Training Plan Toolkit

Training Needs Questionnaire – Technical/Supervisor/Management

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 took up your current job?   Yes ☐   No ☐

8. Have you received a copy or summary of the company 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?

– Craft NVQ/SVQS	Yes ☐	No ☐
– Supervisory NVQ/SVQ 3	Yes ☐	No ☐
– Supervisory NVQ/SVQ 4	Yes ☐	No ☐
– Supervisory NVQ/SVQ 5	Yes ☐	No ☐
– Vocational A level	Yes ☐	No ☐
– GNVQs	Yes ☐	No ☐
– National Certificate (NC)	Yes ☐	No ☐
– National Diploma (ND)	Yes ☐	No ☐
– Higher National Certificate (HNC)	Yes ☐	No ☐
– Higher National Diploma (HND)	Yes ☐	No ☐
– Foundation Degree	Yes ☐	No ☐
– CIOB First-Line Supervisors	Yes ☐	No ☐
– CIOB SMETS	Yes ☐	No ☐
– Management NVQ/SVQ level 4/5	Yes ☐	No ☐
– NEBOSH Qualifications	Yes ☐	No ☐
– Degree	Yes ☐	No ☐

13. Have you attended any of the following training courses?

– Emergency first aid (one-day)	Yes ☐	No ☐	Expiry date
– Full first aid certificate (four-day)	Yes ☐	No ☐	Expiry date
– Setting Out	Yes ☐	No ☐	Expiry date
– Safety in Trench Work	Yes ☐	No ☐	Expiry date
– Cable Detection	Yes ☐	No ☐	Expiry date
– Leadership	Yes ☐	No ☐	Expiry date
– Delegation	Yes ☐	No ☐	Expiry date
– Team Building	Yes ☐	No ☐	Expiry date
– Information Technology	Yes ☐	No ☐	Expiry date
– Communication Skills	Yes ☐	No ☐	Expiry date
– Assessor Qualifications	Yes ☐	No ☐	Expiry date
– CITB-CS five-day SMSTS	Yes ☐	No ☐	Expiry date

14. Do you hold a registration scheme card, i.e. CSCS/CTA/scaffolding/other?   Yes ☐   No ☐

15. Are there any plans to Introduce new systems or software?   Yes ☐   No ☐
     If yes, please describe what is to be Introduced.

16. Please list any other qualifications you have, or any training courses related to your current job that you have attended but
     are not shown above.

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