

Employer Training Provision Questionnaire

Company Name:

Contact Person:

Number of Employees:

Does your company offer in-house training?

☐ Yes ☐ No

What types of training are provided? (Select all that apply)

- ☐ Technical Skills
- ☐ Soft Skills
- ☐ Health & Safety
- ☐ Other

How often is training provided?

Do you collect feedback after training?

☐ Yes ☐ No

What improvements would you like to see in your training provision?

Submit