



MEMORANDUM

Order No. 032
Series of 2018

To : ALL LINE AGENCIES, BUREAUS, AND OFFICES
Autonomous Region in Muslim Mindanao

ATTN : HUMAN RESOURCE MANAGEMENT DIVISION

SUBJECT : TRAINING NEEDS ASSESSMENT SURVEY

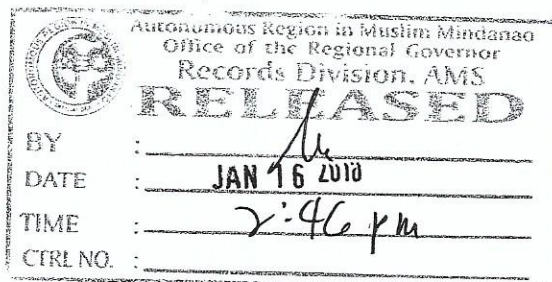
DATE : 15 JANUARY 2018



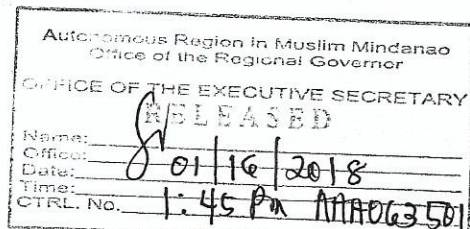
1. To determine and consolidate the capability building requirements of ARMM agencies as needed for the drafting of ARMM Development Academy's (ADA) 2018 Action Plan, all agencies through their human resource officers are requested to facilitate the conduct of the attached Training Needs Assessment (TNA) Survey in their respective regional and provincial offices.
2. The survey consultation aims to: a) identify top training needs and gaps, b) reinforce ADA's mandate as the capacity building center of ARMM; and c) explore possible collaboration and partnership with ARMM agencies and offices.
3. Please submit the duly accomplished TNA forms **on or before 02 February 2018** to the ADA Office. For queries, you may call ADA at tel. No. 552-0173 or email at armmada2018@gmail.com.
4. For **strict compliance**.

By Authority of the Regional Governor:
HON. MUJIV S. HATAMAN

[Signature]
ATTY. LAISA MASUHUD ALAMIA
Executive Secretary



ORG-ARMM RD-AMS
AAA063501





Republic of the Philippines
Autonomous Region in Muslim Mindanao
OFFICE OF THE REGIONAL GOVERNOR
ARMM Complex, Cotabato City



Training Needs Analysis (TNA) Questionnaire

In view of ARMM Development Academy's goal to identify training needs and to develop training plan, officials and employees are hereby requested to provide an extra time and effort to answer as honest and legibly as possible the five parts of the questionnaire:

Mark all appropriate boxes (☐) with a n "X". Indicate N/A if not applicable.

I. RESPONDENT INFORMATION

NAME:	SEX:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
AGE: <input type="checkbox"/> Below 30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> Above 60			
POSITION:	DESIGNATION:		
STATUS:			
<input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Contractual <input type="checkbox"/> Co-terminus <input type="checkbox"/> Contract of Service/Job Order			
OFFICE/AGENCY/BUREAU: _____			
<input type="checkbox"/> Provincial <input type="checkbox"/> Regional			
CURRENT OFFICE ADDRESS: _____			
IMMEDIATE SUPERIOR: _____			
LENGTH OF SERVICE IN THE GOVERNMENT	<input type="checkbox"/>	Less than two years	
	<input type="checkbox"/>	Two to five years	
	<input type="checkbox"/>	More than five years	
LENGTH OF SERVICE IN PRESENT POSITION:	<input type="checkbox"/>	Less than two years	
	<input type="checkbox"/>	Two to five years	
	<input type="checkbox"/>	More than five years	
HIGHEST EDUCATIONAL ATTAINMENT: _____			
(Secondary, Vocational/Trade Courses/College/ Graduate Studies)			

