



Inishowen Development Partnership

Training Needs Analysis

1. Student Profile

Name:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
Town:	<input type="text"/>
County:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>
Mobile Number:	<input type="text"/>

2. Gender

<input type="checkbox"/> Male
<input type="checkbox"/> Female

3. What age bracket are you in?

<input type="checkbox"/> 20 - 30
<input type="checkbox"/> 31 - 40
<input type="checkbox"/> 41 - 49
<input type="checkbox"/> 51 - 65
<input type="checkbox"/> Over 65

4. Employment Status. Are You?

<input type="checkbox"/> Employed
<input type="checkbox"/> Unemployed
<input type="checkbox"/> Retired

5. If employed, please specify:

<input type="checkbox"/>	Full Time
<input type="checkbox"/>	Part Time

6. Employment Role

<input type="checkbox"/>	Manager
<input type="checkbox"/>	Administrator
<input type="checkbox"/>	Supervisor
<input type="checkbox"/>	Secretarial
<input type="checkbox"/>	Support Staff
<input type="checkbox"/>	Technical
<input type="checkbox"/>	Operative
<input type="checkbox"/>	Professional
<input type="checkbox"/>	Retail
<input type="checkbox"/>	Other
Other (please specify)	

7. What is the highest level of study undertaken by you? Please tick one only:

<input type="checkbox"/>	Intermediate/Junior Certificate (or similar qualification)
<input type="checkbox"/>	Leaving Certificate (or similar qualification)
<input type="checkbox"/>	Certificate Programme
<input type="checkbox"/>	Diploma Programme
<input type="checkbox"/>	Degree Programme
<input type="checkbox"/>	Postgraduate/Masters
<input type="checkbox"/>	Other
Other (please specify)	

8. What form of programme delivery is most preferable to your training needs? Please indicate in order of preference (i.e. 1 most preferred option, 3 least preferred option):

Part-time evening	
Part-time Day	
Distance Education/ on-line learning	

9. Location:

Buncrana Carndonagh Moville Any

10. Any Special Requirements

<input type="checkbox"/> Wheelchair Accessibility
<input type="checkbox"/> Loop System
Other (please specify)

11. What level of accreditation do you require for your training? Rank in order of importance.

	Very Important	Important	Average	Slightly Important	Not Important
Non-accredited					
Short course					
Certificate					
Diploma					
Degree					
Masters					
Other (please specify)					

12. Which of the following subject areas are of interest to you? (Please tick all that apply and rank from number 1 as being of most interest). If not of interest, then leave the box blank:

<input type="checkbox"/>	Basic Computing
<input type="checkbox"/>	Intermediate Computing
<input type="checkbox"/>	Advanced Computing
<input type="checkbox"/>	Business
<input type="checkbox"/>	Personal Development
<input type="checkbox"/>	Childcare
<input type="checkbox"/>	Farming
<input type="checkbox"/>	Youth Training
<input type="checkbox"/>	
<input type="checkbox"/>	
Other (please specify)	