**TRAINING NEEDS ANALYSIS**

**Workers Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Training

Ensure that all workers receive suitable and adequate information, instruction and training for any task they may be required to perform at work. Indicate training undertaken.

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| --- | --- | --- | --- | --- |
| Type of Training | Roles | Time Frame | Date Scheduled | Date Complete |
| MANDATORY TRAINING |
| Site Induction | All Staff | On Commencement |  |  |
| Responding to Abuse & Neglect | All Staff | Annually |  |  |
| Hazardous Manual Tasks | All Staff | Annually |  |  |
| Emergency/Critical Incident – Evacuations/Lock In’s | All Staff | Annually |  |  |
| Infection Control | All Staff | Annually |  |  |
| Bullying, Harassment, Stress, Conflict | All Staff | 3 yearly |  |  |
|  |  |  |  |  |
| RECOMMENDED TRAINING |
| Health & Wellbeing | All Staff | 3 yearly |  |  |
| Hazard Management (including slips, trips, falls) | All Staff | 3 yearly |  |  |
| CPR Update | All Staff | Annually |  |  |
|  |  |  |  |  |
| ROLE SPECIFIC TRAINING |
| Fire/Emergency Co-ordinator/Warden | Designated Staff | Annually |  |  |
| Contact Officer | Designated Staff | 3 yearly |  |  |
| Senior First Aid | Designated Staff | 3 yearly |  |  |
| WHS for Officers | CEO, Managers, Supervisors, Team Leaders | 3 yearly |  |  |
| Working at Heights | Designated Staff | 3 yearly |  |  |
| Hazardous Chemicals | Designated Staff | 3 yearly |  |  |
| Rehabilitation & Return to Work Officer | Designated Staff | On Appointment |  |  |
| Contractor Management | Designated staff | On Appointment |  |  |
| Accident/Incident Investigation | Designated Staff | On Appointment |  |  |
| Health and Safety Representatives | Designated Staff | On Appointment |  |  |
| OTHER TRAINING IDENTIFIED |
|  |  |  |  |  |
|  |  |  |  |  |