**Company In-House Training Needs**

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

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| --- | --- |
| **Company** |  |
| **Contact Person** |  |
| **Email and Tel No.** |  |
| **Brief Description of Company** |  |
| **Number and type of employees that require training (i.e. management, team leaders, floor staff etc.)** |  |
| **Skills/Topic for Training** |  |
| **Reason for training needs in this area** |  |
| **Required Outcomes of training** |  |
| **Key areas that are required in training content** |  |
| **Desired results following training**  |  |
| **Preferred duration, timeframe and type of delivery** |  |
| **Budget**  |  |