

**Structured on the Job Training (S-OJT) Evaluation Form for YGTP Trainees**

**YGTP Form 03 (*To be filled by trainee*)**

S-OJT Period Covered from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Trainee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place/Area of Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Multichannel)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Evaluation Criteria** | **Training Period** | | **Name of Responsible** | | **Points of Evaluation** | | | | | |
| **from** | **to** | **Mentor** | **Checker** | **Not Enough (1)** | **Enough (2)** | **Good (3)** | **Very Good (4)** | **Excellent (5)** | **any Remark** |
| Multichannel | ATM Cash Sorting |  |  |  |  |  |  |  |  |  |  |
| Doorstep Banking Service |  |  |  |  |  |  |  |  |  |  |
| Onsite Payroll Payment |  |  |  |  |  |  |  |  |  |  |
| ATM Cash Handling |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

1. As a Trainee how knowledgeable you become after S-OJT in regards to the below areas?
2. Pls. explain how properly you become acquainted with the leadership skill through coaching and mentoring during your training period in this department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee’s Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_