GalaxyAerospace Airworthiness Expert	**EMPLOYEE TRAINING EVALUATION**

1. PERSONNEL PARTICULARS

NAME:		EMP ID:	
DEPARTMENT:		DATE JOINED:	
EMAIL:		PHONE NO:	

2. QUALIFICATIONS

NAME OF SCHOOL / HIGHER LEARNING	DURATION		RESULT OF HIGHEST QUALIFICATION OBTAINED
	START (mm/yy)	END (mm/yy)	
Secondary Education(s)			
Diploma Course(s)			
Degree Course(s)			
Post Graduate Course(s)			
Professional Qualification(s)			

3. WORK EXPERIENCES

DURATION		NAME OF EMPLOYER	POSITION	SUMMARY OF WORKSCOPE
START (mm/yy)	END (mm/yy)			

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4. TRAINING ATTENDED

No.	Date	Place of Training	Title of Training / Course
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Submitted by:			
	Name	Signature	Date

5. TRAINING EVALUATION

No.	Additional Training Required	Reviewed by HOD:
1		Remarks:
2		
3		
4		
5		Signature: Name:
6		Date:

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INSTRUCTION FOR COMPLETING EMPLOYEE TRAINING EVALUATION (GAM/Q-073)

No.	Item	Instructions
1	Section 1 (Name)	Enter the staff full name.
2	Section 1 (Emp ID)	Enter the employee ID number.
3	Section 1 (Department)	Enter the name of department.
4	Section 1 (Date Joined)	Enter the date of employee joined the organisation.
5	Section 1 (Email)	Enter the official email address of employee.
6	Section 1 (Phone No)	Enter the phone no of employee.
7	Section 2 (Name of School / Higher Learning)	Enter the applicable name of School/College/University attended by employee.
8	Section 2 (Duration)	Enter the start and end dates attending the School/College/University by month and year. Example: 04/24
9	Section 2 (Result of Highest Qualification Obtained)	Enter the highest qualification obtained at the school/college/university. Example: SPM 9A, Bachelor of Electrical Engineering (Hons).
10	Section 3 (Duration)	Enter the start and end dates of the relevant previous work experience. Example: 04/24
11	Section 3 (Name of Employer)	Enter the name of employer of which the work experiences were obtained.
12	Section 3 (Position)	Enter the position of the previous work experience.
13	Section 3 (Summary of Workscope)	Enter the summary of workscope pertaining to the position written.
14	Section 4 (Date)	Enter the date of training attended by employee.
15	Section 4 (Place of Training)	Enter the name of organisation in which the training was attended.
16	Section 4 (Title of Training/Course)	Enter the attended training/course name.
17	Section 4 (Submitted by)	Employee to enter his/her name, signature and date of application being made.
18	Section 5 (Additional Training Required)	HOD to enter the name of relevant additional training required by employee.
19	Section 5 (Reviewed by HOD)	HOD to enter any remarks with regards to the training required and fill in his personal details (i.e. signature, name and date)

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