**CHAPTER FIVE**

**CAPACITY DEVELOPMENT**

**5.1. MUNICIPAL SKILLS AUDITS**

**5.1.1. PURPOSE**

The Gapskills system is the Department of Cooperative Governance’s web-based tool designed to capture information on personal details, educational qualifications, skills and experience about an individual employee to match the requirements of the specific occupational post across all levels in the municipality. It was development by the Department to establish a standardised skills audit system in local government. The purpose of the skills audit is; to assist the municipality to develop annual personal development plans for each staff member; develop a repository of information on skills and competencies possessed by each staff member to assist in identifying training needs, talent management, career planning, recruitment and selection process; and provide credible information in preparation for the compilation of the workplace skills plan.

**5.1.2. LEGISLATIVE MANDATE**

**The Constitution (No 108, 1996)**

Section 154 of the Constitution stipulates that National and Provincial Governments must support and strengthen the capacity of municipalities to manage their own affairs, to exercise their power and perform their functions.Section 155(6) of the Constitution states that , “*Each provincial government must establish municipalities in its province in a manner consistent with the legislation enacted in terms of subsections (2) and (3) and, by legislative or other measures, must-*

1. *provide for the monitoring and support of local government in the province; and*
2. *promote the development of local government capacity to enable municipalities to perform their functions and manage their own affairs.”*

T**he Municipal Systems Act No 32 of 2000**

Section 72 of the Municipal Systems Act No 32 of 2000 empowers the Minister of Cooperative Governance to issue regulations and guidelines, which include the setting of uniform standards for staff establishment, any matter concerning municipal personnel administration and capacity building.

**National Development Plan**

The National Development Plan, Chapter 13, on Building a Capable and Developmental State gives direction towards building a skilled, professional public service and the development of technical and specialist professional skills. To give effect to the legislation, the Department of Cooperative Governance developed a skills audit system that is used to capture information on personal details, educational qualifications, skills, experience and competencies.

The Department of Cooperative Governance and Traditional Affairs in KwaZulu-Natal has implemented the process of employees skills audits using GapSkills, template attached. In addition to this, a Councillor Skills audit is also conducted to determine the education, qualification and experience and skills needs of councillors, template attached.

**5.1.3. APPLICATION**

The Gapskills skills audit questionnaire is to be used in conducting the skills audit of employees in Municipalities. All employees are to undertake the skills audit. Municipalities are encouraged to conduct the skills audit using the web-based questionnaire.

The Councillor skills audit must be completed by all councillors upon commencement of their term of office.

**Local Government Skills Audit Questionnaire**

**INTRODUCTION**

Thank you for your time to complete the questionnaire. This questionnaire is a manual version of the skills audit exercise that is undertaken by CoGTA, IMATU LGSETA, SALGA and SAMWU. The questionnaire takes approximately 45 minutes to complete and comprises 11 sections, namely:

[1. Personal Details](file:///C%3A%5CUsers%5Cuser%5CDocuments%5CGroupWise%5CLG%20Toolkit%20consolidated%20capacity%20building%20v3%2015%20Nov%202019.docx#_Toc180315727)

[2. Demographic Information](file:///C%3A%5CUsers%5Cuser%5CDocuments%5CGroupWise%5CLG%20Toolkit%20consolidated%20capacity%20building%20v3%2015%20Nov%202019.docx#_Toc180315728)

[3. Qualifications](file:///C%3A%5CUsers%5Cuser%5CDocuments%5CGroupWise%5CLG%20Toolkit%20consolidated%20capacity%20building%20v3%2015%20Nov%202019.docx#_Toc180315729)

[4. Occupational Details](file:///C%3A%5CUsers%5Cuser%5CDocuments%5CGroupWise%5CLG%20Toolkit%20consolidated%20capacity%20building%20v3%2015%20Nov%202019.docx#_Toc180315730)

[5. Professional Memberships](file:///C%3A%5CUsers%5Cuser%5CDocuments%5CGroupWise%5CLG%20Toolkit%20consolidated%20capacity%20building%20v3%2015%20Nov%202019.docx#_Toc180315731)

[6. Training And Development](file:///C%3A%5CUsers%5Cuser%5CDocuments%5CGroupWise%5CLG%20Toolkit%20consolidated%20capacity%20building%20v3%2015%20Nov%202019.docx#_Toc180315732)

