

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form	Ref No.: TUM/Form/HRM/036	
	Title: TRAINING NEEDS ASSESSMENT		
	Department: HUMAN RESOURCE MANAGEMENT		
	Issue No. 2	Revision No. 0	Date: 5th April 2018

(A) STAFF DETAILS

Last Name _____ Middle _____ First _____

ID/No _____ Staff No. _____

Date First Appointment _____ Designation _____

Current Grade _____

Department _____

Employment Term: Permanent & Pensionable Contract Casual

(B) EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

EDUCATION			
QUALIFICATION	FIELD	DURATION:	
		From	To:
DOCTOR OF PHYLOSOPHY (PhD)			
MASTER'S DEGREE			
BACHELOR'S DEGREE			
DIPLOMA			
CERTIFICATE			
OTHERS			
PROFESSIONAL			

(Start with highest qualification)



(C) (i) Are there any areas of your work which you have difficulties and would like to have further training or any other support?

Yes No

(ii) If yes please explain _____

(D) (i) Have you received any previous training that relates to your present job in the last three years?

Yes No

(ii) If yes, please list past training courses attended.

S/N	Period(when)	Duration(years/months/days)	Topic/Title of course
1.			
2.			
3.			
4.			
5.			

(E) Specify the training you wish to undertake in the next twelve months (12) months

Note: Long courses take a minimum of two years: Short courses take a minimum of six Months;

LONG COURSES

S/N	Course title	Period& Duration
1.		
2.		
3.		

Seminars, Conferences and Workshops take a minimum of 5 days.

SHORT COURSES

S/N	Course title	Period& Duration
1.		
2.		
3.		



SEMINARS, CONFERENCES AND WORKSHOPS

S/N	Course title	Period & Duration
1.		
2.		
3.		

F) Suggest three (3) Institutions you would prefer to undertake your training referred in ‘E’ above.

(i) _____

(ii) _____

(ii) _____

(G) What is the best program structure for you?

You can tick more than one option

S/N	LONG COURSE	TICK	S/NO	SHORT COURSE/SEMINAR/CONFERENCE/WORKSHOP	TICK
1.	Full-time		1.	In-house	
2.	Part-time		2.	Out door	
3.	Class attendance		3.	In the country	
4.	Distance/Virtual learning		4.	Off-shore	
5.	On the job training		5.	Tailor made	

Name: _____ Signature: _____ Date: _____

COD/HOD/DIRECTOR/DEAN COMMENT:

Signature _____ Date _____

HUMAN RESOURCE MANAGER COMMENT:

Signature _____ Date _____

