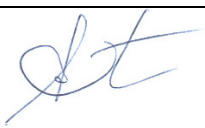





## The Catholic University of Eastern Africa

TITLE	AUTHOR
<b>PROCEDURE FOR STAFF TRAINING (CUEA/DVC ADM/HRM/03)</b>	<b>HR MANAGER</b>
	NO. OF APPENDICES:
	<b>5 (A-E)</b>
<p><b>AUTHORIZATION</b> This Standard Operating Procedure is issued under the authority of:</p>	
TITLE	<b>DVC ADMINISTRATION</b>
SIGNATURE	
DATE	<b>23 February 2011</b>
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STAMP CONTROLLED / UNCONTROLLED	<b>CONTROLLED</b>
<p><b>NOTE:</b></p> <ol style="list-style-type: none"> <li>1. Write amendments on the page provided (Clause 0.2)</li> <li>2. Controlled copies of this document will be in the DQA and the DVC ADM Office</li> </ol>	

Revision	00		Date	18 – Jan 2011
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	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 2 of 15</b>

## 0. CONTENTS AND RECORD OF CHANGES

### 0.1 Table of Contents

0.	CONTENTS AND RECORD OF CHANGES.....	2
1.	PUPROSE .....	2
2.	SCOPE .....	2
3.	TERMS AND DEFINITIONS.....	2
4.	REFERENCES .....	3
5.	PRINCIPAL RESPONSIBILITIES .....	3
6.	METHOD .....	3
7.	APPENDICES .....	4

### 0.2 RECORD OF CHANGES

No.	Date (dd-mm-yy)	Details of Changes		Authorization
		Page	Clause/subclause	Title
1	21 June 2011	3	6.1 (inclusion of words “shall ensure”	HR Manager
2	21 June 2011	3	6.6.2 (6.6.2 how the training process shall be evaluated and inclusion of timelines)	HR Manager
3	4 July 2012	3	6.61. To capture the timeframe for issuance of TNA forms	HR Manager

### 0.3 Distribution / Circulation

This Standard Operating Procedure is available at relevant function for authorized users.

#### 1. PURPOSE

To maintain a well qualified pool of staff for current and future University needs

#### 2. SCOPE


The procedure applies to all CUEA staff.

#### 3. TERMS AND DEFINITIONS

##### 3.1 Definitions of Terms Used:

For the purpose of this procedure the following terms shall apply in addition to those already defined in the CUEA Quality Management Manual and CUEA QMP-01

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------

	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 3 of 15</b>

### 3.1.1 Training:

For the purpose of this procedure ‘Training’ refers to the process of equipping employees with particular skills needed to perform a particular job or activity. It involves short term period of less than one (1) year.

### 3.2 Abbreviations and Acronyms

3.2.1 TNA - Training Needs Assessment

3.2.2 HR - Human Resources

### 4. REFERENCES

This procedure makes reference to the following documents which form part of the QMS documentation:

4.1 HR Policies and Procedures Manual

4.2 ISO 9001:2008, Quality Management systems –Requirements clause 6

### 5. PRINCIPAL RESPONSIBILITIES

**5.1** The HR Manager oversees the implementation of this procedure

**5.2** The Employee and HOD identify the need for training

### 6. METHOD

6.1 The HR Manager shall ensure that TNA forms (CUEA/DVC ADM/HRM/03/fm01) are issued to all staff members every two (2) years

6.2 The HR Manager shall ensure that TNA forms (CUEA/DVC ADM/HRM/03/fm01) are issued to all staff members.

6.3 The staff members shall fill the forms identifying the performance gaps that need to be filled through training and forward them to their respective HODs within 5 working days.

6.4 The HODs shall confirm the needs or help the staff identify new training needs. Thereafter, the HOD forwards the duly filled forms to the HR Office within 5 working days. Training needs shall also be identified through performance evaluation and departmental TNA forms (CUEA/DVC ADM/HRM/03/fm02).


