Training Evaluation

WasteServ Malta Ltd

Name of employee: _____ Job Title: _____

Training dates: _____ Training Subject: _____

Tutor: _____ Internal/ External Training:_____

TRAINING ASSESSMENT	VERIFICATION BY IMMEDIATE SUPERVISOR
Improved motivation	
Practical change/ improvement in the ability at work as a result of training and learning new technique(s)	
Improved attitude towards work partners	
Application of training in the day-to-day activities and tasks	
Course outcome (Grade, Pass, Fail as available)	
Additional comments by the immediate supervisor Have overall training objectives been met? Will the trained employee be able to cascade his knowledge or skills to other team members and how?	

Superior's Name _____ Superior's Signature _____

Date _____

Training Plan Company Wide

Company: WasteServ

Year: 2012

Responsibility of: Christine Borg, Assistant HR Manager

WasteServ Malta Ltd

Department	Internal or External Training	Attended By	Training Title	Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sept			Oct			Nov			Dec	
				Plnd	Aprvd	C/O	Plnd	Aprvd	C/O	Plnd	Aprvd	C/O	Plnd	Aprvd	C/O	Plnd	Aprvd	C/O	Plnd	Aprvd	C/O	Plnd	Aprvd	C/O	Plnd	Aprvd	C/O	Plnd	Aprvd	C/O	Plnd	Aprvd	C/O	Plnd	Aprvd	C/O	Plnd	Aprvd

Training Log

WasteServ Malta Ltd

Department:

WSM File Reference:

Course Title:

Course Description:

Course Tutor:

Date(s) of Course: **Course Duration:**

Key Learning Outcomes:

Course Attendees:

Note: My signature below implies that I have attended this course, received the relevant documention pertaining to this course (if applicable), and that I have understood its content.

Name & Surname	ID Number	Signature	Date

Training Log (cont.)

WasteServ Malta Ltd

Department:

WSM File Reference:

Course Title:

Course Description:

Course Attendees (cont.):

Note: My signature below implies that I have attended this course, received the relevant documention pertaining to this course (if applicable), and that I have understood its content.

Name & Surname	ID Number	Signature	Date