



S · E · D · C  
s a r a w a k

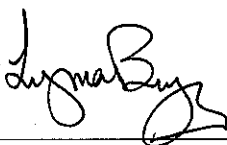
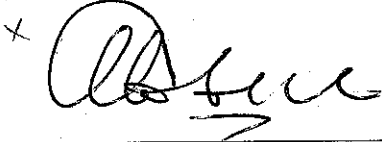
SARAWAK ECONOMIC DEVELOPMENT CORPORATION

# QUALITY PROCEDURE

TRAINING

DOCUMENT NO.: QP-SEDC-18

CONTROLLED COPY

	PREPARED BY:	APPROVED BY:
SIGNATURE		
NAME	Marilyn N. Biyor	Haji Abdul Hadi Datuk Haji Abdul Kadir
DESIGNATION	Director, Human Resource and Administration Division	General Manager, SEDC
DATE	21 July 2020	21 July 2020

ISSUED TO	IQD		
REVISION NO.	3	DATE	21 July 2020



QUALITY PROCEDURE			
TITLE	TRAINING		
DOCUMENT NO.	QP-SEDC-18		
REVISION	3	PAGE	2 of 8

### 1. OBJECTIVE

- A. This procedure provides guidelines on management of training for SEDC staff.
- B. This procedure provides guidelines on management of training programme for Bumiputera entrepreneurs.

### 2. SCOPE

- A. This procedure covers identification of training needs and management of in-house and external training for the Corporation.
- B. This procedure is applicable during planning and execution of entrepreneur training under ECD.

### 3. DEFINITION

Data control includes Backup supporting system as below:

#### A. Staff Training

- a) Training - In-house or external training for staff.
- b) Training Provider - Registered Company that provides training programme.
- c) In-house Training - Training programme organised by SEDC, directly or through appointed training provider.
- d) External Training - Training programme organised by external parties.

#### B. Entrepreneur Training

- a) Participant - Entrepreneur or Potential Entrepreneur.
- b) Consultant (CONS) - Trainer or facilitator.
- c) Caterer (CATER) - Food and beverage provider for training.
- d) Other Vendor - Other supplier who provides venue, advertisement, banner, backdrop, etc..

### 4. ABBREVIATIONS

#### A. Staff Training

- CHM - Chairman
- GM - General Manager
- DGM - Deputy General Manager
- DIR(ID) - Director, Initiating Division
- AO(HRDU) - Administrative Officer, HRDU
- AAO(HRDU) - Assistant Administrative Officer, HRDU
- HRA - Human Resource & Administration Division
- HRDU - Human Resource Development Unit
- CFD - Corporate Finance Division
- PPSM - Panel Pembangunan Sumber Manusia
- SRMSB - Sara Resorts Management Sdn Bhd



QUALITY PROCEDURE			
TITLE	TRAINING		
DOCUMENT NO.	QP-SEDC-18		
REVISION	3	PAGE	3 of 8

### B. Entrepreneur Training

DIR(ECD)	- Director, Entrepreneur & Community Development Division
DIR(HRA)	- Director, Human Resource & Administration Division
DIR(ID)	- Director, Initiating Division
AO(ECD)	- Administrative Officer, ECD
AO(RO/PIBU)	- Administrative Officer, RO/PIBU
LO	- Legal Officer
RO	- Regional Office
PIBU	- Pusat Inkubator Dan Bimbingan Usahawan
AAO(ECD)	- Assistant Administrative Officer, ECD
AA(ECD)	- Administrative Assistant, ECD
CONS	- Consultant
ECD	- Entrepreneur & Community Development Division
CFD	- Corporate Finance Division
LAD	- Legal Affairs Division

### 5. QUALITY RECORD

ATTACHMENT	QUALITY RECORD	RETENTION	LOCATION
<b>A. Staff Training</b>			
-	Training Proposal Evaluation Form	5 Years	HRA
1	Checklist For In-House Training	5 Years	HRA
2	Training Application Form	5 Years	HRA
3	Training Evaluation Form (SEDC/SRMSB)	5 Years	HRA
4	Post Training Competency Assessment Form	5 Years	HRA
-	Annual Training Calendar	Latest	HRA
<b>B. Entrepreneur Training</b>			
-	Consultant / Trainer Evaluation & Recommendation Report	5 Years	ECD
-	Consultant / Trainer Letter of Appointment	5 Years	ECD
-	Training / Course Evaluation Report – Trainer	5 Years	ECD
-	Training / Course Evaluation Report – Participants	5 Years	ECD
-	Annual Entrepreneur Training Calendar	Latest	ECD



