The information provided in this form will be used to customize a training program to meet your specific goals and objectives.

#### **Company Information**

Company Name

Contact Information:

(Name, Title, Contact Information)

How did you hear about us?

Internet Search

Referral

Professional Association

Print Advertisement

Internet Advertisement

**UCI DCE** Website

Other

# **Training Needs Analysis**

What are the specific reasons for this training request?

Who is requesting this training?

The target audience

Senior Leadership

Department

Other

Who is sponsoring this training?

The target audience

**Human Resources** 

A Specific Department

Management

Training & Development

Other

change as a result of this training?
What should employees be able to know and to do as a result?

What are three things you do well?
What are three things that you would like to see improve?

What behaviors would you like to see

Is there a new process or standard being put into place that will replace a current one?

Are there existing best practice examples and/or company processes or templates that you would like to be included in this training?

If yes, please describe.

If not, would you like us to provide industry-standard templates?

Who is the audience?	
What are the job titles / departments of the audience?	
NA/locations that in viscous and a (a) /	
What are the primary role(s) / function(s) of the audience?	
What is the anticipated number of attendees?	
What are the experience levels,	
education, etc. of the audience?	
What is the general attitude of the audience for additional training?	

**Audience Profile** 

Do employees perceive training as necessary or useful? What is their motivation?

Do they have the confidence and cognitive ability to handle the subject matter?

Do you provide other training for this audience?

If yes, please describe. (What has worked well and not as well for this audience? Lessons learned.)

Is this training mandatory or voluntary?

If mandatory, what are the consequences for not participating? If voluntary, what is the motivation for the audience to attend this training?

How is training and application of training supported in your organization?

(e.g., Do managers support attendance and uninterrupted participation? Do managers provide feedback, goal setting and application of learning to work opportunities? Are there incentives related to participation in training? Are there follow up initiatives in place?)

Do you want employees to earn grades and credit?

#### **Delivery**

What is the desired date(s) / time frame to begin training?

Is there a deadline that the training needs to be completed?

What is the preferred training delivery method?

Traditional / Face to Face

Online (Synchronous)

Online (Asynchronous)

Blended / Hybrid

Other

Flipped

### Marketing

Would you like assistance in marketing this training to employees?

Yes

No

Undecided

If yes, please check all that apply:

Eblast

Flyer

Information Session

Webinar

Other

## Partner with UCI Corporate Training:

Connecting the business community with the resources available at UCI

UCI Corporate Training is your portal to the rich resources to help with your workforce development issues. Let us connect you to all the services and talent your business needs to succeed.

Enterprise-wide Training and Education Human Resources Support Community Involvement Advanced Degrees

**Brian Breen**, Director of Corporate Training (949) 824-1847 / E-mail Brian

**Missy Pitman**, Assistant Director, Corporate Training (949) 824-5736 / <u>E-mail Missy</u>

Valerie Polunas, Corporate Accounts Manager (949) 824-9321 / E-mail Valerie