

NIGERIAN SAFETY INVESTIGATION BUREAU



SAFETY HOUSE, NNAMDI AZIKIWE INTERNATIONAL AIRPORT P.M.B. 7009 GARKI FCT- ABUJA; NIGERIA

TRAINING NEED ASSESSMENT FORM

training@aib.gov.ng

INSTRUCTIONS:

This form is divided into five sections:

SECTIONS A and B	To be completed by Staff
SECTION C	To be completed by Supervisor/HOD
SECTION D	To be completed by Training Dept.
SECTION E	To be completed by Commissioner/CEO

- 1. COURSE TITLE (if known):** State the title of the course
- 2. TYPE OF TRAINING:** State if the training is a conference, workshop, seminar, retreat, etc.
- 3. TRAINING ORGANISATION:** State the name of the school, company or institute
- 4. LOCATION and DATE:** State where and when the training occurred or will occur
- 5. RELAVANCE TO JOB:** Is the course/training within the scope of your current position when you did or will do the training
- 6. MODE OF TRAINING:** State if the training is one time or recurrent
- 7. NATURE OF TRAINING:** State if the training is mandatory or required by the law such as ICAO, PPM, Government statute, etc. for your job.

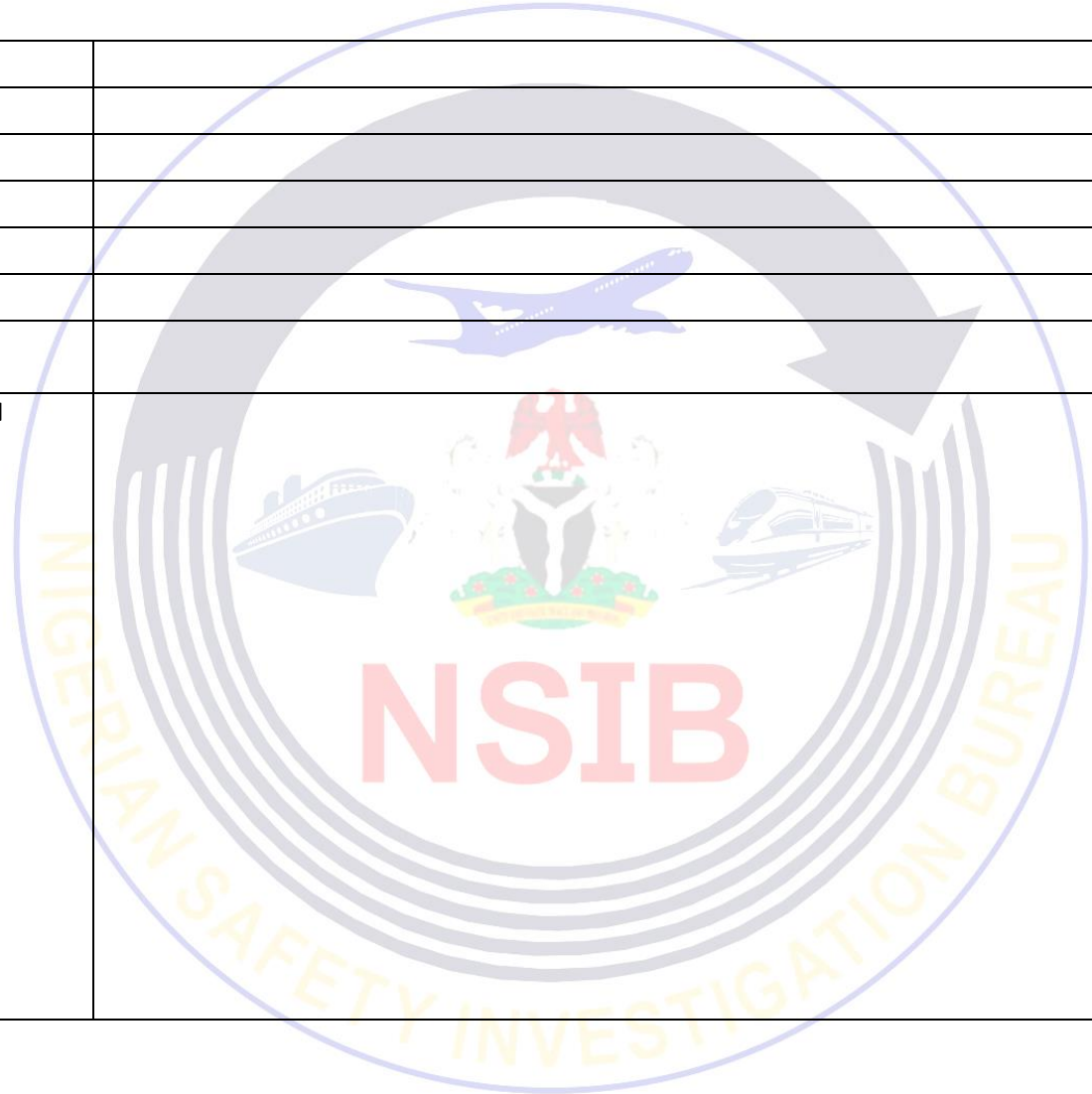
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STAFF INFORMATION

