



UNIVERSITY OF VENDA

LINE-MANAGER TRAINING FEEDBACK FORM

Line Manager:

Staff Member:

Department:

Course/Training Attended:

Date(s) of Training:

1. Was the training programme aligned to the staff member’s job profile? **Yes/No** Please explain

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2. Did the training programme attended by your subordinate address the competency gaps as identified in the staff member’s Personal Development Plan? **Yes/No**

3. Do the new competencies relate to the staff member’s performance agreement? **Yes/No**

4. How has the staff member’s performance improved as a result of the training intervention?

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5. Is the staff member able to solve problems that he/she could not solve before acquiring the new competencies from the training programme? **Yes/No**

6. How did the staff member implement the new competencies that were acquired during the training programme?

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7. Are there any other noticeable changes in the staff member's performance and behaviour as a result of attending the training? Please explain.

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8. Explain how the training programme was value for money for the University of Venda.

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9. Would you consider sending other staff members from your department on a similar training programme? Please explain.

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10. Any suggestions for improvements of the training programme?

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Signature:

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Line Manager
Title

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Date:

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Mr MP Rachidi
Head: OD and Training

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Date: