



# TRAINING NEEDS ANALYSIS

Form SMS 12.1

Rev 1  
Date: 30<sup>th</sup> Dec 2018

1. Individual Name or Functional Group

Date

2. Core Competency / Training / Skills required for Role.

3. Competency / Training / Skills Gaps

4. How / When will the Gaps be addressed?

5. Training Cost Analysis & Allocation?

6. Training Plan Agreed

Name /  
Functional Group

Date

Manager

Date