

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 ^o	
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)