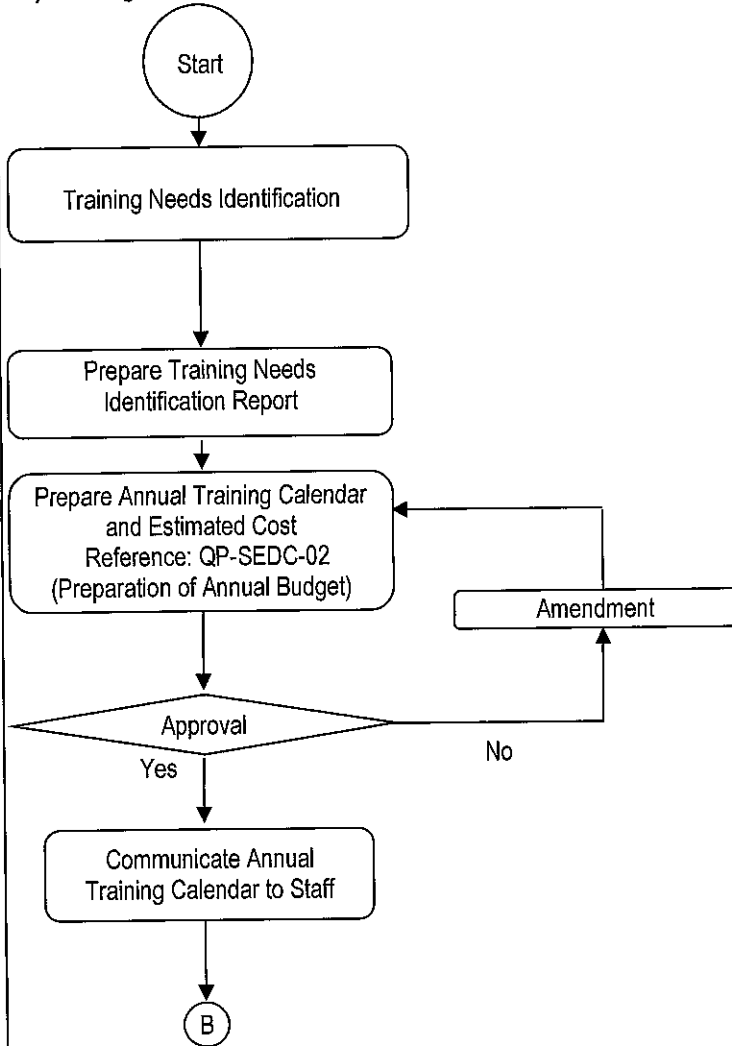
QUALITY PROCEDURE			
TITLE	TRAINING		
DOCUMENT NO.	QP-SEDC-18		
REVISION	3	PAGE	4 of 8

**INPUT**

- When training needs identification need to be conducted

**A. Staff Training**

**i) Training Needs Identification**



**Responsibility**      **Quality Record**

HRDU

HRDU

Annual Training Calendar

HRDU

Amendment

PPSM / DIR(HRA)

Approval

Yes

No

HRDU

B

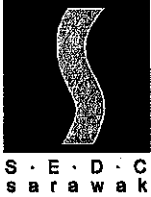
PROCESS

OUTPUT

- PROCESS OUTPUT:**
- Training Needs Analysis is conducted

**REFERENCE DOCUMENTATION:**

- Guidelines for Staff Training
- QP-SEDC-14 (Payment)