[7. Occupational Competences (KPAs)](file:///C%3A%5CUsers%5Cuser%5CDocuments%5CGroupWise%5CLG%20Toolkit%20consolidated%20capacity%20building%20v3%2015%20Nov%202019.docx#_Toc180315733)

[8. General](file:///C%3A%5CUsers%5Cuser%5CDocuments%5CGroupWise%5CLG%20Toolkit%20consolidated%20capacity%20building%20v3%2015%20Nov%202019.docx#_Toc180315734)

[9. Recognition of Prior Learning](file:///C%3A%5CUsers%5Cuser%5CDocuments%5CGroupWise%5CLG%20Toolkit%20consolidated%20capacity%20building%20v3%2015%20Nov%202019.docx#_Toc180315735)

10. Local Government Knowledge Areas

11. Previous Work Experience

Please provide honest responses, as your inputs will not only aid your Personal Development Plan but the local government, at large. Where you are uncertain, (e.g. NQF Level) please leave blank and proceed to the next part of the questionnaire.

In case you run out of space, please manually enter your information overleaf or scribe on additional paper and attach to the form.

1. **PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Initials** |  |
| **Surname** |  | **Title (eg. Mr. Ms)** |  |
| **Middle Name** |  | **Previous Last Name** |  |
| **Nationality** |  | **Citizen Residence Status Code** | **Dual (SA plus other)** |  |
| **Other** |  |
| **Permanent Resident** |  |
| **South Africa** |  |
| **Unknown** |  |
| **Identity number** |  | **Age** |  | **Employee number** |  |
| **ID Type** | **Birth Certificate Number** |  |
| **Driver’s Licence** |  |
| **Employee Number** |  |
| **ETQA Record Number** |  |
| **HSRC Register No.** |  |
| **National ID** |  |
| **None** |  |
| **Passport No.** |  |
| **SAQA Member Id** |  |
| **Student Number** |  |
| **Temporary ID Number** |  |
| **Unknown** |  |
| **Work Permit Number** |  |
| **Race** |  | **Gender**  | **Male** |  | **Female** |  |
| **Home Language** |  |
| **Disability**  | **Yes**  |  |  **No** |  | **Type of Disability** | **None** |  |
| **Mental** |  |
|  |  |  | **Physical** |  |
|  |  |  | **Hearing** |  |
|  |  |  | **Sight** |  |
|  |  |  | **Other (specify):** |

**Office use:**

|  |  |
| --- | --- |
| **Verification by senior / supervisor / HR (e.g. payroll data)** | **(Yes / No)** |
| **Comments:**  |

1. **DEMOGRAPHIC INFORMATION**

|  |  |
| --- | --- |
| **Name of Municipality** |  |
| **Name of District Municipality** |  |
| **Province** |  |
| **Type of Municipality** |  |
| **Location of employee****(eg. Finance Unit / HR Unit)** |  |
| **Date of completion of questionnaire** |  (Day) |  (Month) | (Year) |

**Office use:**

|  |  |
| --- | --- |
| **Name of Consultant** |  |
| **Name of Fieldworker** |  |
| **Name of SDF** |  |
| **Period of skills audit** | **From**  |  **(Day)** |  **(Month)** |  **(Year)** |
| **To**  |  **(Day)** |  **(Month)** |  **(Year)** |

1. **QUALIFICATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level of this Qualification** | **Higher** |  | **Other** |  |
| **Achievement Type** | **Unknown** |  |
| **RPL** |  |
| **Distance Learning** |  |
| **Residential Learning** |  |
| **Work Place Learning** |  |
| **Other** |  |
| **Mixed Mode** |  |
| **Name of Qualification**  |  |
| **Qualification Category** | **Highest Overall Qualification** |  |
| **Other Qualification** |  |
| **Type of Qualification** **(eg. Certificate, Honours, Degree)** |  |
| **Surname under which Qualification was obtained** |  |
| **Major subjects / courses**  |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Institution** |  |
| **Local / Foreign institution** | **Local** |  | **Foreign** |  |
| **Qualification Status** | **Unknown** |  |
| **Achieved** |  |
| **Withdrawn** |  |
| **Reinstated** |  |
| **Enrolled** |  |
| **De-enrolled** |  |
| **(not 500) Re-enrolled** |  |
| **(not 501) Other** |  |
| **Withheld** |  |
| **Start Date** | **Month** |  | **Year** |  |
| **Anticipated Date of Completion** | **Month** |  | **Year** |  |
| **NQF Level of Qualification** |  |

