

**PSMB/GRIP/6/16**

For PSMB Use Only

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## TRAINING EVALUATION FORM

The 1Malaysia Globally Recognised Industry and Professional Certification or known as 1MalaysiaGRIP has been launched by Pembangunan Sumber Manusia Berhad (PSMB) in 2015. The objective of this programme is to provide opportunity for employees to increase their skills in specific fields. This would enhance their career development opportunity and the possibility of earn higher income.

Thus, this survey is intended to evaluate and assess the effectiveness of training attended by the employees. The purpose of this questionnaire is mainly to confirm the attainment of objectives set under the 1MalaysiaGRIP programme. All information will be treated with highest confidentiality. Please return this form to the respective training providers.

This questionnaire comprised of two segments. Part A is to be completed by the employee (trainee) and Part B is by the employers where the employee immediately report to (e.g.: departmental manager, supervisor, team leader or similar). Please complete the segment that applicable to you.

Thank you for your cooperation.

### SECTION A DEMOGRAPHIC PROFILE

Name of Trainee : .....

Course Title : .....

Name of Training Provider : .....

Training start date : ..... Training end date : .....

Current Salary : RM.....

## SECTION B EFFECTIVENESS OF PROGRAMME

*(Please state your score for the level of effectiveness of the course you have attended based on the scale below)*

### PART A (TO BE COMPLETED BY EMPLOYEE – TRAINEE VIEW)

- a. Did the course you have attended enhance your knowledge and skills?

1	2	3	4	5
No Change	Slightly Increased	Moderately Increased	Increased	Increased Significantly

- b. Did the course attended suits the field of your job?

1	2	3	4	5
Very Unsuitable	Less Suitable	Average	Suitable	Very Suitable

- c. To what extent have you been able to apply the knowledge / skills gained from this course?

1	2	3	4	5
Never	Seldom	Average	Always	Very Often

- d. Were there any particular barriers that you faced in applying the knowledge / skills gained from this course at workplace?

1	2	3	4	5
Never	Seldom	Average	Always	Very Often

If always / very often, please state the barriers faced:

.....

.....

.....

e. Overall, did the course is of benefits to you?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not beneficial</b>	<b>Less beneficial</b>	<b>Average</b>	<b>Beneficial</b>	<b>Highly beneficial</b>

f. Any job promoted after attending the training?

<b>1</b>	<b>2</b>
<b>Yes</b>	<b>No</b>

If yes, please specify:

<b>Position before attending training:</b>	<b>Position after attending training:</b>

g. Did the course contribute to your career advancement?

<b>1</b>	<b>2</b>
<b>Yes</b>	<b>No</b>

h. Do you have any other comment? (if yes, please specify):

.....

.....

.....

**PART B**

**(TO BE COMPLETED BY EMPLOYER – MANAGER VIEW)**

*To be filled by the employee immediately reports (e.g: departmental manager, supervisor, team leader or similar)*

a. Did the course enhance your employee’s knowledge and skills?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Change</b>	<b>Slightly Increased</b>	<b>Moderately Increased</b>	<b>Increased</b>	<b>Increased Significantly</b>

b. To what extent has your employee been able to apply the knowledge / skills gained from this course?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Never</b>	<b>Seldom</b>	<b>Average</b>	<b>Always</b>	<b>Very Often</b>

c. Was there any support you provided to enable your employee applying his / her knowledge / skills gained from the training at the workplace?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Never</b>	<b>Seldom</b>	<b>Average</b>	<b>Always</b>	<b>Very Often</b>

If always / very often, please state the barriers faced:

.....

.....

.....

d. Has the employee’s productivity level increased after attending the training?

<b>1</b>	<b>2</b>
<b>Yes</b>	<b>No</b>

e. Has the employee’s quality level increased after attending the training?

<b>1</b>	<b>2</b>
<b>Yes</b>	<b>No</b>

f. Are you planning to promote this employee from his / her current position in the future?

<b>1</b>	<b>2</b>
<b>Yes</b>	<b>No</b>

If yes, likely when?(please circle your response in the given number below)

<b>1</b>	<b>2</b>	<b>3</b>
<b>6 months – 1 year</b>	<b>1 year – 2 years</b>	<b>More than 2 years</b>

If no, please specify the reason(s):

.....

.....

.....

g. Are you planning to increase the employee's salary in the future?

<b>1</b>	<b>2</b>
<b>Yes</b>	<b>No</b>

If yes, likely when?(please circle your response in the given number below)

<b>1</b>	<b>2</b>	<b>3</b>
<b>6 months – 1 year</b>	<b>1 year – 2 years</b>	<b>More than 2 years</b>

If no, please specify the reason(s):

.....

.....

.....

h. Would you like to send any of your other employees to this training centre again in the future?

<b>1</b>	<b>2</b>
<b>Yes</b>	<b>No</b>

If no, please specify the reason(s):

.....

.....

.....

i. Do you have any other comment? (if yes, please specify):

.....

.....

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**THANK YOU FOR YOUR PARTICIPATION IN THE SURVEY**

**Declaration by:**

Name : .....

Designation : .....

Name of Company : .....

Telephone No. : .....

**COMPANY STAMP**