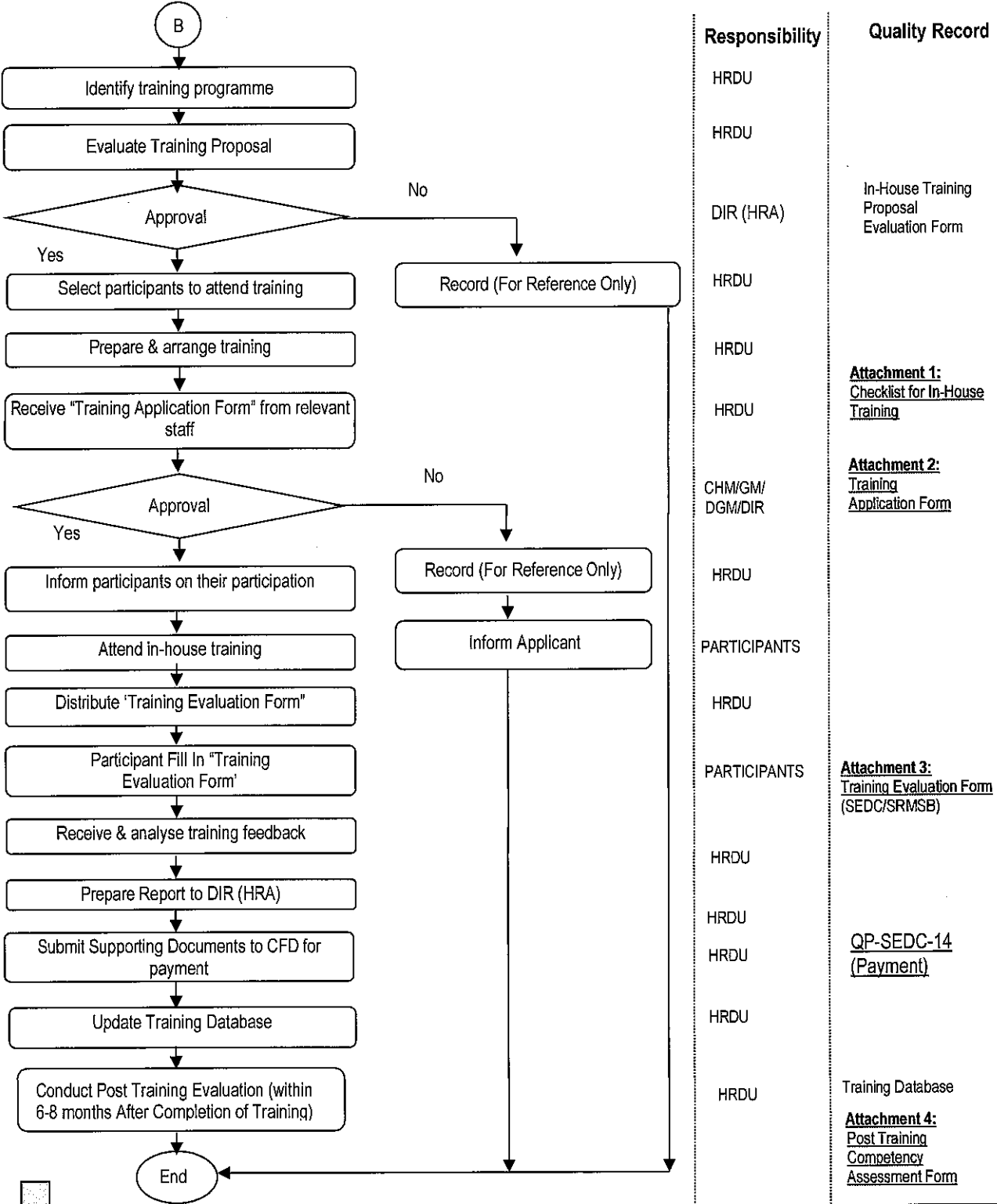
# QUALITY PROCEDURE

<b>TITLE</b>	<b>TRAINING</b>		
<b>DOCUMENT NO.</b>	QP-SEDC-18		
<b>REVISION</b>	3	<b>PAGE</b>	5 of 8

