



[Company Logo]

Staff Professional Development Questionnaire

Name: _____ Date: _____

Department/Team: _____

Instructions: Please take a few moments to complete this questionnaire to help us better understand your professional development goals, interests, and training needs. Your responses will be kept confidential and used to tailor our training and development programs to better meet your needs.

1. What are your primary job responsibilities and duties?
2. What are your short-term professional development goals (within the next 6-12 months)?
3. What are your long-term career goals (beyond the next 12 months)?
4. Which areas of your job do you feel confident and proficient in?
5. Which areas of your job do you feel you could improve or develop further?
6. Are there any specific skills or competencies you would like to acquire or strengthen?
7. Have you identified any training or development opportunities that you believe would be beneficial for your role? If yes, please specify.
8. What types of training or learning formats do you prefer (e.g., in-person workshops, online courses, webinars, etc.)?
9. Are there any barriers or challenges preventing you from participating in professional development activities? If yes, please specify.
10. How do you prefer to receive feedback on your performance and progress in professional development activities?
11. Do you have any additional comments, suggestions, or feedback regarding professional development within our organisation?

Thank you for taking the time to complete this questionnaire. Your input is valuable in helping us create meaningful and effective professional development opportunities for you and your colleagues.

[Company Name]

[Contact Information]