NAME	
UNIT/DEPARTMENT	
DESIGNATION	
LOCATION	
E-MAIL	
TELEPHONE NUMBER	
YEAR OF FIRST APPOINTMENT	
BRIEF JOB DESCRIPTION	



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SECTION A: TRAINING ACQUIRED SINCE EMPLOYED - To be completed by Staff

S/N	COURSE TITLE	TYPE OF TRAINING	DURATION AND COST	TRAINING ORGANISATION	LOCATION & DATE	NATURE OF TRAINING STATUTORY		MODE OF TRAINING RECURRENT			RELEVANCE TO JOB	
						YES	NO	NO	YES	IF YES HOW OFTEN?	YES	NO

*YOU CAN ATTACH ADDITIONAL SHEETS IF SO REQUIRED

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SECTION B: TRAINING DESIRED - To be completed by Staff

S/N	COURSE TITLE	TYPE OF TRAINING	DURATION and Fee	TRAINING ORGANISATION	LOCATION & DATE	NATURE OF TRAINING STATUTORY		MODE OF TRAINING RECURRENT			RELEVANCE TO JOB	
						YES	NO	NO	YES	IF YES HOW OFTEN?	YES	NO

*YOU CAN ATTACH ADDITIONAL SHEETS IF SO REQUIRED

Signature & Date

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SECTION C: TRAINING REQUIRED - To be completed by Supervisor/HOD

S/N	COURSE TITLE	TYPE OF TRAINING	DURATION and Fee	TRAINING ORGANISATION	LOCATION & DATE	NATURE OF TRAINING STATUTORY		MODE OF TRAINING RECURRENT			RELEVANCE TO JOB	
						YES	NO	NO	YES	IF YES HOW OFTEN?	YES	NO

*YOU CAN ATTACH ADDITIONAL SHEETS IF SO REQUIRED

Name and Designation

Signature & Date

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SECTION D: TRAINING RECOMMENDED - To be completed by Training Dept.

S/N	COURSE TITLE	TYPE OF TRAINING	DURATION and Fee	TRAINING ORGANISATION	LOCATION & DATE	NATURE OF TRAINING STATUTORY		MODE OF TRAINING RECURRENT			RELEVANCE TO JOB	
						YES	NO	NO	YES	IF YES HOW OFTEN?	YES	NO

*YOU CAN ATTACH ADDITIONAL SHEETS IF SO REQUIRED

Name & Designation

Signature & Date

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SECTION E: TRAINING APPROVED - To be completed by Commissioner/CEO

S/N	COURSE TITLE	TYPE OF TRAINING	DURATION and Fee	TRAINING ORGANISATION	LOCATION & DATE	NATURE OF TRAINING STATUTORY		MODE OF TRAINING RECURRENT			RELEVANCE TO JOB	
						YES	NO	NO	YES	IF YES HOW OFTEN?	YES	NO

*YOU CAN ATTACH ADDITIONAL SHEETS IF SO REQUIRED

Commissioner/CEO