**INPUT**

When in-house training is required

**A. Staff Training ii) In-House Training**



**PROCESS**

**OUTPUT**

**PROCESS OUTPUT:**  
 • In-house Training is provided

**REFERENCE DOCUMENTATION:**  
 • SEDC HR Policies & Guidelines (Revised 2014)  
 • QP-SEDC-14 (Payment)



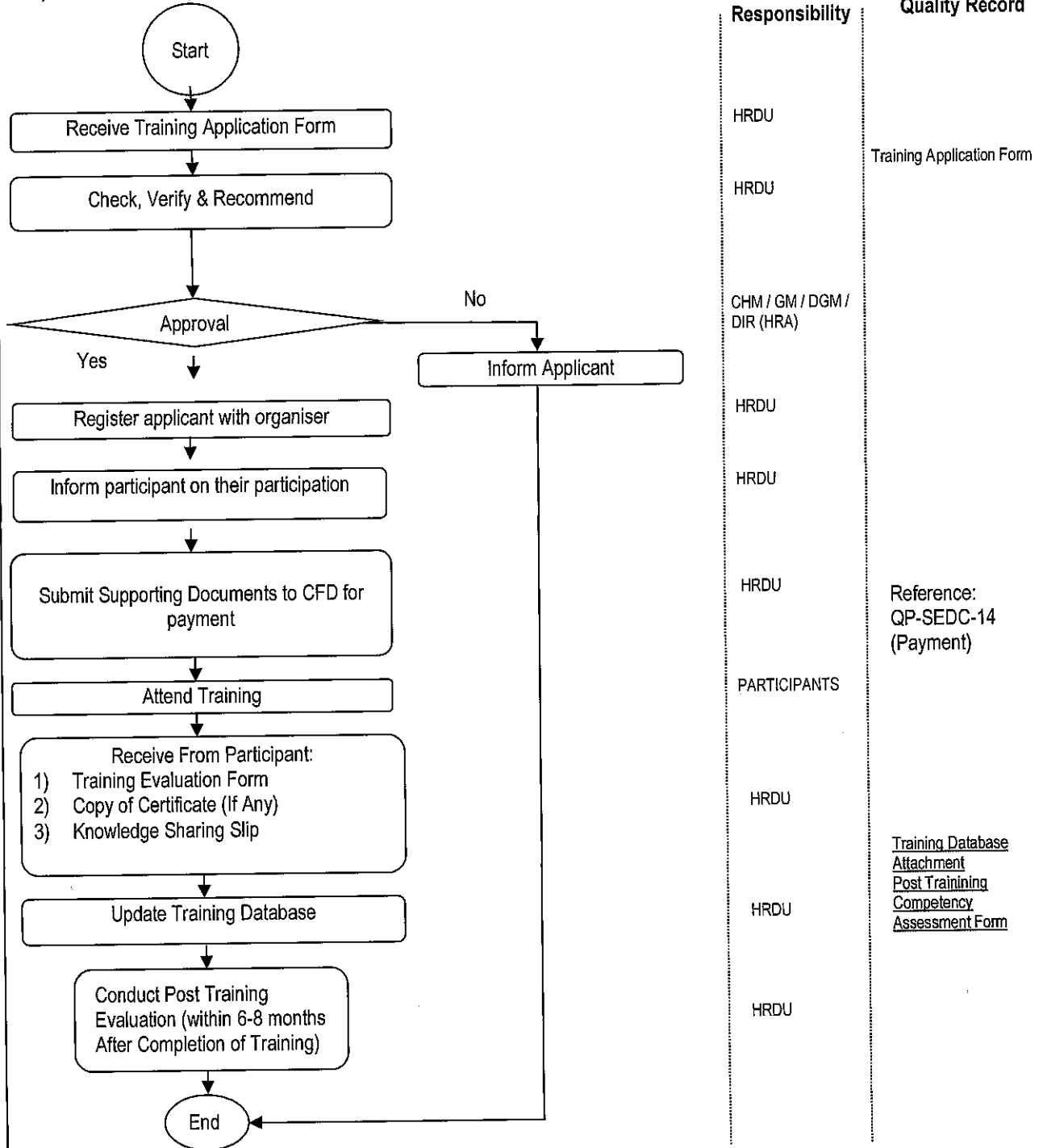
# QUALITY PROCEDURE

<b>TITLE</b>	TRAINING		
<b>DOCUMENT NO.</b>	QP-SEDC-18		
<b>REVISION</b>	3	<b>PAGE</b>	6 of 8

**INPUT**

- When external training is required

**A. Staff Training (Manual)**  
**iii) External Training**

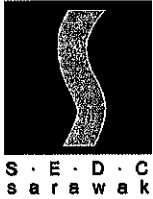


**PROCESS**

**OUTPUT**

- PROCESS OUTPUT:**
- External training is provided

- REFERENCE DOCUMENTATION:**
- SEDC HR Policies & Guidelines (Revised 2014)
  - QP-SEDC-14 (Payment)



QUALITY PROCEDURE			
TITLE	TRAINING		
DOCUMENT NO.	QP-SEDC-18		
REVISION	3	PAGE	7 of 8

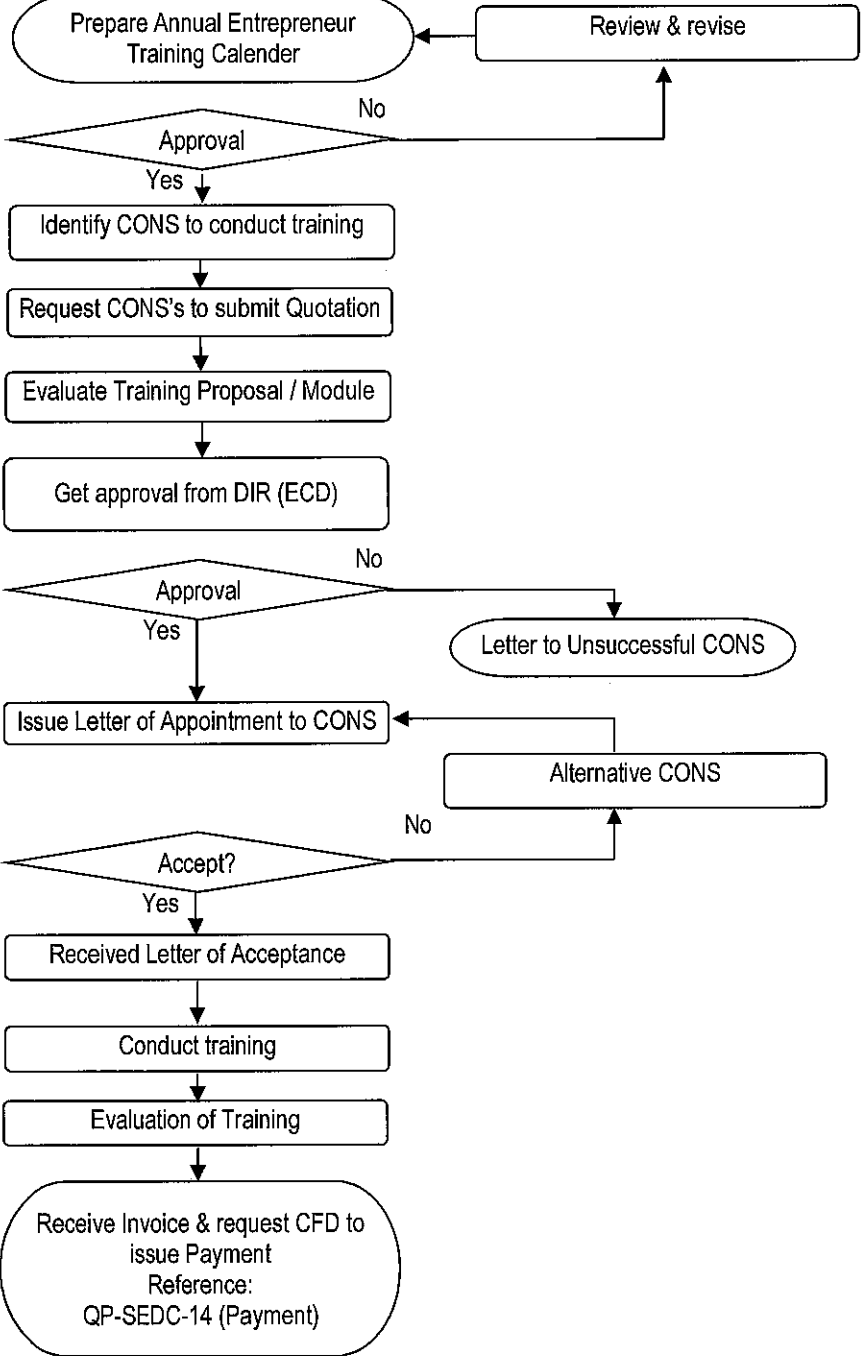
IN-PUT

- Entrepreneur training needs (General & Skill Trainings)

PROCESS

**B. Entrepreneur Training**

**i) Appointment of Consultant**



Responsibility	Quality Record
AO(ECD)	Annual Entrepreneur Training Calendar
GM	
AO(ECD)	Quotation (From CONS)
AO(ECD)	Consultant / Trainer Evaluation & Recommendation Report
DIR(ECD)	
AAQ(ECD)	Consultant / Trainer Letter of Appointment
AO(ECD)	
AO(ECD)	
AO(ECD)	Training / Course Evaluation Report – Trainer
AO(ECD)	Training / Course Evaluation Report – Participants
AO(ECD)	