**Office use:**

|  |  |
| --- | --- |
| Copy of certificate | (Yes / No) |
| Valid / authentic certificate | (Yes / No) |
| NQF Level verified | (Yes / No) | Correct NQF level |  |
| Competency level in unit standards |  |
| SAQA ID of qualification |  |
| Comments: |  |

* 1. **Other Formal Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level of this Qualification** | **Higher** |  | **Other** |  |
| **Achievement Type** | **Unknown** |  |
| **RPL** |  |
| **Distance Learning** |  |
| **Residential Learning** |  |
| **Work Place Learning** |  |
| **Other** |  |
| **Mixed Mode** |  |
| **Name of Qualification**  |  |
| **Qualification Category** | **Highest Overall Qualification** |  |
| **Other Qualification** |  |
| **Type of Qualification** **(eg. Certificate, Honours, Degree)** |  |
| **Surname under which Qualification was obtained** |  |
| **Major subjects / courses**  |  |
|  |
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|  |
| **Institution** |  |
| **Local / Foreign institution** | **Local** |  | **Foreign** |  |
| **Qualification Status** | **Unknown** |  |
| **Achieved** |  |
| **Withdrawn** |  |
| **Reinstated** |  |
| **Enrolled** |  |
| **De-enrolled** |  |
| **(not 500) Re-enrolled** |  |
| **(not 501) Other** |  |
| **Withheld** |  |
| **Start Date** | **Month** |  | **Year** |  |
| **Anticipated Date of Completion** | **Month** |  | **Year** |  |
| **NQF Level of Qualification** |  |

**Office use:**

|  |  |
| --- | --- |
| Copy of certificate | (Yes / No) |
| Valid / authentic certificate | (Yes / No) |
| NQF Level verified | (Yes / No) | Correct NQF level |  |
| Competency level in unit standards |  |
| SAQA ID of qualification |  |
| Comments: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level of this Qualification** | **Higher** |  | **Other** |  |
| **Achievement Type** | **Unknown** |  |
| **RPL** |  |
| **Distance Learning** |  |
| **Residential Learning** |  |
| **Work Place Learning** |  |
| **Other** |  |
| **Mixed Mode** |  |
| **Name of Qualification**  |  |
| **Qualification Category** | **Highest Overall Qualification** |  |
| **Other Qualification** |  |
| **Type of Qualification** **(eg. Certificate, Honours, Degree)** |  |
| **Surname under which Qualification was obtained** |  |
| **Major subjects / courses**  |  |
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|  |
|  |
| **Institution** |  |
| **Local / Foreign institution** | **Local** |  | **Foreign** |  |
| **Qualification Status** | **Unknown** |  |
| **Achieved** |  |
| **Withdrawn** |  |
| **Reinstated** |  |
| **Enrolled** |  |
| **De-enrolled** |  |
| **(not 500) Re-enrolled** |  |
| **(not 501) Other** |  |
| **Withheld** |  |
| **Start Date** | **Month** |  | **Year** |  |
| **Anticipated Date of Completion** | **Month** |  | **Year** |  |
| **NQF Level of Qualification** |  |

