Appendix 7 Training Needs Assessment Form

Aguisín 7 Foirm um Measúnú ar Riachtanais Oiliúna Sábháilteachta

DEPARTMENT/SECTION: _____ **Date: _____**

NAME OF STAFF MEMBER	JOB TITLE	TRAINING REQUIREMENT e.g. Fire Safety Manual Handling Occupational First Aid (Full list overleaf)	REQUIRED BY (DATE)

Health And Safety Training Courses (General) – Indicative List

- **Abrasive wheel safety**
- **Asbestos Awareness Course**
- **Biological Safety**
- **Care with Cryogenics**
- **Centrifuge safety**
- **Chemical safety**
- **Computers Safety**
- **Compressed Gases**
- **EVAC Chair training - evacuation of personnel with special nee**
- **Fieldwork Safety**
- **Fieldwork/First Aid Course**
- **Fire Safety**
- **Fume Cupboard Safety**
- **Health & Safety Foundation Course - NISO evening course 50% funding available on pre-course application**
- **Occupational First Aid - initial 3 day certified course**
- **Occupational First Aid - refresher course**
- **Occupational First Aid - re-certificate course**
- **Office Safety**
- **Manual Handling**
- **Manual Handling - refresher course**
- **Radiological Safety**
- **Spill procedures**
- **Workshop safety.**