### Client training needs assessment

Assessment by the centre of the training needs of a client / the candidates’ employer

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| Client company: |  | Contact name: |  |
| Contact email: |  | Telephone: |  |
| Contact address: |  | | |
| Invoice address: |  | | |
| Delegate name: |  | | |

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| Date of training needs assessment: |  |
| Client industry / business activities: | |
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| Purpose of training / area of the business to be improved through training: | |
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| Job roles of the staff that require training and levels of experience: | |
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| Previous training that has been provided to staff members: | |
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| Details on any staff members with any particular learning needs, disabilities, medical conditions or that speak English as a second language, who will require additional assistance during the course: | |
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| Confirm the arrangements of how pre-course information will be relayed to candidates: | |
| A confirmation letter and venue information will be sent to the candidate about one week prior to the training. | |

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| Course to be provided: | CIEH Award in food safety in catering | Planned course date: |  |
| Name of assigned trainer: |  | Candidate numbers: |  |
| Trainer qualification and registration checked: | Yes | Training needs passed to trainer: | Yes / no |
| Pre-course info sent to: | Client / Direct to candidates | Sent on date: |  |

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| For training carried out on the client’s work site, confirmed details of: | |
| Training room size, location, suitability for examinations: |  |
| Security arrangements / procedures for accessing the worksite: |  |
| Health and safety issues / procedures relating to the worksite: |  |

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| Reasonable Adjustments / additional notes on training requirements: |  |