**Office use:**

|  |  |
| --- | --- |
| Copy of certificate | (Yes / No) |
| Valid / authentic certificate | (Yes / No) |
| NQF Level verified | (Yes / No) | Correct NQF level |  |
| Competency level in unit standards |  |
| SAQA ID of qualification |  |
| Comments: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level of this Qualification** | **Higher** |  | **Other** |  |
| **Achievement Type** | **Unknown** |  |
| **RPL** |  |
| **Distance Learning** |  |
| **Residential Learning** |  |
| **Work Place Learning** |  |
| **Other** |  |
| **Mixed Mode** |  |
| **Name of Qualification**  |  |
| **Qualification Category** | **Highest Overall Qualification** |  |
| **Other Qualification** |  |
| **Type of Qualification** **(eg. Certificate, Honours, Degree)** |  |
| **Surname under which Qualification was obtained** |  |
| **Major subjects / courses**  |  |
|  |
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|  |
|  |
| **Institution** |  |
| **Local / Foreign institution** | **Local** |  | **Foreign** |  |
| **Qualification Status** | **Unknown** |  |
| **Achieved** |  |
| **Withdrawn** |  |
| **Reinstated** |  |
| **Enrolled** |  |
| **De-enrolled** |  |
| **(not 500) Re-enrolled** |  |
| **(not 501) Other** |  |
| **Withheld** |  |
| **Start Date** | **Month** |  | **Year** |  |
| **Anticipated Date of Completion** | **Month** |  | **Year** |  |
| **NQF Level of Qualification** |  |

**Office use:**

|  |  |
| --- | --- |
| Copy of certificate | (Yes / No) |
| Valid / authentic certificate | (Yes / No) |
| NQF Level verified | (Yes / No) | Correct NQF level |  |
| Competency level in unit standards |  |
| SAQA ID of qualification |  |
| Comments: |  |

* 1. **Funding Details (For tertiary study purposes)**

*If you are currently undertaking tertiary studies that are* ***funded by the municipality****, please provide the following information.*

|  |  |
| --- | --- |
| **Name of Funded Qualification / Course** |  |
| **Funding period** | From | (month) | (Year) | To | (month) | (Year) |
| **Type of funding** | Bursary |  | Loan |  | Other |  |
| **Amount Outstanding as at today** |  |

1. **OCCUPATIONAL DETAILS**

*This requires information pertaining to the occupation in which you are employed at the time of completing this questionnaire.*

|  |  |
| --- | --- |
| **Occupation** |  |
| **Name of Functional Unit** | **Technical/Infrastructure** |  |
| **Finance & Administration** |  |
| **Corporate Services** |  |
| **Community & Social Services** |  |
| **Municipal Manager’s Office** |  |
| **Political Office** |  |
| **Development Planning** |  |
| **Electricity** |  |
| **Environmental Protection** |  |
| **Health** |  |
| **Public Safety** |  |
| **Road Transport** |  |
| **Sport and Recreation** |  |
| **Waste Management** |  |
| **Waste Water Management** |  |
| **Water** |  |
| **Employment Status *(e.g. permanent, internship, etc)*** |  |
| **Organisational Municipal Division:** |  |
| * **Community services (social services; social and community services; social development)**
* **Corporate Services (Human Resources & Administration Department)**
* **Financial Services (Finance, Budget and Treasury)**
* **Office of the Mayor**
* **Office of the Municipal Manager**
* **Planning and Development (Planning and Economic Development, Planning Research & Economic Development, Economic Development and Planning, Housing)**
* **Technical services (Infrastructure Services, Infrastructure Development Services, Engineering Services)**
 |
| **Municipal Division you are currently placed in:** |  |
| * **Community services (social services; social and community services; social development)**
* **Corporate Services (Human Resources & Administration Department)**
* **Financial Services (Finance, Budget and Treasury)**
* **Office of the Mayor**
* **Office of the Municipal Manager**
* **Planning and Development (Planning and Economic Development, Planning Research & Economic Development, Economic Development and Planning, Housing)**
* **Technical services (Infrastructure Services, Infrastructure Development Services, Engineering Services)**
 |
| **Gross Salary / Salary Range** |  |
| **Post Level** |  |
| **Date absorbed in occupational category / job family** | **(Month)**  |  **(Year)** |
| **Date promoted / appointed to current position** | **(Month)**  |  **(Year)** |
| **Years of experience in current position** |  |

**Office use:**

|  |  |
| --- | --- |
| **Verification by senior / supervisor / HR (e.g. payroll data)** | **(Yes / No)** |
| **Comments:**  |  |
| **Scarce occupation[[1]](#footnote-1) and reason** |  |

* 1. **Occupational Constraints**

*If applicable to your occupation, state the constraints that make your job difficult to do.*

|  |  |
| --- | --- |
| **Finance Related Constraints** | **Individual Development Related Constraints** |
|  |  |
| **Work Process Related Constraints** | **Stakeholder Relations Constraints** |
|  |  |
| **Other Constraints** |
|  |

