**Training needs analysis form**

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| Name: |  | Current job title: |  |
| Department: |  | Time in current job: |  |
| Start date: |  | Previous job: |  |
| What are your main duties and responsibilities on a day to day basis? | | | How is your time spread over these duties (% of time)? |
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| How do you know if you are doing a good job? | | | |
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| What skills/knowledge do you need to carry out your job effectively? | How do you currently rate your skills/knowledge? Rate yourself from 1 (being the lowest ability) to 5 (being the highest ability) | Ideas for further development where needed |
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| What training and development have you received over the last 2 years? |
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