OUTPUT

**PROCESS OUTPUT:**

- Training provided

**REFERENCE DOCUMENTATION:**

- QP-SEDC-14 (Payment)



<b>QUALITY PROCEDURE</b>			
<b>TITLE</b>	<b>TRAINING</b>		
<b>DOCUMENT NO.</b>	QP-SEDC-18		
<b>REVISION</b>	3	<b>PAGE</b>	8 of 8

## REVISION HISTORY SHEET

Rev. No.	Document History
0	Newly established.
0.	Page 3 <ul style="list-style-type: none"> <li>• Delete Attachment 4 "External Training Application Form" from the Quality Record</li> <li>• Attachment 3 "In-house Training Application Form" change to "Training Application Form"</li> <li>• Attachment 5 "Training Evaluation Form" change to "Training Evaluation Form" (SEDC/SRMSB) and becomes Attachment 4</li> <li>• Attachment 6 "Post Training Evaluation" change to "Post Training Competency Assessment Form" and becomes Attachment 5.</li> </ul>
1.	Page 6 <ul style="list-style-type: none"> <li>• Delete Attachment 4 "External Training Application Form" from the Quality Record</li> </ul>
2.	<ul style="list-style-type: none"> <li>• Cover Page - Change of General Manager's name</li> <li>• Page 3 - Abbreviations – Amend Legal Affairs Division to Legal Affairs &amp; Secretarial Services Division</li> </ul>
3.	<ul style="list-style-type: none"> <li>• Page 3    Item 4 Abbreviation      Change Legal Affairs &amp; Secretarial Services Division to Legal Affairs Division</li> <li>• Page 4    • Process Flow No.1      • Change "Identify training needs through:               <ul style="list-style-type: none"> <li>a) Competency-Based Training Needs Exercise</li> <li>b) Management or DIR(ID) Recommendation"to "Training Needs Identification"</li> </ul> </li> <li>• Remove AO from the responsibility column</li> <li>• Responsibility Column</li> <li>• Page 5    • Process Flow No. 8      • Change "Acknowledge participants on their participant" to "Inform participants on their participant"</li> <li>• Remove AO / AAO from the responsibility column</li> <li>• Responsibility Column</li> <li>• Page 6    • Process Flow No.2      Add on process "Check, Verify &amp; Recommend"</li> <li>• Page 6    • Process Flow No.7      Add on one (1) process "Inform participant on their participation"</li> <li>• Page 6    • Process Flow No.10      Remove "Original Training Materials"</li> <li>• Page 6    • Responsibility Column      Remove AO / AAO from the responsibility column</li> </ul>



**TRAINING PROPOSAL EVALUATION FORM**

Course:	Date:	Venue:

DETAILS	PARTICULARS (COMPANY/TRAINER)		
(1) COMPANY	-	-	-
(2) TRAINER'S PROFILE	<u>Origin</u> <input type="checkbox"/> Sarawakian <input type="checkbox"/> Non-Sarawakian: <input type="checkbox"/> West Malaysian <input type="checkbox"/> Non-Malaysian	<u>Origin</u> <input type="checkbox"/> Sarawakian <input type="checkbox"/> Non-Sarawakian: <input type="checkbox"/> West Malaysian <input type="checkbox"/> Non-Malaysian	<u>Origin</u> <input type="checkbox"/> Sarawakian <input type="checkbox"/> Non-Sarawakian: <input type="checkbox"/> West Malaysian <input type="checkbox"/> Non-Malaysian
	<u>Experience</u> <input type="checkbox"/> Relevant <input type="checkbox"/> >10 years (11) <input type="checkbox"/> <10 years	<u>Experience</u> <input type="checkbox"/> Relevant <input type="checkbox"/> >10 years (30) <input type="checkbox"/> <10 years	<u>Experience</u> <input type="checkbox"/> Relevant <input type="checkbox"/> >10 years (30) <input type="checkbox"/> <10 years
	<u>Training record @ SEDC</u> <input type="checkbox"/> Once/ > than 1 <input type="checkbox"/> Never	<u>Training record @ SEDC</u> <input type="checkbox"/> Once/ > than 1 <input type="checkbox"/> Never	<u>Training record @ SEDC</u> <input type="checkbox"/> Once/ > than 1 <input type="checkbox"/> Never
(3) CONTENT	<input type="checkbox"/> Relevant <input type="checkbox"/> Not Relevant <u>Unique Features(s):</u> Modules:	<input type="checkbox"/> Relevant <input type="checkbox"/> Not Relevant <u>Unique Features(s):</u> Modules:	<input type="checkbox"/> Relevant <input type="checkbox"/> Not Relevant <u>Unique Features(s):</u> Modules:
	(4) COST (Including of professional fees, venue, F&B, tax, material and management fee)	RM <input type="checkbox"/> Above Budget <input type="checkbox"/> Within Budget <input type="checkbox"/> Below Budget Note: (a) Prof. Fee: RM	RM <input type="checkbox"/> Above Budget <input type="checkbox"/> Within Budget <input type="checkbox"/> Below Budget Note: (a) Prof. Fee: RM
DETAILS (CONT.)	PARTICULARS (COMPANY/TRAINER)		

