



IN-SERVICE TRAINING TRAINING REQUEST FORM

Department of the Public Service

For Official Use Only	
Selected:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cohort	<input style="width: 100%;" type="text"/>
Attended:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date: Training Programme: Cohort Code:

Department: Division: Unit:

SECTION I: PRE-TRAINING INTERVIEW

PART A: NOMINEE INFORMATION (To be completed by the Nominee)

First Name: Middle Name: Last Name:

Staff ID: Position: Grade:

Email Address: Contact #:

PART B: NOMINATING OFFICER (To be completed by the nominee's immediate supervisor)

First Name: Middle Name: Last Name:

Staff ID: Position: Contact #:

Email Address:

PART C: TRAINING OBJECTIVES (To be completed by the Nominee in collaboration with the Nominating Officer)

Part C is not required to be completed if the employee is being nominated for the *Orientation for New Entrants*, *Transitioning to Retirement* or *Stress Management* programme.

1. What is your main reason for requesting the training: (Check only ONE option)

<input type="checkbox"/>	The knowledge and skills are required for the employee to perform his/her current duties.
<input type="checkbox"/>	For the employee's personal/professional development
<input type="checkbox"/>	The employee requires the knowledge and skills to perform in another post
<input type="checkbox"/>	The knowledge and skills will help enhance the employee's job performance
<input type="checkbox"/>	Other (please specify) <input style="width: 200px;" type="text"/>

2. What do you expect the employee to be able to do differently after completing the training programme? (list at least 3 outcomes)

Outcome 1:	<input style="width: 750px;" type="text"/>
Outcome 2:	<input style="width: 750px;" type="text"/>
Outcome 3:	<input style="width: 750px;" type="text"/>
Outcome 4:	<input style="width: 750px;" type="text"/>
Outcome 5:	<input style="width: 750px;" type="text"/>
Outcome 6:	<input style="width: 750px;" type="text"/>

PART D: AGREEMENT (To be completed by the Nominee in collaboration with the Nominating Officer)

We, the undersigned, hereby mutually agree to a post-training interview to be conducted (between Nominee and Nominating Officer) three (3) months after the Nominee completes the training programme, to discuss Section 2 of this form.

Nominee: _____ Date: _____

Nominating Officer: _____ Date: _____

SECTION 2: POST-TRAINING INTERVIEW

4. Which of your outcomes from Part C, Question 2 did the training address and to what extent were you able to meet them?

	4: Fully	3: Mostly	2: Partially	1: Not At All
Outcome 1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 4:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 5:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 6:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. To what extent have you been able to put into practice what you learned from the training programme?

4: To a large extent
 3: To some extent
 2: To a little extent
 1: Not at all

6. If you answered 1 or 2 for Question 5, please indicate your reasons. (tick all that apply)

<input type="checkbox"/>	What I learned is not useful for my job
<input type="checkbox"/>	I have been told not to use it
<input type="checkbox"/>	I have not been encouraged to apply it
<input type="checkbox"/>	I don't have the necessary support from management
<input type="checkbox"/>	I don't have the necessary support from colleagues
<input type="checkbox"/>	I have higher priorities at work
<input type="checkbox"/>	Other (please specify) _____

7. What help do you need to be able to put into practice what you learned?

8. Please give specific instances, if any, where the training helped you discharge your duties more efficiently/effectively.

9. On a scale of 1 – 10 (with 10 being the highest) please rate the overall value of the training programme to you, in terms of how it has helped you discharge your duties at work.

Rating

10. Do you require any additional training to help you perform your current duties at work?
 Yes No

11. If yes, please specify

Date of Interview: dd-mm-yyyy
 Supervisor's Name: _____
 Full Name: _____
 Supervisor's Division: _____

Supervisor's Position: _____
 Department: _____

Employee Comments:

Supervisor's Comments:

Supervisor: _____
 Signature: _____
 Employee: _____
 Signature: _____