

Training Improvement Plan

Format No.:

Plan No. = { } / Year = _____

Training Type	Training Name	Training Description

Strategy	Minimum Requirements for improvement	Person – Responsibility
<i>How will do it?</i>	<i>Skill / Qualifications / Experience</i>	

Resources Requirements		
Available	Requisitions	Cost (\$)

Effectiveness / Audit

How will know it has been achieved? What should be method inspection method of effectiveness checking? What will be measure?

Monitoring System Planning

Planned Training (List attachment for Trainee & Faculty)						
No	Department	Location	Nos. Trainee	Nos. Faculty	Department Head Signature	Approved By

Approvals of Planning			
Prepared by	Verified By	Works Manager	Management Representative