

# GROOTE SCHUUR HOSPITAL HUMAN RESOURCE DEVELOPMENT UNIT

<b>CLOSING DATE FOR SUBMISSIONS: 5 NOVEMBER 2010 NO LATE SUBMISSIONS WILL BE ACCEPTED</b>
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## TRAINING NEEDS ANALYSIS FOR THE YEAR 2011-2012

*(Kindly Print Clearly)*

<b>Department</b>						<b>Departmental objectives</b>					
<b>Name of Training Co-ordinator</b>											
<b>Surname</b>						<b>Initials</b>			<b>Salary Level</b>		
<b>Rank</b>						<b>Persal No.</b>			<b>Email Address</b>		
<b>Identity Number</b>		<b>Cell Phone Number</b>									
<b>Equity Profile</b>		<b>African</b>	<b>Coloured</b>	<b>Indian</b>		<b>White</b>					
<b>Gender</b>		<b>Female</b>	<b>Male</b>		<b>Disability</b>		<b>No</b>	<b>Yes</b>			
<i>If Yes, provide a brief description</i>											
<b>Key performance areas</b>		<b>Skills required to perform these KPA's</b>				<b>Skills possessed by the post holder</b>				<b>Gaps identified</b>	

*(Please note that only up to 3 courses can be selected from the attached course list)*

**N.B.:** These training needs must relate to what is on the Individual Development Plan

Signature of employee: \_\_\_\_\_

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

*(Please Turn Page Over To Indicate Courses Identified to Fill Gaps)*

Signature of supervisor: \_\_\_\_\_

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