

# TRAINING NEEDS ANALYSIS



# Main Contact Details

**Name**

**Position**

**Telephone**

**Email**

**Company name**

**Company address**

**Company registration number**

**Levy/Non Levy**

Levy

Non Levy

**Website address**



# About the Organisation

## Sector/nature of the business

## Number of employees

- Micro 0-9 employees       Small 10-49 employees  
 Medium 50-249 employees       Large 250+ employees

## Number of sites

## Status

- Sole Trader       Public Sector       Public Limited Company  
 Partnership       Limited Company       Voluntary/NFP/Community       Other (please describe)

## Overview of organisational structure

## Legislative requirements, if any

# Training and Development Needs

**Main recruitment methods - how do you currently recruit for new staff or staff to fill skills gaps?**

**What training do you currently offer your staff and who/how do you provide that training?**

**Employee induction arrangements - do you provide basic health & safety, fire safety training at the point of induction?**

**Appraisal system - basic overview of how your monthly/quarterly/yearly reviews take place?**

**How training and development needs identified - are staffed asked if they would like to develop their knowledge/is it expected of them?**

**Current training and development priorities/skills gaps - where do you see your current training needs to be?**

# Training and Development Needs

**What areas of the company would you like to see grow?**

**Are you interested in hiring an Apprentice or training existing members of staff through the Apprenticeship route?**

**Have you ever hired an Apprentice?**

Yes  No

**Number of existing Apprenticeship positions**

**Apprenticeship Level(s)**

**Apprenticeship Type - What type of Apprenticeship do you think would be suitable for your business?**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Hair & Beauty Apprenticeships | <input type="checkbox"/> Business & Professional Apprenticeships | <input type="checkbox"/> Health, Public Services and Care Apprenticeships           | <input type="checkbox"/> Information and Communication Technology (ICT) Apprenticeships   |
| <input type="checkbox"/> Food Apprenticeships          | <input type="checkbox"/> Warehouse and Logistics Apprenticeships | <input type="checkbox"/> Engineering and Manufacturing Technologies Apprenticeships | <input type="checkbox"/> Construction, Planning and the Built Environment Apprenticeships |
| <input type="checkbox"/> Trade Apprenticeships         |  |   |   |

**Business impact expected from training and development**

- |  |   |
|--|---|
| <input type="checkbox"/> Productivity & efficiency | <input type="checkbox"/> Sales & profitability          |
| <input type="checkbox"/> Culture & practices       | <input type="checkbox"/> Quality of products & services |
| <input type="checkbox"/> Learning & development    | <input type="checkbox"/> Customer service/ satisfaction |

**How will impact be measured?**

# Training and Development Needs

**Do you think your company could benefit from any of the following training methods**

- Apprenticeship     Distance Learning     CPD Training     Health & Safety Training     Work Experience     Bespoke Training

**Any logistical issues to consider (e.g. shift work, release of employees for training)**

**What progression opportunities are there for individuals in the organisation? e.g. temp to perm; part time to full time; increase in wages/promotion**

**What support is the employer able to provide for learners (i.e. on-the-job support, input to progress reviews)?**

**Support given to the employer**

- Advice on workplace induction and initial training     Funding Advice  
 Apprenticeship Standards – structure and content     Advice on: Roles & Responsibilities, Safeguarding, Health & Safety, 20% Off-the-Job Training

Estimated number of employees

# Summary of Training Needs

Employee	Position	Current skills level	Training identified

## Declarations

**Employer signature**

**Name (print):**

**Date:**

DD

MM

YY

**Signature of provider representative**

**Name (print):**

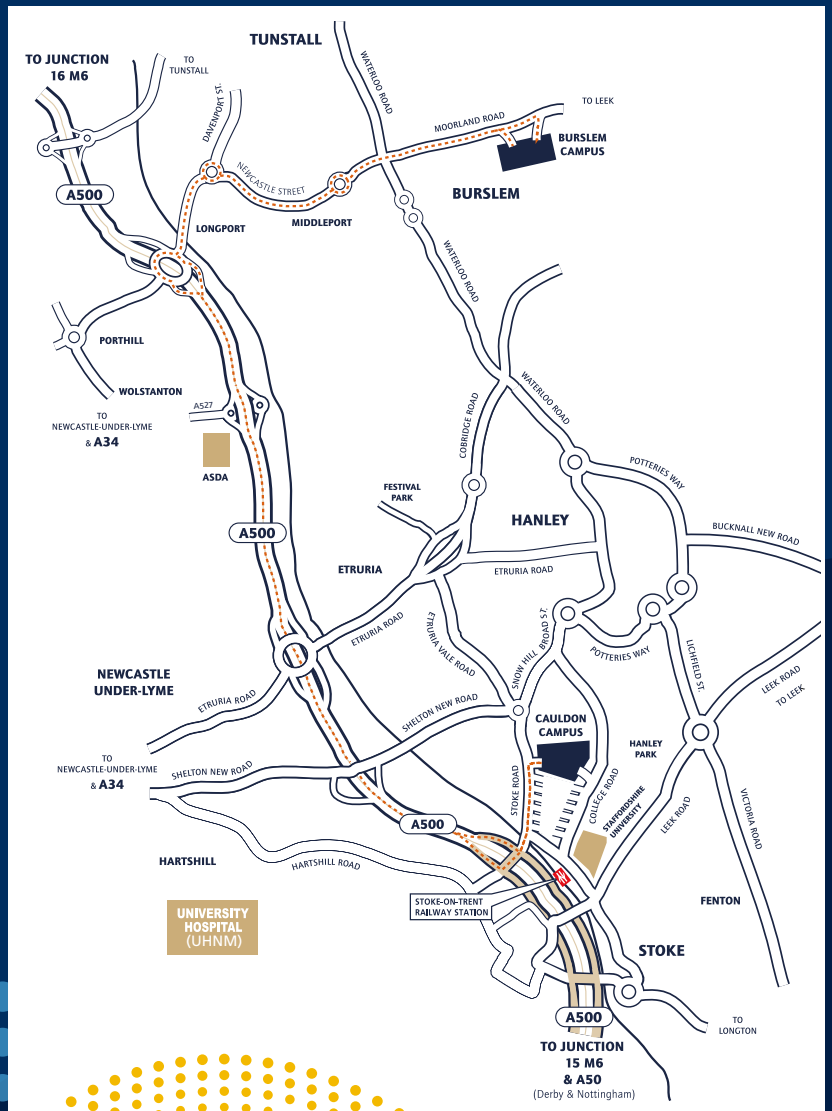
**Date:**

DD

MM

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# HOW TO FIND US



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