

Staff Member Name: _____ Facility Name: _____ Date: _____

General

1. How long have you been at your present job? _____
2. What is your current role title? _____

Job Analysis

3. Describe the tasks you regularly perform that are critical to carrying out your job effectively.

4. Describe the type of equipment you are required to use (for example, manual handling equipment).

5. What year did you complete your First Aid training? Do you know First Aid training needs to be updated every three years and CPR every 12 months?

6. What qualifications do you have?
Qualification: _____ Year Completed: _____
Qualification: _____ Year Completed: _____
Qualification: _____ Year Completed: _____
7. To what extent does your job require you to work closely with other people, such as customers, clients or people in your own organisation? Please tick.
 Very little
 Moderately
 A lot

8. How much variety is there in your job, ie, to what extent do you do different things at work, using several skills and talents? Please tick.
 Very little
 Moderately
 A lot

Training Needs

9. What training would you like to receive that will help you to become more proficient in your role?

10. To perform other jobs in the organisation: What other roles in the organisation would you be interested in doing if a vacancy became available (eg, transfer to another section, supervisor position, etc)?

Future Development Needs

11. What are your career aspirations?

12. What training or development do you need to help make this happen (eg, external degree study, vocational training – Certificate III, IV or Diploma, leadership training, etc)?

13. What training are you interested in? (Please tick)

- | | |
|---|---|
| <input type="checkbox"/> Certificate III Aged Care | <input type="checkbox"/> Certificate IV Aged Care |
| <input type="checkbox"/> Certificate III Disability | <input type="checkbox"/> Certificate IV Disability |
| <input type="checkbox"/> Certificate III HACCC | <input type="checkbox"/> Certificate IV Lifestyle & Leisure |
| <input type="checkbox"/> First Aid & CPR | <input type="checkbox"/> Other (Please specify) |

Recognition of Prior Learning

14. What knowledge and skills do you have that you don't have a formal qualification for that may be relevant to your organisation? (You may be eligible for recognition of prior learning (RPL))

Would you like to know if you are eligible for government funding or recognition of prior learning?
Call Daisy Learning to make an appointment to find out more – (07) 5479 6301 -www.DaisyLearning.com.au