

## Training Needs Questionnaire – Administrator

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. Did you receive induction training when you joined the company? Yes  No

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

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

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

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

12. Do you have any of the following qualifications, or are you or have you received training in the subjects listed?

**NVQ/SVQ Qualifications**

– Level 1 Yes  No

– Level 2 Yes  No

– Level 3 Yes  No

**Qualifications at levels 1, 2 or 3 (please circle 1, 2 or 3 below)**

– Word Processing 1, 2 or 3 Yes  No

– Audio Typing, 1, 2 or 3 Yes  No

– Typing 1, 2 or 3 Yes  No

– Shorthand (enter words per minute ) Yes  No

– Receptionist Training Yes  No

– Telephone Techniques Yes  No

– National Certificate Yes  No

– National Diploma Yes  No

– Higher National Certificate Yes  No

– Higher National Diploma Yes  No

– Degree Yes  No

– Emergency first-aid (one-day course) Yes  No  Expiry date

– Full first-aid certificate (four-day course) Yes  No  Expiry date

13. Are there any plans to introduce new systems or software? Yes  No

If yes, please describe what is to be introduced.

14. Please list any other qualifications you have that are not shown above, or training courses that you have undertaken.

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