**ATTACHMENT 1**

	(b) RM/pax	(b) RM/pax	(c) RM/pax
<b>(5) MEDIUM OF TEACHING</b>	<input type="checkbox"/> English <input type="checkbox"/> Malay Language <input type="checkbox"/> Dual Language	<input type="checkbox"/> English <input type="checkbox"/> Malay Language <input checked="" type="checkbox"/> Dual Language	<input type="checkbox"/> English <input type="checkbox"/> Malay Language <input type="checkbox"/> Dual Language
<b>(6) PREFERENCE</b>	1 / 2 / 3	1 / 2 / 3	1 / 2 / 3

**RECOMMENDATION BY HRDU, HRA**

<b>Trainer</b>	
<b>Reason</b>	
.....	.....
<b>Nicklos Louis Kaderi</b>	<b>Khartini Johari</b>
AAO, HRDU	DD (HR), HRA
Date:	Date:

**APPROVAL BY DIRECTOR, HRA**

<b>Please tick (x)</b>		<b>Comments</b>
<b>Approved</b>	<b>Reject</b>	

.....  
**MARILYN N. BIYOR**

Date: .....

## CHECKLIST FOR SEDC IN-HOUSE TRAINING

TRAINING TITLE : \_\_\_\_\_

TRAINER'S NAME : \_\_\_\_\_

DATE & DAY : \_\_\_\_\_

VENUE & TIME : \_\_\_\_\_

NO.	PARTICULARS (Whichever Applicable)	STATUS		NO.	PARTICULARS (Whichever Applicable)	STATUS	
		DONE	NO			DONE	NO
1.	<b>Training Proposal</b> No. of Proposal: <input type="checkbox"/> Outlines & Details Programme <input type="checkbox"/> Trainer's Profile <input type="checkbox"/> Training Materials			9.	<b>Venue Preparation &amp; IT Equipment</b> <input type="checkbox"/> PA System <input type="checkbox"/> Laptop, LCD, White Screen <input type="checkbox"/> Laser Pointer, Extension Plugs etc		
2.	<b>Training Proposal Evaluation</b> <input type="checkbox"/> Prepared by <input type="checkbox"/> Reviewed by			10.	<b>Training &amp; Learning Self- Evaluation Form (For Participants)</b> <input type="checkbox"/> Distribution (training day-end) <input type="checkbox"/> Overall Report		
3.	<b>Venue Preparation</b> <input type="checkbox"/> Booking of training room(s) <input type="checkbox"/> Layout & Seating Arrangement <input type="checkbox"/> Backdrop & Signage <input type="checkbox"/> Floor & Room Directories' <input type="checkbox"/> Group Photo Taking Area			11.	<b>Stationaries</b> <input type="checkbox"/> For Participants <input type="checkbox"/> For Speakers <input type="checkbox"/> Toolbox Training <input type="checkbox"/> Papers (A4 / Flipchart etc) <input type="checkbox"/> Transparency / OHP Films		
4.	<b>Invitation Letter</b> <input type="checkbox"/> Trainer(s) / Speaker(s) <input type="checkbox"/> Participant(s) – to attach: <input type="checkbox"/> Application Form <input type="checkbox"/> Outlines & Program Detail <input type="checkbox"/> Trainer's Profile			12.	<b>Registration Counter</b> <input type="checkbox"/> Attendance List <input type="checkbox"/> Directory <input type="checkbox"/> Training Materials <input type="checkbox"/> Table Tag		
5.	<b>Publicity / Promotion</b> <input type="checkbox"/> Cameraman / Video <input type="checkbox"/> Posters / Flyers <input type="checkbox"/> SEDC Info-Telly News <input type="checkbox"/> Souvenirs			13.	<b>Transport &amp; Travelling (For Trainer / Invited Speaker)</b> <input type="checkbox"/> Air Fares <input type="checkbox"/> Hotel Room <input type="checkbox"/> SEDC Vehicle <input type="checkbox"/> Miscellaneous		
6.	<b>Food and Beverages</b> <input type="checkbox"/> Selection of Meals <input type="checkbox"/> Requisition Form <input type="checkbox"/> Quotation / Price			14.	<b>Master of Ceremony (MC)</b> <input type="checkbox"/> Appointment Letter <input type="checkbox"/> MC Script <input type="checkbox"/> Details Programme		
7.	<b>Training Materials</b> <input type="checkbox"/> Outlines / Modules <input type="checkbox"/> Details Programme <input type="checkbox"/> Cover Sheet / Divider <input type="checkbox"/> Folders / Files <input type="checkbox"/> Name Tag / Table Tags			15.	<b>Payment</b> <input type="checkbox"/> Training Vendor / Trainer / Speaker <input type="checkbox"/> Venue & Hotel Room(s) <input type="checkbox"/> Refreshments (Hotel / Caterer)		
8.	<b>Notice of Participation (Confirmed / Re-scheduled / Canceled)</b> <input type="checkbox"/> E-mail <input type="checkbox"/> Slip <input type="checkbox"/> Notice Board / Info-Telly News						

**TRAINING APPLICATION FORM**



In-House Training

External Training

Knowledge Sharing

**1) Programme Details**

Programme Title :

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Programme Organiser:

\_\_\_\_\_

Venue: \_\_\_\_\_

Date :  To:

