

Attachments for Procedure CA/06

CL/ CA 06/ 01 – CHECKLIST TO ASSIGN SCOPE OF SELF READING FOR ORIENTATION TRAINING

Contract Name :

Contract No :

Trainee's Name :

S/No.	Procedure		Time Frame	
			To	From
1.		<input type="checkbox"/>		
2.		<input type="checkbox"/>		
3.		<input type="checkbox"/>		
4.		<input type="checkbox"/>		

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Project Director/Project Manager

SF/CA 06/ 01 – Training Record

Training Record

Contract Name :

Contract No :

Employee's Name :

S/No.	Description of Training	From	To	PD's/PM's Certification
1.				
2.				

SF/CA 06/ 02 – TRAINING EVALUATION FORM

Contract Name :

Contract No :

Employee's Name :

Description of Training:

S/No.	Activity	Status	Remarks
1.	Relevance of the training received to your current work assignment	<input type="checkbox"/> Very Relevant <input type="checkbox"/> Relevant <input type="checkbox"/> Slightly Relevant <input type="checkbox"/> Not Relevant at all	
2.	Quality of Resource Person	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Bad <input type="checkbox"/> Poor	
3.	Quality of Presentation	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Bad <input type="checkbox"/> Poor	
4.	Quality of Handouts	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Bad <input type="checkbox"/> Poor	
5.	Quality of the Venue	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Bad <input type="checkbox"/> Poor	
6.	Quality of the Food/Refreshment	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Bad <input type="checkbox"/> Poor	
7.	Has the training provided enhance your knowledge and improved your competence in Contract Management	<input type="checkbox"/> Excessively <input type="checkbox"/> Significantly <input type="checkbox"/> Moderately <input type="checkbox"/> Slightly <input type="checkbox"/> Not at all	
8.	Do you have any other comments with regard to the content of the training or manner in which the training was conducted?		
9.			

	Do you have any suggestions for improvement of the training program in future?	

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Signature of the Trainee