

TRAINING NEEDS ASSESSMENT FORM

Form no: _____
Date: _____

Name of Applicant:	
Address:	
Contact Details:	
Business Idea/s:	

Training Attended:

Training	Date	Provider

Client Assessment: Please Check appropriate box

Business inclination:

1. Your business is: ☐ Agriculture Based: ☐ Aquaculture/Fisheries Based
2. What commodity do you want to engaged in your business: _____?
3. You are interested in: ☐ grow out; ☐ hatchery/nursery; ☐ processing (raw materials); ☐ Food Processing; ☐ Manufacture; ☐ Trading; ☐ Others; please specify_____

Computer knowledge and use:

	Yes	No
1. Do you know how to use a computer/ laptop?		
2. Do you know how to use Microsoft Office Applications and tools like MS Word, MS Excel, MS Powerpoint?		
3. If one or both answers is No; you are willing to have a training on basic computer and application use?		

4. Business Plan Preparation, Financial Management and Marketing Aspect:

	yes	no
1. Do you have a business plan ready?		
2. Do you have knowledge on how to make a business plan?		
3. Do you want to learn how to prepare a business plan through training?		
4. Do you want to learn how to effectively manage the finances of your business through training?		
5. Do you have a market label or logo for your product?		
6. Do you want to learn how to make your own label and other marketing strategies		