1. **PROFESSIONAL MEMBERSHIP**

|  |  |
| --- | --- |
| **Current member of Professional Body *(i.e. are you registered as at now)*** | **(Yes / No)** |
| **Name of Professional Body*****(e.g. Engineering Council of South Africa)*** |  |
| **Type of current membership *(e.g. Associate professional)*** |  |
| **Tick whether your membership statutory or voluntary?** | **Statutory** |  | **Voluntary** |  |
| **Membership / registration number** |  |
| **When did you register with the Professional Body** | **Year** |  | **Month** |  |

1. **TRAINING AND DEVELOPMENT**

*This section requires information pertaining to training / development interventions that you have undertaken excluding the formal qualifications that you provided in section 3 of this form.*

|  |  |
| --- | --- |
| **Course Name**  |  |
| **Type of Intervention** | **One-on-one development** |  |
| **Internship / experiential learning** |  |
| **On the job training** |  |
| **Pivotal Learning** |  |
| **NQF Level** |  |
| **Competence Level** |  |
| **Achievement Type** | **Unknown** |  |
| **RPL** |  |
| **Distance Learning** |  |
| **Residential Learning** |  |
| **Work Place Learning** |  |
| **Other** |  |
| **Mixed Mode** |  |
| **Qualification Status** | **Unknown** |  |
| **Achieved** |  |
| **Withdrawn** |  |
| **Reinstated** |  |
| **Enrolled** |  |
| **De-enrolled** |  |
| **(not 500) Re-enrolled** |  |
| **(not 501) Other** |  |
| **Withheld** |  |
| **Informal/ Formal** |  | **In-house/ External** |  |
| **NQF Level of Qualification** |  |
| **Name of Provider** |  |
| **Dates of Attendance** | **From** | **(month)** | **(Year)** | **To** | **(month)** | **(Year)** |
| **Total Duration** |  |
| **Skills / Knowledge areas**  |  |

|  |  |
| --- | --- |
| **Course Name**  |  |
| **Type of Intervention** | **One-on-one development** |  |
| **Internship / experiential learning** |  |
| **On the job training** |  |
| **Pivotal Learning** |  |
| **NQF Level** |  |
| **Competence Level** |  |
| **Achievement Type** | **Unknown** |  |
| **RPL** |  |
| **Distance Learning** |  |
| **Residential Learning** |  |
| **Work Place Learning** |  |
| **Other** |  |
| **Mixed Mode** |  |
| **Qualification Status** | **Unknown** |  |
| **Achieved** |  |
| **Withdrawn** |  |
| **Reinstated** |  |
| **Enrolled** |  |
| **De-enrolled** |  |
| **(not 500) Re-enrolled** |  |
| **(not 501) Other** |  |
| **Withheld** |  |
| **Informal/ Formal** |  | **In-house/ External** |  |
| **NQF Level of Qualification** |  |
| **Name of Provider** |  |
| **Dates of Attendance** | **From** | **(month)** | **(Year)** | **To** | **(month)** | **(Year)** |
| **Total Duration** |  |
| **Skills / Knowledge areas**  |  |

|  |  |
| --- | --- |
| **Course Name**  |  |
| **Type of Intervention** | **One-on-one development** |  |
| **Internship / experiential learning** |  |
| **On the job training** |  |
| **Pivotal Learning** |  |
| **NQF Level** |  |
| **Competence Level** |  |
| **Achievement Type** | **Unknown** |  |
| **RPL** |  |
| **Distance Learning** |  |
| **Residential Learning** |  |
| **Work Place Learning** |  |
| **Other** |  |
| **Mixed Mode** |  |
| **Qualification Status** | **Unknown** |  |
| **Achieved** |  |
| **Withdrawn** |  |
| **Reinstated** |  |
| **Enrolled** |  |
| **De-enrolled** |  |
| **(not 500) Re-enrolled** |  |
| **(not 501) Other** |  |
| **Withheld** |  |
| **Informal/ Formal** |  | **In-house/ External** |  |
| **NQF Level of Qualification** |  |
| **Name of Provider** |  |
| **Dates of Attendance** | **From** | **(month)** | **(Year)** | **To** | **(month)** | **(Year)** |
| **Total Duration** |  |
| **Skills / Knowledge areas**  |  |