6.5 The HR Officer shall analyze the forms and generate a TNA report within 3 weeks.

6.6 The HR Manager shall ensure that annual training time table is formulated within 4 weeks.

6.6.1 The HR Manager, in consultation with the DVCs, Deans and HODs, shall identify appropriate trainers who shall assist in developing training programs and manuals for in-house training

6.6.1 In case trainers are not available within the University, the HR Manager shall, in consultation with the Deans and HODs, identify ready-made programs from the market

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------

	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 4 of 15</b>

6.7 The HR Officer shall schedule the training and notify the staff to be trained and trainers.

6.7.1 The HR Officer shall ensure that the training is delivered as scheduled.

6.7.2 The HR Officer shall ensure that training process is evaluated at all levels in accordance with ISO 9001: 2008, clause 6.2.2 (c). The evaluation shall be done by the employees who attended the training and their respective HODs every 6 months for at least one year as indicated in the post training evaluation form. 2 (CUEA/DVC ADM/HRM/03/fm05).

**Note:** Those identified for training, shall also fill pre-training form (CUEA/DVC ADM/HRM/03/fm03) and post-training evaluation form.1 (CUEA/DVC ADM/HRM/03/fm04) which is filled immediately after the training in order to establish the effectiveness of the training.

## 7. APPENDICES:

7.1 Appendix A: TNA form


7.2 Appendix B: Departmental TNA Form

7.3 Appendix C: Pre-Training Evaluation Form

7.3 Appendix D: Post-Training Evaluation Form.1

7.4 Appendix E: Post-Training Evaluation Form.2

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------

	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 5 of 15</b>

**Appendix A: TNA form**



**THE CATHOLIC UNIVERSITY OF EASTERN AFRICA**

**A. M. E. C. E. A.**

**Office of Human Resources**

P.O. Box 62157  
00200 Nairobi - Kenya  
Telephone: 891601-6  
Fax: 254-20-891084  
E-mail: hr@cuea.edu

**Training Needs Assessment (TNA) Form**

*(This form is intended to assist the University identify areas of training amongst staff members in order to improve job performance. Kindly fill in all the spaces provided. The duly completed form should be returned to the Office of Human Resources)*

**PART A**

**1. PERSONAL PARTICULARS**

Employee Name ..... Emp/No.....

Designation..... Job Group.....


Department/Office/Section .....

**2. QUALIFICATIONS**

**A. EDUCATIONAL AND PROFESSIONAL BACKGROUND**

Qualifications		Institution	Address	Year		Area Of Specialization	Qualification/Result/Grade Obtained
Academic	Professional			From	To		

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------

	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 6 of 15</b>

**B. WORKSHOPS/ SEMINARS ATTENDED (in the last 2 years)**

Workshops/ Seminars Attended	Date		Sponsoring Organization	Venue
	From	To		

**C. EMPLOYMENT RECORD**

a) Date of first appointment .....Designation .....

Key duties and responsibilities:

1. ....
2. ....
3. ....

b) Date of current appointment .....Designation .....

Key duties and responsibilities in the present post (if different from the first appointment):


1. ....
2. ....
3. ....

c) Acting appointment (if any).....

Key duties and responsibilities of the acting appointment

1. ....
2. ....
3. ....

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------

	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 7 of 15</b>

**3. SELF- ASSESSMENT**

**A. CRITICAL SKILLS & COMPETENCIES**

i. Please list the critical skills and competencies required for effective performance of your job/growth in your career

- 1. ....
- 2. ....

ii. Were you unable to accomplish any task due to lack of the required skills and competencies?

Yes [ ] No [ ]

If yes, what? (Specify)

.....

iii. Do you feel that training would improve your job performance?

Yes [ ] No [ ]

If yes, how? (Explain)

.....

iv. Would you want to undertake some training to acquire the critical skills and competencies that you require?

Yes [ ] No [ ]


If yes, list in order of priority, **TWO** immediate and **TWO** other important areas of training that will assist you acquire these skills/competencies.

S/No	Immediate Training	Important Training
1.		
2.		

v. Apart from training, what other factors would you consider necessary in improving your performance?

- 1. ....
- 2. ....

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------

	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 8 of 15</b>

## B. COMMON SKILLS & COMPETENCIES

Below are common skills and competencies that may be required by an employee to perform his/her duties better. Given the nature of your job and your level, kindly prioritize them in order of importance **from the most important to the least important to you.**

(1 = most important and 11 = least important)

Skill / Competence	Importance (1-11)
1. Corporate governance	
2. Effective leadership skills	
3. General management skills	
4. Performance management skills	
5. Mentorship skills	
6. Supervisory skills	
7. Communication skills	
8. Customer care skills	
9. Interpersonal skills	
10. Computer skills	
11. Any other-(specify)	

Employee's Signature.....

