

Training Evaluation

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)	
<i>Additional comments by the immediate supervisor</i>	
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 _____

Induction Course Attendance

Employee Details:

Employee Name and Surname:	
Employee Role/Position:	
Date of Enrolment:	

Induction Sessions:

Throughout the Induction Session, the following areas have been effectively communicated to the employee:

Topics Covered	Carried out by	Signature of Officer carrying out Induction	Date of Induction
Employee Contract	HR Manager		
Company organization chart and hierarchy	HR Manager Head of OBU		
Job description, roles & responsibilities	Head of OBU		
Health and safety training	Head of OBU H&S Officer		
Personal protective equipment, as necessary	Head of OBU		
Training (including prospective training)	Head of OBU		
Familiarization of sites	Head of OBU		
Environmental procedure related to the role	Head of OBU		
Understanding of individual contribution to customer satisfaction	Head of OBU		
Familiarization to the QMS (including Quality Policy and Quality Objectives)	Management Representative		
Familiarization to the EMS (including Environmental Policy and Environmental Objectives)	Management Representative		

Comments:

Assessment of Induction Course:

Note: This part of this document is to be completed by personnel receiving induction.

I found this induction course to be:

Excellent	<input type="checkbox"/>
Above Average	<input type="checkbox"/>
Average	<input type="checkbox"/>
Below Average	<input type="checkbox"/>
Poor	<input type="checkbox"/>

Comments:

Signature of person receiving induction

Date

Training Plan Company Wide

Company: WasteServ

Year: 2012

Responsibility of: Christine Borg, Assistant HR Manager



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

Department:

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WSM File Reference:

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Course Title:

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Course Description:

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Course Tutor:

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Date(s) of Course:

Course Duration:

10/10

Key Learning Outcomes:

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Course Attendees:

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

[illegible]

Department:

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WSM File Reference:

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Course Title:

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Course Description:

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Course Attendees (cont.):

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

[illegible]