Office use:

|  |  |
| --- | --- |
| Copy of certificate | (Yes / No / NA) |
| Valid / authentic certificate | (Yes / No / NA) |
| NQF Level verified | (Yes / No) | Correct NQF level |  |
| Competency level in unit standards |  |
| SAQA ID of qualification |  |
| Comments: |  |

1. **OCCUPATIONAL COMPETENCES (KPAs)**
	1. **Proficiency Assessment**

*For this section, you need to use the “Source Competency Lookup” document that matches your occupation.*

***NOTE: THE GAPSKILL ADMINISTRATOR IN THE MUNICIPALITY NEED TO PRINT THE “COMPETENCE SHEET” THAT MATCHES YOUR OCCUPATION, TO ENABLE YOU TO COMPLETE THIS SECTION.***

1. **GENERAL**

*Tick on whether you perceive the performance of your municipality to be OK in each of the following National KPI’s. Input your comments in the corresponding cell under the “Comments” column.*

|  |  |  |
| --- | --- | --- |
| **National KPI’s** | **Doing OK** | **Comments** |
| **Municipal Transformation and Organisational Development**  |  |  |
| **Basic Service Delivery**  |  |  |
| **Local Economic Development**  |  |  |
| **Municipal Financial Viability and Management**  |  |  |
| **Good Governance and Public Participation** |  |  |

1. **RECOGNITION OF PRIOR LEARNING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment:** | **Completed** |  | **To be done** |  |
| **Area of Assessment:** |  |
| **Date:** |  |
| **Outcome:** |  |
| **NQF Level:** |  |

1. **LOCAL GOVERNMENT KNOWLEDGE AREAS (*To be Completed by Managers)***

**B** - Indicates a Basic Knowledge of the Area;

**I** - Indicates an Intermediate Knowledge of the Area;

**A** - Indicates an Advanced Knowledge of the Area;

**E** - Indicates an Expert Knowledge of the Area;

| Knowledge Area: | General | Occupation Specific | **B** | **I** | **A** | **E** |
| --- | --- | --- | --- | --- | --- | --- |
| Goals and objectives of municipality |  |  |  |  |  |  |
| Powers and functions of municipality |  |  |  |  |  |  |
| Municipality structures and systems |  |  |  |  |  |  |
| Integrated environmental planning |  |  |  |  |  |  |
| Environmental management |  |  |  |  |  |  |
| The performance management system |  |  |  |  |  |  |
| HR management |  |  |  |  |  |  |
| Water and sanitation |  |  |  |  |  |  |
| Roads and storm water |  |  |  |  |  |  |
| Housing |  |  |  |  |  |  |
| Planning (town planning, etc.) |  |  |  |  |  |  |
| Emergency services |  |  |  |  |  |  |
| Batho Pele principles |  |  |  |  |  |  |
| Municipal finance management |  |  |  |  |  |  |
| Stakeholder participation |  |  |  |  |  |  |
| Legislation |  |  |  |  |  |  |
| Municipal Transformation and organisational development |  |  |  |  |  |  |
| Basic service delivery |  |  |  |  |  |  |
| Local economic development |  |  |  |  |  |  |
| Municipal financial viability and management |  |  |  |  |  |  |
| Good governance and public participation |  |  |  |  |  |  |
| Monitoring and evaluation |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Comment: |  |

1. **PREVIOUS WORK EXPERIENCE**

*This section requires you to provide the work experience that you have acquired prior to your current occupation. Note that information pertaining to each former employer should be provided in its own separate block. Where applicable, you may include your previous work experience derived from the current employer. In that regard, ensure that you do not duplicate information that you provided in the preceding sections. The questions are duplicated so as to leave room for individuals who have had several employers prior to the current employer.*

|  |  |
| --- | --- |
| **Occupation / position / job title** |  |
| **Previous Employer** |  |
| **Sector**  | **Municipality** |  |
| **Public Sector** |  |
| **Private Sector** |  |
| **Other** |  |
| **Period Employed** | **From** | **(month)** | **(Year)** | **To** | **(month)** | **(Year)** |
| **Years in Position** |  |
| **Key Performance Areas** | Level of Experience | Years of experience |
|  | SS | AD | MA | ST | <1 | 1 | 2 | 3 | 4 | 5 | 6+ |
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| **SS:** Semi Skilled; **AD:** Administrative / Clerical; **MA:** Managerial / Supervisory; **ST:** Strategic |