Date.....

### **PART B**

*(To be completed by the employee's Head of Department (or immediate supervisor as applicable))*

- i. In your opinion, do you feel that the employee requires training in order to perform his/her duties effectively? Yes [ ] No [ ]

- ii. If yes, list in order of priority, the areas where the employee requires training.

1. ....
2. ....


Name of HOD or Immediate Supervisor.....

Designation..... Signature..... Date.....

**CUEA/DVC ADM/HRM/03/fm01**

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------



	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 9 of 15</b>

**Appendix B: Departmental TNA Form**



**THE CATHOLIC UNIVERSITY OF EASTERN AFRICA**

**A. M. E. C. E. A.**

**Office of Human Resources**

P.O. Box 62157  
00200 Nairobi - Kenya  
Telephone: 891601-6  
Fax: 254-20-891084  
E-mail: hr@cuea.edu

**DEPARTMENTAL/FACULTY TRAINING NEEDS ASSESSMENT (TNA) FORM**

**1. PERSONAL PARTICULARS**

Department ..... Faculty (If applicable).....

Division ..... Total No. of staff.....

**2. MAIN OBJECTIVES OF THE DEPARTMENT /FACULTY**

- a. ....
- b. ....
- c. ....

**3. STAFF TRAININGS CONDUCTED IN THE LAST 2 YEARS**

- a. ....
- b. ....
- c. ....


**4. DEPARTMENTAL ASSESSMENT**

- vi. Please list the critical skills and competencies required for effective job performance in your department/Faculty.
  - a. ....
  - b. ....
  - c. ....
- vii. Has the department/faculty been unable to effectively and efficiently accomplish any task due to lack of the required skills and competencies? Yes [ ] No [ ]
- viii. If yes, kindly specify.
 

.....

.....
- ix. List in order of priority, **THREE MOST ESSENTIAL** training programs that will help improve performance in your Department/Faculty.

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------

	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 10 of 15</b>

- a. ....
- b. ....
- c. ....

x. Apart from training, what other factors would you consider necessary in improving performance in your Department/ Faculty?

- a. ....
- b. ....
- c. ....

**SIGNED:**

Name of Dean/Director/HOD .....

Designation.....Signature.....Date.....

**THROUGH,**


Name of Dean/Immediate

Supervisor.....

Designation.....Signature.....Date.....

**CUEA/DVC ADM/HRM/03/fm02**

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------

	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 11 of 15</b>

**Appendix C: Pre-Training Evaluation Form**



**THE CATHOLIC UNIVERSITY OF EASTERN AFRICA**

**A. M. E. C. E. A.**

**Office of Human Resources**

Pre –Training Evaluation Form

P.O. Box 62157  
00200 Nairobi - Kenya  
Telephone: 891601-6  
Fax: 254-20-891084  
E-mail: hr@cuea.edu

Employee's Name \_\_\_\_\_ Payroll. No. \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Job Designation/title \_\_\_\_\_ Department/section \_\_\_\_\_  
 Job Grade \_\_\_\_\_ Date \_\_\_\_\_  
 Name of the Course to be Undertaken \_\_\_\_\_

**EMPLOYEE**

1. In your opinion, what specific task(s) are you not able to perform/ are you performing unsatisfactorily?

\_\_\_\_\_

\_\_\_\_\_

2. What skills do you intend to acquire?

\_\_\_\_\_

\_\_\_\_\_


3. In a scale of 1-6, where 1=Excellent, 2=Very good, 3=Good, 4=Fair, 5=Bad and 6=Very bad, how would you rate your performance of the specific task now that you don't have skills above?

1 [ ]      2 [ ]      3 [ ]      4 [ ]      5 [ ]      6 [ ]

4. In a scale of 1-6, where 1=Excellent, 2=Very good, 3=Good, 4=Fair, 5=Bad and 6=Very bad, how would you rate your overall job performance?

1 [ ]      2 [ ]      3 [ ]      4 [ ]      5 [ ]      6 [ ]

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------

	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 12 of 15</b>

**EMPLOYEE’S SUPERVISOR**

1. In a scale of 1-6, where 1=Excellent, 2=Very good, 3=Good, 4=Fair, 5=Bad and 6=Very bad, how would you rate the employee’s performance of the specific task identified?

