

Claim for grant (Method A only) in respect of training by Employer

Name of Employer/Group		FNPF N°		
Address				
Name of Person to whom queries may	be referred			
Position in Organisation				
Telephone	Ext	H	Fax N°	

Claim for Period: \_\_\_\_\_

	Staff Category	N° of Staff	N° to be trained	Nº Actually trained
А	Management & Technologist Group			
В	Supervisor & Technician Group			
С	Skilled Employees Group			
D	Clerical and all other Employees Group			
	TOTAL			

#### Declaration

I claim on behalf of the Employer for the payment of grant in respect of training for the year, subject to the conditions of the Grant Scheme. I certify that Levy is paid on the wages and salaries of the trainees concerned.

Signed: \_

(AUTHORISED OFFICER)

Name (in block letters): \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

FOR OFFICE USE ONLY Date received	Grant Approved (%)	
Queries raised	Levy Paid (\$)	
Assessment date	Grant Approved (\$)	
Report date	Voucher raised	
Approved by	Cheque N <sup>o</sup>	
Date Approved	Date Paid	



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# [I] TRAINING DESIGN & PLAN

#### A. TRAINING NEEDS ANALYSIS

#### TRAINING POLICY

Provide details of Training Policy. This should include content, coverage, procedures for review etc.



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#### ORGANISATIONAL TRAINING NEEDS ANALYSIS

Provide details of how organisational TNA was carried out. This should include procedures for TNA.



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#### **OCCUPATIONAL TRAINING NEEDS ANALYSIS**

Provide details of how Occupational TNA was carried out. This should include procedures for TNA.



#### INDIVIDUAL TRAINING NEEDS ANALYSIS

Provide details of how Individual TNA was carried out. This should include procedures for TNA.



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B.	APPROVED TRAINING PLAN	
	Date sent	Date received by FNU (office use only)
	Date Approved	_
Brief	details of variations, if any.	
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# [II] TRAINING IMPLEMENTATION

## C. TRAINING STAFF

No	Name of Training Staff	Staff Category A, B, C or D	Position	Reg #	% Time Spent on Training	Categories of Staff Trained

Name of Officer responsible for Training:

Organisation chart clearly showing the lines of authority within the training division.



### D. TRAINING FACILITIES

List all training facilities owned by Employer/Group. This should include the types and number of courses for which training manuals are in place.

External training facilities used



## E. EXECUTION OF TRAINING

Submit Details of all training undertaken in the following format:

#### In House Training

No	Name of Course	Dates	Duration	No. of	Total	Α	В	С	D	Names of Trainers
			(hrs)	Participants	TrH					
Example 1	Customer Service Skills	1/6 -	12	6	72	1	1	3	2	A. Singh
		5/6								
Example 2	Intro to MS Word	10/6	6	10	60	2	2	2	4	N. Bulai

A,B,C,D - All participants for all courses to be shown as belonging to these categories.

External

No	Name of Course	Dates	Duration	No. of	Total	Α	В	С	D	Names of Trainers
			(hrs)	Participants	TrH					
Example 1	Cert. in Bus. Accounting	15/4 - 10/6	40	4	160	1	1	1	1	TPAF
Example 2	Safety legislation	12/8	6	5	30	4	1	-	-	MOL

#### **On-the-Job**

No	Name of Course	Dates	Duration (hrs)	No. of Participants	Total TrH	A	В	С	D	Names of Trainers
Example 1	Safety in the workplace	2/10	1	10	10	-	-	10	-	I. Cheer
Example 2	Intro to MS Word	3/11	2	2	4	-	-		2	S. Bai

A, B, C, D - All participants for All courses to be shown as belonging to these categories

TrH - Trainee Hours

No. (A+B+C+D) - *No. of participants* 

Trh (A+B+C+D) - Total TrH

Provide full details of how ALL training records are maintained



# [III] SPECIFIC AREAS OF TRAINING

## F. INDUCTION TRAINING

Staff Movements	No.	No. Trained
New Recruits		
Promotions		
Transfers		

Describe induction training for new recruits.

Describe induction training for staff promoted.

Describe induction training for staff transferred.

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## G. OCCUPATIONAL HEALTH & SAFETY (OHS) TRAINING

No.	Training Programs	Dates	No. of Participants

Actual number of **<u>STAFF</u>** that attended all Safety, Health & Hygiene training

Provide details of FIRE/EVACUATION DRILLS carried out during the training year.



### H. EMPLOYMENT RELATIONS TRAINING

			No. of Participants			ts
No.	Training Programs	Dates	Α	B	С	D

# Actual number of **<u>STAFF</u>** that attended Employment Relations training in Categories A, B, C & D:

		Staff Category   A B C D								
	Α									
No. of Staff										

#### Comments



## I. MANAGEMENT & SUPERVISORY DEVELOPMENT TRAINING

Provide details of Scheme in place.

Provide full details of training specific to Management and Supervisory Development.

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[IV] EVALUATION

#### J. EVALUATION OF TRAINING

Provide details of systems used for:

**Reaction Evaluation** 

**Learning Evaluation** 

**Behavioural Evaluation** 

**Results Evaluation** 

How were evaluation results analysed and used?

**General Comments (if any)**