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| **Occupation / position / job title** |  |
| **Previous Employer** |  |
| **Sector**  | **Municipality** |  |
| **Public Sector** |  |
| **Private Sector** |  |
| **Other** |  |
| **Period Employed** | **From** | **(month)** | **(Year)** | **To** | **(month)** | **(Year)** |
| **Years in Position** |  |
| **Key Performance Areas** | Level of Experience | Years of experience |
|  | SS | AD | MA | ST | <1 | 1 | 2 | 3 | 4 | 5 | 6+ |
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| **SS:** Semi Skilled; **AD:** Administrative / Clerical; **MA:** Managerial / Supervisory; **ST:** Strategic |

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| **Occupation / position / job title** |  |
| **Previous Employer** |  |
| **Sector**  | **Municipality** |  |
| **Public Sector** |  |
| **Private Sector** |  |
| **Other** |  |
| **Period Employed** | **From** | **(month)** | **(Year)** | **To** | **(month)** | **(Year)** |
| **Years in Position** |  |
| **Key Performance Areas** | Level of Experience | Years of experience |
|  | SS | AD | MA | ST | <1 | 1 | 2 | 3 | 4 | 5 | 6+ |
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| **SS:** Semi Skilled; **AD:** Administrative / Clerical; **MA:** Managerial / Supervisory; **ST:** Strategic |

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| --- | --- |
| **Occupation / position / job title** |  |
| **Previous Employer** |  |
| **Sector**  | **Municipality** |  |
| **Public Sector** |  |
| **Private Sector** |  |
| **Other** |  |
| **Period Employed** | **From** | **(month)** | **(Year)** | **To** | **(month)** | **(Year)** |
| **Years in Position** |  |
| **Key Performance Areas** | Level of Experience | Years of experience |
|  | SS | AD | MA | ST | <1 | 1 | 2 | 3 | 4 | 5 | 6+ |
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| **SS:** Semi Skilled; **AD:** Administrative / Clerical; **MA:** Managerial / Supervisory; **ST:** Strategic |

**Office use:**

|  |  |
| --- | --- |
| Verification by senior / supervisor / HR | (Yes / No) |
| Comments:  |  |

**Thank You for your Time and Cooperation**

**5.2. TRAINING REPORT AND POST TRAINING EVALUATION**

**5.2.1 PURPOSE**

The purpose of the training report is to provide a consolidated reporting template to municipalities so that they are able to provide the Department with a report on the training they provide. The report is to be submitted quarterly to the Department.

In addition to the training report, the assessment tool, viz; the post training evaluation form is also utilised to measure the effectiveness of the training programme and to establish whether the objectives have been achieved.

**5.2.2. LEGISLATIVE MANDATE**

**SKILLS DEVELOPMENT ACT (Act No. 37 of 2008)**

The purpose of the Skills Development Act is to develop the skills of the South African Workforce, to encourage workers to participate in learning programmes, to encourage employees to use the workplace as a learning environment, ensure quality of learning in the workplace and improve employment prospects. The Act sets out provisions for sector and workplace skills planning, the implementation of learnerships, skills programmes and reporting on the implementation of skills development within organisations. The skills development Act provides a basis for the reporting of on training and the post training evaluation to be conducted

**SKILLS DEVELOPMENT LEVIES ACT (Act No. 9 of 1999)**

This Act regulates a compulsory levy to fund Education and Training in the workplace. It provides for the levy payment system to fund skills development as well as increase employer investment in skills development.