1 [ ]      2 [ ]      3 [ ]      4 [ ]      5 [ ]      6 [ ]

2. In a scale of 1-6, where 1=Excellent, 2=Very good, 3=Good, 4=Fair, 5=Bad and 6=Very bad, how would you rate the employee’s overall job performance?

1 [ ]      2 [ ]      3 [ ]      4 [ ]      5 [ ]      6 [ ]

Employee’s Signature\_\_\_\_\_


Date:\_\_\_\_\_

Supervisor’s Signature\_\_\_\_\_

Date:\_\_\_\_\_

**CUEA/DVC ADM/HRM/03/fm03**

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------

	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 13 of 15</b>

**Appendix D: Post-Training Evaluation Form.1**



**THE CATHOLIC UNIVERSITY OF EASTERN AFRICA**

**A. M. E. C. E. A.**

P.O. Box 62157  
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Telephone: 891601-6  
Fax: 254-20-891084  
E-mail: hr@cuea.edu

**Office of Human Resources**

IMMEDIATELY AFTER THE TRAINING

Employee's Name \_\_\_\_\_ Payroll No. \_\_\_\_\_  
Date of birth \_\_\_\_\_ Gender \_\_\_\_\_  
Job Designation/title \_\_\_\_\_ Department/section \_\_\_\_\_  
Job Grade \_\_\_\_\_  
Name of the Course Undertaken \_\_\_\_\_

1. In your opinion how relevant was the training in relation to your job?

Very relevant [ ] Relevant [ ] Some how relevant [ ] Not relevant at all [ ]

Please explain

---



---

2. In your view, will you be able to handle better the task that you were not able to handle before the training?

Yes [ ] No [ ]

3. What knowledge or skills did you gain? Please Explain


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**CUEA/DVC ADM/HRM/03/fm04**

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------

	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 14 of 15</b>

**Appendix E: Post-Training Evaluation Form.2**



**THE CATHOLIC UNIVERSITY OF EASTERN AFRICA**

**A. M. E. C. E. A.**

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00200 Nairobi - Kenya  
Telephone: 891601-6  
Fax: 254-20-891084  
E-mail: hr@cuea.edu

**Office of Human Resources**

**EVERY 6 MONTHS AFTER THE TRAINING FOR 1 YEAR**


Employee's Name \_\_\_\_\_ Payroll No. \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Job Designation/title \_\_\_\_\_ Department/section \_\_\_\_\_  
 Job Grade \_\_\_\_\_  
 Name of the Course Undertaken \_\_\_\_\_

**EMPLOYEE**

Name of the Course Undertaken \_\_\_\_\_

- In your view, are you able to handle better the task (s) that you were not able to perform/ were performing unsatisfactorily?  
 Yes [ ] No [ ]
- In a scale of 1-6, where 1=Excellent, 2=Very good, 3=Good, 4=Fair, 5=Bad and 6=Very bad, how would you rate your performance of the specific task identified before the training?  
 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ]
- In a scale of 1-6, where 1=Excellent, 2=Very good, 3=Good, 4=Fair, 5=Bad and 6=Very bad, how would you rate your overall job performance?  
 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ]

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------

	<b>Standard Operating Procedure</b>	<b>(CUEA/DVC ADM/HRM/03)</b>
<b>Title</b>	<b>Procedure for Staff Training</b>	<b>Page 15 of 15</b>

**EMPLOYEE’S SUPERVISOR**

4. In your view, is the employee able to handle better the task that he/she was not able to perform/ was performing unsatisfactorily?                      Yes [ ]                      No [ ]
5. In a scale of 1-6, where 1=Excellent, 2=Very good, 3=Good, 4=Fair, 5=Bad and 6=Very bad, how would you rate the employee’s performance of the specific task identified before the training?  
                     1 [ ]                      2 [ ]                      3 [ ]                      4 [ ]                      5 [ ]                      6 [ ]
6. In a scale of 1-6, where 1=Excellent, 2=Very good, 3=Good, 4=Fair, 5=Bad and 6=Very bad, how would you rate the employee’s overall job performance?  
                     1 [ ]                      2 [ ]                      3 [ ]                      4 [ ]                      5 [ ]                      6 [ ]

Employee’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**CUEA/DVC ADM/HRM/03/fm05**

Revision	00		Date	18 – Jan 2011
----------	----	--	------	---------------