

## Training Needs Questionnaire – Plant Operator

Company/project name

1. Surname and initials  2. Occupation

3. Date of birth  4. National Insurance number

5. Employer Company name  6. Number of years with this company

7. Do you have an LGV Class 'C' Licence? Yes  No

8. Do you have an NVQ/SVQ or City & Guilds or other qualification? Yes  No

If yes, please write them below

9. Other than plant operations, do you have any other duties? Yes  No

If yes, please describe them briefly below e.g. supervisor

10. Do you possess a CTA Plant Operator's Card? Yes  No  Expiry date

What categories of plant are on your card

11. Did you receive any induction/safety training when you took up your current job? Yes  No

12. Have you received a copy or summary of the company safety policy? Yes  No

13. Have you received a copy or summary of the company training policy? Yes  No

14. Have you received a copy or summary of the company equal opportunities policy? Yes  No

15. Have you received training in any of the following areas?

– Abrasive wheels	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input style="width: 80px;" type="text"/>	Expiry date <input style="width: 80px;" type="text"/>
– Cable location	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input style="width: 80px;" type="text"/>	Expiry date <input style="width: 80px;" type="text"/>
– Manual handling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input style="width: 80px;" type="text"/>	Expiry date <input style="width: 80px;" type="text"/>
– Slinger/signaller	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input style="width: 80px;" type="text"/>	Expiry date <input style="width: 80px;" type="text"/>
– New Roads & Street Works Act	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input style="width: 80px;" type="text"/>	Expiry date <input style="width: 80px;" type="text"/>
– Confined spaces training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input style="width: 80px;" type="text"/>	Expiry date <input style="width: 80px;" type="text"/>
– Emergency first aid (one-day)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input style="width: 80px;" type="text"/>	Expiry date <input style="width: 80px;" type="text"/>
– Full first aid certificate (four-day)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input style="width: 80px;" type="text"/>	Expiry date <input style="width: 80px;" type="text"/>

Write below any other courses related to your current job that you have attended in the last two years.

16. Are you familiar with the term 'Investors in People'? Yes  No

17. Please list any training you feel will help you to develop your skills or knowledge.