

## Training Needs Questionnaire – Operative and Craft

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. Are you registered with the CSCS or other certification schemes i.e. CTA/scaffolding/other?  
Yes  No  Please state which one.

8. If you served an apprenticeship, were you issued with a service agreement or indentures?  
Yes  No

9. Did you receive induction training when you took up your current job? Yes  No

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

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

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

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

14. Do you possess any of the following qualifications?  
– City & Guilds Craft Certificate Yes  No

– City & Guilds Advanced Craft Certificate Yes  No

– NVQ/SVQ Level 2 Yes  No

– NVQ/SVQ Level 3 Yes  No

– GNVQ Foundation Yes  No

– GNVQ Intermediate Yes  No

– City & Guilds 600 Series Yes  No

– CIOB First Line Supervisors course Yes  No

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

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

15. Please list any other qualifications you have that are not shown above, or any training you are currently undertaking.

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