Total Fee (RM): \_\_\_\_\_

**2) Applicant's Personal Details**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Grade: \_\_\_\_\_

Division: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**3) Reason (s) for attending programme:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4) RECOMMENDATION**

- [i] \*Recommended by Director HRA (for Deputy General Manager & Director)
- [ii] \*Recommended by Deputy General Manager(COS) (for Officer-in-Charge, Regional Office, RO)
- [iii] \*Recommended by Divisional Director/Officer-in-Charge, Regional Office (for other staff)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Name : \_\_\_\_\_  
 \*DGM (COS/COM) / Director HRA/ Divisional Director/Officer-in-Charge, Regional Office

**5) HRDU, HRA to complete - Training Trackers/ Payment/ Billing Advice to Corporate Finance Division**

**(a) Training Trackers:**

Training hours as at: \_\_\_\_\_

\*No. of External courses attended this year  
 0/ 1 / 2 / 3 / 4 / 5 / 6 (circle)

Recommendation (/) : 

Yes	_____
No	_____

\*No. of In-House courses attended this year  
 0/ 1 / 2 / 3 / 4 / 5 / 6 (circle)

Recommendation (/) : 

Yes	_____
No	_____

	External	In-House
Strategic	_____	_____
Specific	_____	_____
Generic	_____	_____

Signature: \_\_\_\_\_

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

**(b) Payment & Billing Advice to CFD**

Payment Payable to: \_\_\_\_\_ RM: \_\_\_\_\_

Total fee for: \_\_\_\_\_

External Training Budget for the year: \_\_\_\_\_

Balance of Divisional External Training Budget to date: \_\_\_\_\_

External Training Expenses (course fee/ T&T) Charged to: \_\_\_\_\_

Please turn over

<b>6) APPROVAL</b>				
*Approval by Chairman (for General Manager) *Approval by General Manager ( for Deputy General Manager/Divisional Director) *Approval by Director HRA (for other staff)				
Please tick :	Approved: <input style="width: 100%;" type="checkbox"/>	Not Approved: <input style="width: 100%;" type="checkbox"/>		
Signature: _____	Reason (s) : _____			
Date : _____	_____			
Name: _____	_____			
Chairman / General Manager / Director HRA				
Note : When training application has been approved, applicant is to forward a copy of this form to officer-in-charge concerned for transport & travelling arrangements.				
<b>7) CONFIRMATION OF PARTICIPATION</b>				
Please be advised that the above programme is * CONFIRMED / RESCHEDULED / CANCELLED				
Date: _____	To: _____	Time: _____		
Venue: _____				
Organiser: _____				
Additional Requirement: _____				
<p><b>*Friendly Reminder:</b> (1) <i>if you are unable to attend due to unforeseen circumstances, you must inform Director HRA in writing and nominate your replacement(s) - (for Director)</i></p> <p>(2) <i>if you are unable to participate due to unforeseen circumstances please inform HRDU, HRA in writing through your Divisional Director who would then nominate your replacement(s) - (for other staff)</i></p>				
FOR EXTERNAL TRAINING ONLY	After the completion of the course, you are required to submit the following documents to HRDU, HRA.			
	No.	Documents	Submission Period	
				<b>For Office Use Only</b>
				<b>Date Of Actual Submission</b>
	1	Evaluation Form <i>(as attached)</i>	Within 2 Weeks	
2	Copy of Certificate of Attendance (if any)	Within 2 Weeks		
3	Knowledge Sharing <i>(as attached)</i>	Within 2 Months		
* <i>Whichever is applicable.</i>				

## TRAINING EVALUATION FORM (FOR IN-HOUSE & EXTERNAL TRAINING PROGRAMME)

**TRAINING TITLE** : \_\_\_\_\_

**DATE** : \_\_\_\_\_

**VENUE** : \_\_\_\_\_

Kindly complete this assessment form based on the rating scale given below. Your feedback(s) and comment(s) are important for further improvement.

1	2	3	4	5
Very Poor	Poor	Fair	Good	Excellence

**PART 1:** Please review the following statements and write the number that represents your knowledge and skills for this training in the box provided for before and after training.

SELF-ASSESSMENT OF KNOWLEDGE AND SKILLS					
NO	STATEMENT	BEFORE TRAINING		AFTER TRAINING	
1	My understanding of the training.				
2	I believe this training will improve my work productivity.				
3	The training objectives for each topic were clear & easy to understand.				
4	This training benefits both to myself and in my daily work				
5	I can apply the information gain from this training in my daily work.				

**PART 2:** Kindly give your feedback about the training you have received by **CIRCLE** the following statements:

EVALUATION						
NO	STATEMENT	1	2	3	4	5
1	The objectives of the training were clearly defined and met.					
2	Participation and interaction were encouraged.					
3	The topics covered relevant to my job.					
4	The training materials given were helpful and well organised.					
5	This training that I have learnt will enhance my job skills.					
6	This training provides a better insight on the subject.					
7	The trainer was knowledgeable and well prepared.					
8	The training contents were clearly defined and easy to follow.					
9	The venue and facilities provided were adequate and comfortable.					
10	My overall findings / rating of this training.					

**PART 3:** Your feedbacks are very important to further improve our training for future needs based on your experience attending this training.

(1) Provide us additional suggestions to further improve this training.

(2) State four (4) subject matters you have learnt from this training.

(3) What additional training(s) development do you require?

