

APPENDIX D



MEMBER TRAINING REQUEST AND PRE-EVALUATION FORM

Pre-training evaluation

Request by (Name and job title or Councillor and position e.g. Portfolio Holder, Committee Chairman):	
Title of Training:	
Date of training:	
Cost:	
Type of training (internal or external seminar, e-learning)	
Training is for (individual Member, committee, all)	

Before the course

Objectives of Training	<i>(Include how the training will meet corporate objectives and individual needs and will help the Member/Members perform their roles effectively)</i>
Has training need been identified through the annual self-assessment process and work agreed programme?	<i>(If not, please provide justification for the training, linking closely to the objectives identified above)</i>
How will training be incorporated into Members' roles?	<i>(Eg. Greater effectiveness as chairman or contributor at committee meetings, to provide the necessary training to sit on licensing committee)</i>

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<p>How and when will effectiveness of training be evaluated?</p>	<p><i>(Performance indicators e.g. planning: increase in percentage of appeals refused, cost effectiveness, stakeholder interviews)</i></p>
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<p>Authorised by Portfolio Holder (sign)</p>		<p>Date</p>
<p>PRINT</p>		

<p>Budget available?</p>	
<p>Booked:</p>	

For completion 2-3 months after the training by the Democratic Services Manager and Member(s) who undertook the training

<p>In what ways has the training been incorporated into your roles?</p>	
<p>In what ways has the training improved personal and organisational performance?</p>	

<p>Member(s') Signature(s)</p>		<p>Date</p>
<p>Democratic Services Manager</p>		<p>Signature</p>