**TRAINING REQUIRED SURVEY**

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| **Please fill in the following Training Survey on the training you require** | | | |
| **Employee Name:** |  | **Position:** |  |
| **Department:** |  | **Manager:** |  |

**Questions**

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| **What issues are you having in your current position that may be assisted by further training?** |
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| **Are there any additional skills that would help you to perform better in your current position?** |
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| **What additional skills would you like to develop for future positions and for your own professional development?** |
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| **Please list the training courses that you would like to attend: *e.g. Occupational Health & Safety*** |
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| **Please give an example of how you will use this training in the workplace:** |
|  |
| **Other Comments:** |
|  |
| **Thank you for taking the time to complete this survey. Please return it to your Manager** |