

# Train to Gain Organisational Needs Analysis

Organisation name: \_\_\_\_\_

Contact Position: \_\_\_\_\_

Number of Employees \_\_\_\_\_

Industrial Sector \_\_\_\_\_

## Company Background, Business Vision & Goals

How long has the business been established?  
What are the company's goals and targets for the future?  
What are the current and future key challenges for the business?

## Markets, Products & Services

What are your organisation's main markets, products and services?  
How do you promote your business?  
What are your routes to market - how do you sell?  
How do you develop new products/services?

## Accreditations & Standards

ISO 9000	<input type="checkbox"/>	ISO 14000	<input type="checkbox"/>	Industry Specific (state)	<input type="checkbox"/>
Investors in People	<input type="checkbox"/>	Other (state)	<input type="checkbox"/>	Other (state)	<input type="checkbox"/>

## Operations

How do you measure - costs, efficiency, customer satisfaction & quality?

Use of ICT – networks, internet, website, email?

## Structure and People

What is the structure of the business? Different departments? Draw or attach an organisation chart.

Any vacancies or issues surrounding recruitment and/or retention of staff?

**HR Policies and Procedures**

Do employees have job descriptions and contracts of employment?

Job Description	All	<input type="checkbox"/>	Some	<input type="checkbox"/>	None	<input type="checkbox"/>
Employment Contracts	All	<input type="checkbox"/>	Some	<input type="checkbox"/>	None	<input type="checkbox"/>
Annual Appraisals	All	<input type="checkbox"/>	Some	<input type="checkbox"/>	None	<input type="checkbox"/>

Are they up to date? Yes  No

Do you have a training plan? Yes  No

Do you have a Health & Safety Policy? Yes  No

**Training and Development**

Currently undertaking training and development? Yes  No

How close is your current workforce to meeting any regulatory training targets?  %

Details of current training taking place (in-house or externally delivered):

Further training and development planned in the next 6-12 months? Yes  No

Details (in-house or externally delivered?):

# **ONA SUMMARY**

Main Business Issues which may have a training solution

1
2
3
4
5

## **Training Needs Identified**

	Type/Level of Qualification or Short Course	Potential Learner Numbers	Learners eligible for TtG funding (Provider must have carried out eligibility checks)
First Full L2/L3 Jumper			
Level 3			
Skills for Life			
Other NVQs			
Apprenticeships			
Short Courses			
HE/Foundation Degrees			
Leadership & Management			
Other			

## **Agreed Actions**

What	When	Who

I certify that the actions described above meet my current and (known) future business needs at this time and that I am aware that if I require any further help, particularly for any skills-related issues I can contact a Skills Broker.

Employer Signature: ..... Name: ..... Date: .....

Provider Signature: ..... Name: ..... Date: .....