

## TRAINING NEEDS ANALYSIS

Department:

Employee's Name:

Designation:

Reviewed By:

Review Date:

SN	Job/Task Description	Learning Needs	Learning Objective	Performance Target	Source of Training
		① Refer to what area to improve on. Examples below:  Art & Design Business Continuity Management Communication Skills Corporate Comms & Media General Management Leadership Supervisory Management Teambuilding	① Refer to your objectives of attending this workshop	① Refer to the knowledge/skills that you would like to apply to your work after attending the workshop	

Remarks: