

# Training & Quality Development Office

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Unit 1-3 CIDO Business Complex, Charles Street, Lurgan BT66 6HG

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April 10

Dear Childcare Provider,

In the interests of representing your training needs for the coming year April 2010 -March 2011, we would greatly appreciate if you would take the time to complete the following questions and return the completed form to the office before Friday 7<sup>th</sup> May 2010. The information that you provide is of great benefit in helping the Training and Quality Office to prioritise the needs of the sector and develop a training schedule for the coming year. Please note that those who return their completed forms, will be awarded priority. Should you have any queries, questions or comments, please do not hesitate to contact the office.

Thanking you in anticipation

Best Wishes

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**Siobhan Hughes**  
**Training Coordinator**

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## TRAINING NEEDS ANALYSIS 2010-2011

**Please tick the category that describes your setting**

- ☐ Full Day Care
- ☐ Playgroup
- ☐ Afterschool
- ☐ Parent and Toddler
- ☐ Childminder
- ☐ Other (Please State):

Please state if you have PEAG's places: YES/NO

**Childminder Name/Group Name**

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**Address:**

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**Post Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Number of Staff Employed in Setting:** \_\_\_\_\_

**Please identify new staff employed since your last Social Services Inspection.**

**Name:**

**D.O.B:**

**Previously employed in:**

**Name:**

**Position:**

**D.O.B:**

**Previously employed in:**

**Name:**

**Position:**

**D.O.B:**

**Previously employed in:**

**Name:**

**Position:**

**D.O.B:**

**Previously employed in:**

**Name:**

**Position:**

**D.O.B:**

**Previously employed in:**

**Name:**

**Position:**

**D.O.B:**

**Previously employed in:**

**Please identify staff who have left**

**Name:**

**Please identify staff who have left**

**Name:**

**Please identify staff who have left**

**Name:**

**Please identify staff who have left**

**Name:**

**Number of Students Employed in Setting: \_\_\_\_\_**

**Please indicate the number of staff interested in attending the following training.**

**Please feel free to comment on particular topics you would like included within the course**

	Staff No's
1. Child Protection: 3 module course	<input type="text"/>
2. Child Protection Refresher (To be completed every two years for PEAGs groups, every 3 years for everyone else.)	<input type="text"/>
3. Child Protection for Designated Officers (Child Protection: 3 module course must be completed before attending this)	<input type="text"/>

	Staff No's		Staff No's
First Aid	<input type="text"/>	Basic Food Hygiene	<input type="text"/>
Health and Safety/Risk Assessment	<input type="text"/>	Child Development	<input type="text"/>
Self-Evaluation	<input type="text"/>	Accreditation	<input type="text"/>
Adult/Child Interactions	<input type="text"/>	2 Year Old Programme	<input type="text"/>
Infection Control	<input type="text"/>	Working In Partnership With Parents	<input type="text"/>
Promoting Positive Behaviour	<input type="text"/>	Working with Children with Special Needs	<input type="text"/>
Working with Children with Autistic Spectrum Disorder	<input type="text"/>	Creativity Art & Design	<input type="text"/>
Music Workshop	<input type="text"/>	Physical Play	<input type="text"/>
Outdoor Learning	<input type="text"/>	Story Telling	<input type="text"/>
Creative Play	<input type="text"/>	Observation and Planning 0-3 years	<input type="text"/>

New Ideas for After Schools	<input type="checkbox"/>	Maths all around us	<input type="checkbox"/>
ILM Leadership and Management	<input type="checkbox"/>	Staff Induction for Managers	<input type="checkbox"/>
Staff Support Supervision and Appraisal	<input type="checkbox"/>	Committee Management	<input type="checkbox"/>
Personal Development for Staff	<input type="checkbox"/>	Moving towards accreditation/ Quality Assurance for Afterschools	<input type="checkbox"/>
Courses for Childminders e.g. Introduction to Home Based Child Care	<input type="checkbox"/>	Playwork	<input type="checkbox"/>
NVQ Level 2 Childcare Learning & Development	<input type="checkbox"/>	NVQ Level 3 Childcare Learning & Development	<input type="checkbox"/>

**Please identify any additional training required**

**Have any training needs been identified in your inspections?**

**Preferred location? Suggested Venues**

**Would your facility be interested in providing a room for training?  
How many could your training room accommodate?**

**Do you have any special requirements that you would like us to consider when arranging training, e.g., an interpreter, a disability?**

**Do you have any comments to make regarding training provided in 2009/10 e.g. courses which were particularly good or courses that were disappointing? Please state reasons why.**

**Do you have any comments you wish to make regarding the performance of the Training & Quality Team?**

**Your feedback is very important in helping to develop our training programme. Many thanks for your participation and we look forward to hearing from you.**

**Siobhan Hughes**

**SCCP Training Coordinator**

Please return your form to  
SCCP Training & Quality Development Unit 1-3 CIDO Business Complex  
Charles Street Lurgan BT66 6HG prior to Friday 7<sup>th</sup> May 2010.

This questionnaire is also available on SCCP Website or via email upon request.