

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?

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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)?

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## Future Development Needs

11. What are your career aspirations?

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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)?

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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))

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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](http://www.DaisyLearning.com.au)