taguada	Structures	
Stacey Druery	Civil Urban	

QA-F-003 Revision A Page 1 of 1	Authorised by: Brent Woolgar Position: Director of Quality	Date: 1 July 2003
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INTERNAL TRAINING COURSE OUTLINE

NAME OF COURSE:	
APPLICABLE TO: (Tick appropriate division(s))	<input type="checkbox"/> All Divisions <input type="checkbox"/> Project Management <input type="checkbox"/> Civil Urban <input type="checkbox"/> Structures <input type="checkbox"/> Infrastructure <input type="checkbox"/> Environmental <input type="checkbox"/> Traffic & Transport <input type="checkbox"/> Hydraulics <input type="checkbox"/> Information Technology <input type="checkbox"/> Administration <input type="checkbox"/> Finance
PRESENTED BY:	
DESCRIPTION OF COURSE CONTENT:	
SUPPORTING MATERIALS REQUIRED:	
Whiteboard	
Data projector	
Hand-outs (attach master copy)	
Other:	

COMPETENCY TRAINING LEVELS (Tick appropriate level)

- ☐ Applicable all levels of relevant divisions
☐ Applicable for general background only
☐ Applicable to senior levels only of relevant divisions

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EXTERNAL COURSE FEEDBACK FORM

NAME:		POSITION:	
DIVISION:		OFFICE:	
TRAINING TYPE:	Course <input type="checkbox"/>	Seminar <input type="checkbox"/>	Conference <input type="checkbox"/>
COURSE PROVIDER:			
COURSE / SEMINAR / CONFERENCE NAME:			
DATE (s):		LOCATION:	

Please provide feedback of your training experience by ticking the appropriate box:

COURSE CONTENT	Excellent	Above Average	Average	Below Average	Poor	N/A
The course was well organised and planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course time was used efficiently (start and finish on time?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical examples were provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of course and materials was professional and consistent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course materials taken home / completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning / Competency achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment was clear and relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FACILITATOR	Excellent	Above Average	Average	Below Average	Poor	N/A
Facilitator communicated clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator was enthusiastic and approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator had proficient knowledge of topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENUE	Excellent	Above Average	Average	Below Average	Poor	N/A
Course venue was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you consider the best feature of the course? _____

Would you recommend the course to others? ☐ Yes ☐ No

If no, why? _____

Other comments _____

Ref: QA-F-051 Revision A	Authorised by: Steve Williams Position: Director of Quality	Date: 7 th March 2008
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INTERNAL COURSE FEEDBACK FORM

NAME:		POSITION:	
DIVISION:		OFFICE:	
COURSE NAME:			
FACILITATING DIVISION:			
FACILITATOR NAME:			
DATE (s):			

Please provide feedback of your training experience by ticking the appropriate box:

COURSE CONTENT	Excellent	Above Average	Average	Below Average	Poor	N/A
The course was well planned and organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course was informative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FACILITATOR	Excellent	Above Average	Average	Below Average	Poor	N/A
Facilitator communicated clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator was enthusiastic and approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator had proficient knowledge of topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend the course to others? ☐ Yes ☐ No

If no, why?

Are there any other internal courses you would like L&R to offer?

Ref: QA-F-052 Revision A	Authorised by: Steve Williams Position: Director of Quality	Date: 1 st May 2008
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