**THANK YOU FOR YOUR FEEDBACKS AND CO-OPERATION 😊**



### Training Evaluation Form

**Course Title : Business Monitoring for SME & MICRO**

**Trainer : Dato' Zulkifli Mohamad**

**Date : 10 – 11 October 2018**

**Venue : Dewan Kenyalang, Menara SEDC**

**Instruction:** Upon completion of the training, participants are strongly encouraged to complete this evaluation form. SRMSB will use this information to determine the effectiveness of training content and tools, instructors, training environment, and training benefits. Please **CIRCLE** the response below that best describes your assessment of the training.

#### Section A: Course Evaluation

Please rate the following aspects of the course evaluation.	Very poor	Poor	Average	Good	Excellent
1. Course content in supporting the learning objectives.	1	2	3	4	5
2. Sufficiency of the course length	1	2	3	4	5
3. Course design (i.e., materials and learning activities) in encouraging my participation in the class.	1	2	3	4	5
4. Ability to practice and reinforce what was taught.	1	2	3	4	5
5. Appropriateness of course information to understand the learning objectives.	1	2	3	4	5

#### Section B: Training Tools/ Methods

Please rate on the usefulness of training tools in helping you to learn.	Very poor	Poor	Average	Good	Excellent
6. Quiz/ exercise / activities / practical exercises	1	2	3	4	5
7. The learning aids (i.e., workbooks, hand-outs, role-playing exercises, PowerPoint slides, software)	1	2	3	4	5
8. The technology equipment (if applies)	1	2	3	4	5

#### Section C: About the trainer

Please rate the following aspects of the trainer.	Very poor	Poor	Average	Good	Excellent
9. Knowledge of the course content/ subject/ activity	1	2	3	4	5
10. Creating interest in the subject / activity	1	2	3	4	5
11. Readiness of the course	1	2	3	4	5
12. Relating the training to your job role	1	2	3	4	5
13. Understanding your needs	1	2	3	4	5
14. Responding to questions	1	2	3	4	5
15. Ability to communicate to participants	1	2	3	4	5

#### Section D: Facilities and Administration

Please rate the following aspects of the training facilities and administration.	Very poor	Poor	Average	Good	Excellent
16. Administration and enrolment	1	2	3	4	5
17. Room/Venue	1	2	3	4	5
18. Convenience of location	1	2	3	4	5
19. Technical support	1	2	3	4	5
20. Food & beverages	1	2	3	4	5



## ATTACHMENT 4

### Section E: Training Importance / Benefits

Please rate the following aspects on the level of importance of the training.	Not Important	Slightly Important	Moderately Important	Important	Very Important
21. To increase knowledge / skills for my personal understanding	1	2	3	4	5
22. To improve the knowledge/ skills to accomplish my job	1	2	3	4	5
23. To carry out practical exercises that I actually perform on my job	1	2	3	4	5
24. To communicate to my superior / subordinates/ customers/ stakeholders	1	2	3	4	5

### Section VI: Training Overall

	Very poor	Poor	Average	Good	Excellent
25. How do you rate the training overall?	1	2	3	4	5
26. What topics were most useful? <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>					
27. Comment / Feedback on the trainer: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>					
28. What courses / trainings would you like to attend in the next 12 months? (Please State) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>					
Preferred level: a. Introductory <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> b. Intermediate <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> c. Advance <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/>					
29. Would u recommend this training to your work colleagues? YES ___ NO ___					
30. Other than what u have already told us, how could the training be improved, e.g. to meet your needs, make the training more relevant to your job role or provide a better learning experience? Comment: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>					

Name:

Dep't/ Division/ Company:

**Please return this form to the organizer at the end of training. Thank you.**

NAME :		POSITION :					DIVISION :				
COURSE(S) ATTENDED (Title / Date)		POST TRAINING EVALUATION ("APPLICATION TO THE WORKPLACE") Please tick (✓) in appropriate box - Competency level for performance assessments (1 - Aware ; 2 - Knowledgeable ; 3 - Skillful ; 4 - Mastery ; 5 - Expert)									
NO	TYPES OF TRAINING (In-house or External)	LEVEL 1 (1) Able to do or demonstrates basic knowledge, skills & behaviours in key actions to meet required standards. (2) Needs total supervision and guidance.	LEVEL 2 (1) Able to do or demonstrates sufficient knowledge, skills & behaviours in key actions consistently to meet required standards. (2) Needs supervision and occasional guidance.	LEVEL 3 (1) Able to do or demonstrates effective knowledge, skills & behaviours in key actions consistently to meet standards and makes continuous improvements. (2) Capable of doing the job independently & can lend support to others.	LEVEL 4 (1) Able to do or demonstrates outstanding knowledge, skills & behaviours in key actions consistently to meet required standards. (2) Considered an authority in the field & able to train/coach others.	LEVEL 5 (1) Able to do or demonstrate expert knowledge, skills & behaviours in key actions consistently and exceed required standards. (2) Considered an authority in the field & able to train/coach others. (3) Reviews work of others for adequacy & improvement. (4) Make suggestions for long-term improvement. (5) Able to work independently					
1											
2											
3											
4											

TRAINING IDENTIFICATION (Kindly identify types of trainings or developmental areas, which he/she is recommended to undergo in order to enhance his/her skills or competencies)

.....

.....

.....

Supervisor's Name : \_\_\_\_\_ Signature : \_\_\_\_\_

Designation : \_\_\_\_\_

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