

Training Requirements Form

Please complete the following form by entering details into each field, saving the form to your computer, and then emailing to training@isbec.com.au or faxing to the attention of Mary Waters on (08) 8351 0340.

Business Trading Name:

Legal Entity (if different):

ABN:

Contact Name:

Contact Position:

Street Address:

Suburb/Town: State: Postcode:

Business Phone:

Contact Mobile:

Email:

Employee Nominated for Training

Employee Name: DOB:

Position/Role: Commencement Date:

Business Self Assessment

To assist us in providing the most relevant and beneficial training for your employees, please answer the following:

What is the nature of your business?

Years in business?

Do you have customers or clients?

Customers

Clients

Have your employees been trained in OH&S?

Yes

No

Does your business provide a structured induction program for new employees?

Yes

No

Somewhat

Does your business provide structured sales training?

· · · · Yes

No

Somewhat

Do you believe that your employees have strong knowledge of your products and services?

· · · Yes · · · · · No

Somewhat

Do you believe that your business is proactive and thinks outside the square to offer superior products & services, and stay one step ahead of competitors?

Yes No Somewhat

Do employees understand concepts of target markets and demographics?

Yes No Somewhat

Do employees each have a clearly defined and communicated Position Description and specific guidelines for reviews and performance measurement?

Yes No Somewhat

Do managers lead strongly by example?

Yes No Somewhat

Do managers empower employees to make decisions and strive in their roles?

Yes No Somewhat

Does the business have a defined budget for training and development of employees?

Yes No

Does the business utilise Government Funding for Training?

Yes No Somewhat

Staff Self Assessment

To assist us in providing the most relevant and beneficial training for you, please answer the following:

What year did you leave school:

Year Level of Completion: (E.g. Year 10, Year 12)

Did you continue your studies at University, TAFE, or through an Apprenticeship?

Yes No

Are your qualifications relevant to your current vocation?

Yes No

Would you like to develop your skill level in your current vocation and receive a qualification?

Yes No

If "NO", would you like to receive training and development to support your employer and obtain a qualification that is recognised and transferable throughout Australia, New Zealand, and the UK?

Yes No

Would you like to best assist and move forward with your current employer?

Yes No

✓ By submitting this form, we request a time to meet and discuss training opportunities with Jodie Duncan and or Mary Waters