II. PREVIOUS TRAINING AND SEMINARS ATTENDED for the past 5 years

**Start from the most recent training attended*

Course/Training Title	Date	Venue where the training was held	Conducted by:

III. COMPETENCY LIST

A. Basic Office Clerical Skills Literacy:

	Level of Proficiency (1 – Low/ 10 – High) NA – if not applicable to your job
• Usage of Microsoft Operations	
a. Word	
b. Excel	
c. Powerpoint	
• Administrative Task and Record Management (Ex: Writing of letters and communication, filing, record keeping)	
• Answering phone calls and customer service	
• Operating Office Equipment	
a. Desktop Computer/Laptop	
b. LCD Projector	
c. Printer	
d. Photocopy Machine	
Others: (Please enumerate tasks and level of proficiency)	

B. Functions and Tasks:

List down five top functions and tasks you perform on a regular basis (*please do not list your job description*).

- 1.
- 2.
- 3.
- 4.
- 5.

a. From your list, what are the functions you feel good and competent to perform?

b. What functions do you have difficulty to perform? What are some areas do you think you can further improve on?

IV. TRAINING NEEDS ANALYSIS PROCESS

1. Does a process for identifying future training and professional development needs exist within your department? ☐ Yes ☐ No
2. Do you think it is important to identify your future training and professional development needs? ☐ Yes ☐ No
Why? _____

3. Who is/are the persons involved in assessing your **future** training and professional development needs?

Note: If the process involves a combination of the options given below, please mark those that apply:

- ☐ Individually, by myself ☐ By my immediate superior
☐ By the Human Resource Department
☐ Others (Please Specify) _____
4. On a scale of 1 – 5 (1 being the least effective and 5 being the most effective) how would you rate the effectiveness of the process used to identify your training and professional development needs:
☐ 1. Completely Ineffective
☐ 2. Ineffective in most regards
☐ 3. Moderately Effective
☐ 4. Effective in most regards
☐ 5. Completely Effective

If you answered 1, 2 or 3 please give a brief explanation of why you believe this to be so:

5. Do any of the following factors prevent you from meeting or achieving your training professional needs? *Please click those that appl.*

- ☐ Cost or budget considerations ☐ Geography and location of venue
☐ Capacity of workforce ☐ Lack of managerial support
☐ Duration of training ☐ Personal circumstances
☐ Availability of training
☐ Others (Please specify): _____

6. Thinking about possible topics and issues regarding training and professional needs, please mark at least 5 topic areas from the list below that you feel would be **most beneficial** to your wider professional development growth?

- | | | |
|--|--|---|
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Project Management | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Managing Budget | <input type="checkbox"/> Improving Service Quality | <input type="checkbox"/> Team Building |
| <input type="checkbox"/> Computer Literacy | <input type="checkbox"/> Personality Development | <input type="checkbox"/> Communication Skills |
| <input type="checkbox"/> Dealing with stress | <input type="checkbox"/> Community Planning | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Coaching Effectiveness | <input type="checkbox"/> Financial Literacy |

Others, which are not in the list:

V. MOVING FORWARD

** Kindly consult and discuss this part with your immediate supervisor/superior.*

A. List down three (3) capacity building and development interventions you need for the next three (3) years to improve your work experience and to achieve career growth and development

Title/Theme	Date	Cost Involved (Budget)	Learning Service Provider
1.			
2.			
3.			

B. Comments and Suggestions on areas for improvement:

Discussed with/recommended by:

(Immediate Supervisor/Superior)

Date: _____

Prepared and Answered by:

_____/_____
Employee's signature over printed name Date

All completed questionnaires should be returned to your respective Human Resource Officers before February 02, 2018.

WE ARE VERY MUCH GRATEFUL FOR YOUR TIME AND PATIENCE IN ANSWERING THIS QUESTIONNAIRE. THANK YOU AND MORE POWER!