**KIBABII**

**TRAINING NEEDS ASSESSMENT- QUESTIONNAIRE FOR STAFF**

**a) Academic qualification**

**UNIVERSITY**

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| **OFFICE OF THE DEPUTY REGISTRAR (ADMINISTRATION** | | |

**RATION)**

(*To be completed by individual member of staff*)

The purpose of this questionnaire is to determine your training needs in order to develop performance improvement programmes in your Department/Section/Unit. You are therefore required to provide comprehensive and detailed information regarding your job and work environment. The information you provide will be confidential and will be used only for improving your job performance.

**APPENDIX I:**

|  |  |  |
| --- | --- | --- |
| **1.0** | **Staff/Job Identification** | |
|  | **1.1**  **1.2**  **1.3**  **1.4**  **1.5**  **1.6**  **1.7**  **1.8**  **1.9** | Name: ………………………………………………………………………………… PF. No.:……………………………………………………………………………….. Gender (Male/Female):……………………………………………………………… Job Group:…………………………………………………………………................. Terms of Service:…………………………………………………………………….. Job title:……………………………………………………………………………….. Division/Department:………………………………………………………...……... Section/Unit:…………………………………………………………………….…… Duty station:………...………………………………………………………….……. |

|  |  |  |
| --- | --- | --- |
| **2.0** | **Academic Qualifications and Professional Experience** | |
|  | **2.1** | List of academic and professional qualifications and experience that you possess. |

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**b) Professional qualifications**

**3.0**

**3.1 Job Description**

…………………………………………………………………………………………….. …………………………………………………………………………………………….. …………………………………………………………………………………………….. ……………………………………………………………………………………………..

**c) Experiences/Abilities and Skills**

…………………………………………………………………………………………….. …………………………………………………………………………………………….. …………………………………………………………………………………………….. ……………………………………………………………………………………………..

**Job Description and Job Requirements**

a) List your major duties and responsibilities.

i) ………………………………………………………………………………… ii) ………………………………………………………………………………… iii) ………………………………………………………………………………… iv) …………………………………………………………………………………

v) …………………………………………………………………………………

b) List the major activities that you perform outside your job description.

i) ………………………………………………………………………………… ii) ………………………………………………………………………………… iii) ………………………………………………………………………………… iv) …………………………………………………………………………………

v) …………………………………………………………………………………

c) Indicate recent changes that have been introduced into your job that require new skills.

i) ……………………………………………………………………………….. ii) ……………………………………………………………………………….. iii) ……………………………………………………………………………….. iv) ………………………………………………………………………………..

v) ………………………………………………………………………………..

**3.2 Challenges**

a) List the difficulties that you experience in performing your duties.

i) ……………………………………………………………………………....... ii) ……………………………………………………………………………....... iii) ………………………………………………………………………………… iv) …………………………………………………………………………………

b) Suggest how the difficulties mentioned in (a) above can be addressed.

i) ……………………………………………………………………………… ii) ……………………………………………………………………………… iii) ……………………………………………………………………………… iv) ………………………………………………………………………………

v) ……………………………………………………………………………....

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c) Indicate the skills that you require to perform the tasks mentioned in (a) above. i) ……………………………………………………………………………. ii) …………………………………………………………………………….

**4.0**

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| --- | --- | --- |
|  | iii) iv) v) | ……………………………………………………………………………. ……………………………………………………………………………. ……………………………………………………………………………. |
| **3.3** | Have you attended any course in the last two (2) years? Yes/No | |
|  | If yes, course attended:…………………………………………………….. | |
|  | …………………………………………………………………………………………….. | |
|  | Venue:……………………………………………………………………….. | |
| **3.4** | How relevant were the course(s) to your work? | |
|  | ………………………………………………………………………………... ………………………………………………………………………………... ………………………………………………………………………………... | |
| **3.5** | Who nominated you to the course (s)? | |
|  | ………………………………………………………………………………... | |
| **3.6** | Comment on how officers are selected for training in your Department. | |

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**3.7** Outline limitations in the current training practices and procedures in management of the training

function in your Department. ………………………………………………………………………………... ………………………………………………………………………………... ………………………………………………………………………………...

|  |  |
| --- | --- |
| **3.8** | Suggest solutions to the limitations mentioned in 3.7above ………………………………………………………………………………... |
| **Non-Human Resources required to improve current and future Job Performance** | |
| **4.1** | Indicate the adequacy of the following facilities, equipment and supplies in your duty station. |

a) Adequacy of facilities & equipment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/No** | **Item** | **Quite**  **Adequate** | **Adequate** | **Not**  **Adequate** | **Remarks/**  **Reasons** |
| i) | Office/work space (e.g. office, desk and chair) etc |  |  |  |  |
| ii) | Equipment (e.g. tools, photocopier, printer, computers etc) |  |  |  |  |
| iii) | Transport/ Motor vehicles |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| iv) | Communication (telephone, fax, email) |  |  |  |  |
| v) | Supplies/ stationery |  |  |  |  |

b) Comment on the accessibility and /or suitability of the facilities mentioned in part (a) and suggest any

additional facilities or equipment required to improve job performance. ……………………………………………………………………………………………. ……………………………………………………………………………………………. …………………………………………………………………………………………….

**4.2** Indicate the suitability of the working environment in your duty station.

a. Suitability of working environment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **Item** | **Quite**  **Adequate** | **Not**  **Adequate** | **Adequate** | **Remarks or reasons/ response** |
| i) | Physical location (e.g. noise, ventilation, utilities and services, etc) |  |  |  |  |
| ii) | Terms and conditions of service (e.g. pay and benefit, leave, medical, housing, Code of Regulations etc) |  |  |  |  |
| iii) | Working methods and procedures (e.g. policy formulation and implementation ,decision making process, problem solving process, reporting and feedback process etc) |  |  |  |  |

b. Comment on the suitability of the working environment factors mentioned in part (a) and suggest any improvement required to enhance job performance. …………………………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………… ……………………………………………………………………………………………………………………………. ……………………………………………………………………………………………………………………………

**4.3** Rate the quality of the working environment in your duty station

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/No** | **Item** | **Excellent** | **Good** | **Poor** | **Provide remarks or reasons** |
| 1. |  |  |  |  |  |
| 2. | Training and staff Development |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| 3. | Teamwork & Cooperation (e.g. within and other units) |  |  |  |  |
| 4. | Job satisfaction and commitment |  |  |  |  |
| 5. | Work Ethics |  |  |  |  |
| 6. | Communication (e.g. channel, horizontal, vertical) |  |  |  |  |
| 7. | Task accomplishment (e.g. setting and achieving targets) |  |  |  |  |
| 8. | Creativity and innovation (e.g. generation of new ideas, new ways of doing things, flexibility) |  |  |  |  |
| 9. | Management of Performance |  |  |  |  |

**5.0 Any** other suggestions for current and future performance improvement

.………………………………………………………………………………………………………………………………………….. …..……………………………………….……………………………………………………………………………........................... ..……………………………………………………………………………............................………………………………………… …………………………………………………..………………………………………………………………………………………..

**6.0 Action Plan** (*To be filled in by the supervisor*)

**6.1.** Agreed training and development to be provided during the financial year.

Record the details:…………………………………………………………………………………................................................. ……………………………………………………………………………………………………………………………………………. ……………………………………………………………………………………………………....................................................... ……………………………………………………………………………………………………………………………………………

**Signature of staff member:**……………………………………**..Date**:……………………………**..**

**Name of Supervisor:**…………………………**.. Sign.**  **Date****...........**

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