

REPUBLIC OF ZAMBIA

PUBLIC SERVICE TRAINING NEEDS IDENTIFICATION INSTRUMENT (PSTNII)

Public Service Management Division Department of Human Resource Development P.O. Box 50340 LUSAKA

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| Name | of Institution | : | | |
|--------------------|---|--|--|--|
| Depart | tment | : | | |
| Unit/Se | ection | : | | |
| A. BIC | DATA | | | |
| Name of staff | | : | | |
| TS/FORCE/S./AE/NO: | | | | |
| PMEC No | | : | | |
| NRC No | | : | | |
| Date of Birth | | : | | |
| Gender | | : | | |
| Marital Status | | : | | |
| B. EM | PLOYMENT A | AND PROFESSIONAL RECORD | | |
| 1. | Date of First | Appointment : | | |
| 2. | Substantive P | Position : | | |
| 3. | Date of Appointment to substantive Position : | | | |
| 4. | Confirmed/No | ot Confirmed : | | |
| | vocational qu | tion for substantive position: (minimum professional/alification as specified in the Job Description) | | |
| | | | | |
| 6. | Highest Quali | fication Attained: | | |

PART I:

INDIVIDUAL PROFILE

PART II: Organisation, Job and Person Analysis

Organisational Analysis 1. What is the core mandate of your Ministry/Institution? 2. Outline the strategic objectives of your Ministry/Institutions as contained in the strategic plan. **Job Analysis** В. 1. What is the purpose of your job? 2. What are the key result areas of your job? Describe the tasks you regularly perform that are critical to carrying out 3. your job. 4. What extra duties do you do that are outside your job?

| 5. | | List major outputs of your job. | | |
|----|----|---|--|--|
| | | | | |
| | 6. | To perform the tasks described above, what skills and knowledge are required? | | |
| | | | | |
| | 7. | What type of equipment does your job require (e.g. Fax Machine, Photocopier, Binder, Computer)? | | |
| | | | | |
| | C. | Person Analysis | | |
| | 1. | What skills and knowledge do you have that enable you to perform your job competently? | | |
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| | | | | |
| | 2. | What skills and knowledge are lacking but are required by the job? | | |
| | | | | |
| 3. | 3. | What are your career aspirations? | | |
| | | | | |
| | | | | |
| | 4. | What training or development is required to support your career aspirations? | | |
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| | What Long and Short Term training have you attended within the last three (3) years? |
|------------------------|--|
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| | |
| 6. | What extra qualifications (not related to your job) do you have that are relevant to the Public Service? |
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| | |
| D. | To be completed by the Supervisor |
| 1. | To what extent is the officer able to achieve targets set in the individual work plan? |
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| | |
| 2. | If he/she has difficulties in meeting the set targets, what, in your opinion, are the factors hindering the officer from achieving the targets? |
| 2. | opinion, are the factors hindering the officer from achieving the |
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| 2. | opinion, are the factors hindering the officer from achieving the |
| 3. | opinion, are the factors hindering the officer from achieving the |
| | opinion, are the factors hindering the officer from achieving the targets? Describe the officer's ability to apply the requisite knowledge, skills and |
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| | opinion, are the factors hindering the officer from achieving the targets? Describe the officer's ability to apply the requisite knowledge, skills and attitudes on the job? If he/she has difficulties applying the requisite knowledge and skills, what, in your view, are the factors hindering the officer from applying |
| 3. | opinion, are the factors hindering the officer from achieving the targets? Describe the officer's ability to apply the requisite knowledge, skills and attitudes on the job? If he/she has difficulties applying the requisite knowledge and skills, |
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| 5. | What missing knowledge and skills does the officer require to perform his/her job competently, as revealed by the Annual Performance Appraisal System (APAS)? List them according to priority. | | | | |
|-------------------------------------|--|---|--|--|--|
| (i) (ii) (iii) (iv) (v) | | | | | |
| PART | III: Action Plan | | | | |
| 1. | Agreed training and development to be provided over the next three (3) years | | | | |
| | Long Term Training | Date | | | |
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| | Short Term Training | Date | | | |
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| 2. | Justification based on part II | | | | |
| | | | | | |
| | Officer's Signature: | Date: | | | |
| | Supervisor's Signature: | Date: | | | |

E. TO BE COMPLETED BY HEAD OF DEPARTMENT

| Signature: | Date: |
|---|-------|
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| Kindly comment on the action plan above | |