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|  | **AREAS I FEEL I NEED TRAINING OR DEVELOPMENT** | **AREAS MY MANAGER FEELS I NEED TRAINING AND DEVELOPMENT** | **AREAS I FEEL THE SPA COULD IMPROVE TO CREATE A MORE POSITIVE WORK ENVIRONMENT** | **AREAS MY MANAGER FEELS THE SPA COULD IMPROVE TO CREATE A MORE POSITIVE WORK ENVIRONMENT** | **MY FEEDBACK ON THE CURRENT TRAINING AND DEVELOPMENT OPPORTUNITES OFFERED BY THE SPA** | **FINALIZED TRAINING PLAN AND TARGET DATE FOR IMPLEMENTATION** |
| **PERSONAL** |  |  |  |  |  |  |
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| **PROFESSIONAL GROWTH** |  |  |  |  |  |  |
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| **CURRENT POSITION** |  |  |  |  |  |  |
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| **NAME:** |  | **CURRENT ROLE:** |  |
| **DATE:** |  | **DURATION IN CURRENT ROLE:** |  |
| **MANAGER:** |  | **MENTOR:** |  |

**TRAINING NEEDS ASSESSMENT**

