# COUNTY GOVERNMENT OF NYERI

## TRAINING NEEDS ASSESSMENT QUESTIONNAIRES

***(To be completed by an individual member of staff)***

The purpose of this Questionnaire is to determine your training needs in order to develop performance improvement programmes in your Department/Section/Unit. You are therefore required to provide comprehensive and detailed information regarding your job and work environment. The information you provide will be confidential and will be used only for improving your job performance.

**A) Staff/Job Identification**

a) Name.....

b) P/No..... ID/No.....

c) Date of Birth..... Gender.....

d) Designation..... Job Group.....

e) Department..... Directorate.....

f) Section..... Workstation.....

**B) Employment Details**

g) Terms of Service..... If contract, state duration.....

h) Date of 1st Appointment..... Date of current Appointment.....

**C) Academic Qualifications and Professional Qualifications**

Indicate the highest level of academic and professional qualification (s)

| S/No. | Academic Qualification (s) | √(Tick appropriately) |
|---|---|---|
| 1 | KCPE | |
| 2 | KCSE | |
| 3 | Graduate (1st degree- indicate course) | |

Professional qualification

| Level | Specialization | Institution | Year of completion |
|---|---|---|---|
| Certificate | | | |

| | | | |
|---|---|---|---|
| Advanced Certificate | | | |
| Diploma | | | |
| Higher/Advanced Diploma | | | |
| Master's Degree | | | |
| Other Qualifications (Specify) | | | |

**D) Work Experience**

| S/No. | Employer | Designation | Years of service |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |

**E) Current Job Description and Job Requirements**

1. a) List your major duties and responsibilities

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b) List the major activities that you perform outside your job description

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c) Indicate the recent changes that have been introduced into your job that require new skills

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d) Do you have the relevant skills to do the new job? Yes ( ) No ( )

e) Indicate the skills that you require to perform the tasks mentioned in ( c) above

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2. Do you have a Scheme of Service? Yes ( ) No ( )

3. Are you aware of the minimum job requirements as per your Scheme of Service?
   Yes ( ) No ( )

4. Have you attended any course in the last two years (lasting 2 weeks or more)
   If yes, a) Course attended.....
   Duration..... Date attended .....
   Venue.....

   b) Course attended.....
   Duration..... Date attended .....
   Venue.....

5. How relevant were the course(s) to your work?
   Relevant ( ) Not relevant ( )

6. Who nominated you for the Course(s)

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7. Which courses would you wish to undertake (*in order of priority*)
   (i).....
   (ii).....
   (iii).....

(iv).....

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8. Comment on current and future performance improvement

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**Declaration:** I hereby certify, to the best of my knowledge, that the particulars given in this form are correct.

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Signature Date