

Analysis Form (In-house Program)

To assist us to customize the program based on your organization needs, please feel free to provided us with any information that may be of assistance in identifying the specific areas of development in this format.

1. Brief description of your company's

2. Area of development

Please indicate specific issues that you would like to address in the programme

<input type="checkbox"/> Team Building Reason : _____ _____	<input type="checkbox"/> Risk Taking. Reason : _____ _____
<input type="checkbox"/> Leadership. Reason _____ _____	<input type="checkbox"/> Strategic Planing. Reason _____ _____
<input type="checkbox"/> Attitudinal change. Reason: _____ _____	<input type="checkbox"/> Conflict Resolution. Reason: _____ _____
<input type="checkbox"/> Confidence Building. Reason: _____ _____	<input type="checkbox"/> Others : _____ _____ _____ _____
<input type="checkbox"/> Effective Communication. Reason : _____ _____	

SPECIFICATION

3. The Group Size _____
4. Participant working background
- Management
 - Supervisory
 - Non management
 - Services
 - Others.
5. Academic Qualification :
- Rank & File
 - SPM
 - STPM
 - Graduate
 - Mix
6. Working Experience :
- New Recruited
 - 3 - 6 years
 - 6 - 12 years
 - 12 years and above
 - Others. _____
7. The duration of the course _____
8. Do the group know well to each others?
- YES NO

The information above will help us to design a specific and effective program for your organization, please send/fax back to us and we will get back to you with a comprehensive training proposal.