**5.2.3. APPLICATION**

All municipalities are required to report quarterly on the prescribed training report form to the Department of Cooperative Governance and Traditional Affairs

The post training evaluation form must be completed after each training programme by individuals who attended. The forms are then consolidated into a comprehensive training evaluation report.

|  |
| --- |
| **TRAINING REPORT** |
|   |   |
| **PROVINCE** |   |
| **MUNICIPALITY** |   |
| **REPORTING PERIOD** |   |
| **SUBMITTED BY** |   |
|   |
| **TRAINING BUDGET REPORT** |
| Training Budget of municipality |   |
| **TRAINING RECIPIENTS**  | **MUNICIPAL OFFICIALS** |  | **COUNCILLORS** |  | **AMAKHOSI** |
| **TOTAL** |  |  |  |
|  | **M** | **W** | **Y** | **PwD** | **M** | **W** | **Y** | **PwD** | **M** | **W** | **Y** | **PwD** |
| Number of training recipients |  |  |  |  |  |  |  |  |  |  |  |  |
| Number Employed (18.1)  |   |   |   |   |   |   |   |   |   |   |   |   |
| Number Unemployed (18.2) |   |   |   |   |   |   |   |   |   |   |   |   |
| Expenditure |   |   |   |
| % spent on Training Budget |   |   |   |
| Current Balance |   |   |   |
| % of Current balance |   |   |   |
| Name of Training Programmes provided  |   |   |   |
| Type of interventions (eg. Skills Programme, etc.) |   |   |   |
| Number of interns absorbed |   |
| Number of Bursaries allocated |   |
| Number of Learnerships awarded |   |
| ***Expenditure (indicate if a loan, advance or bursary has been given to any councillor iro capacity building  - as per Item 17 of GG Notice No. 1426 of 21 Dec 2018 )*** |   |
|   | **YES** | **NO** |   |
| Is there a skills development plan and PDP developed and adopted by Council PRIOR to any councillor undergoing training (*as per Item 16 of**GG Notice No. 1426 of 21 Dec 2018 )* |   |   |   |
| **WORKPLACE SKILLS PLAN (WSP)** |
| Discretionary Grant Received from LGSETA |   |
|   |
| Mandatory Grant Received from LGSETA |   |
| **BENEFICIARIES** | **MUNICIPAL OFFICIALS** |  | **COUNCILLORS** |  | **AMAKHOSI** |
| **TOTAL** |  |  |  |
|  | **M** | **W** | **Y** | **PwD** | **M** | **W** | **Y** | **PwD** | **M** | **W** | **Y** | **PwD** |
| Number of training recipients |  |  |  |  |  |  |  |  |  |  |  |  |
| Expenditure |   |   |   |
| % spent on Training Budget |   |   |   |
| Current Balance |   |   |   |
| % of Current balance |   |   |   |
| Name of Training Programmes provided  |   |   |   |
| Type of interventions (eg. Skills Programme, etc.) |   |   |   |
| Amount Spent on Training |   |
| % spent on training budget |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Challenges |   |
| Way forward / Solutions |   |

**POST- TRAINING EVALUATION**

**ABOUT THIS EVALUATION**

The following survey guide is about evaluating **participant`s** **reaction and learning** after the training session.

**WHAT WILL HAPPEN TO YOUR RESPONSES**

Your individual responses are anonymous and will assist in evaluating the training impact and make changes where possible.

|  |  |
| --- | --- |
| NAME OF MUNICIPALITY : |  |
| GENDER  | **MALE**  |  | **FEMALE**  |  |
| NAME OF LEARNER (OPTIONAL)  |  |
| YOUTH  | **YES**  |  | **NO**  |  |
| POSITION |  |
| YEARS OF SERVICE IN THE POSITION  |  |
| CONTACT INFORMATION : TEL  |  |
| E-MAIL ADDRESS  |  |
|  |  | **DATE:**  |  |

|  |
| --- |
| **What were your main reasons for taking part in the training?** |
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**Please indicate your level of agreement with these items using the following Five Point Scale Rating:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1****Strongly disagree** |  | **2****Disagree**  | **Neutral** | **3** |  | **4****Agree**  |  | **5****Strongly agree**  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **REACTION**

|  |  |  |  |  |  |  |  |  |
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1. **ABOUT THE FACILITATOR**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1 |  | 2 |  | 3 |  | 4 |  | 5 |
| 1. Training session was well organised
 |  |  |  |  |  |  |  |  |  |  |
| 1. Facilitator conversant with training content
 |  |  |  |  |  |  |  |  |  |  |
| 1. Facilitator fully involved participants
 |  |  |  |  |  |  |  |  |  |  |
| 1. Facilitator responded well to questions
 |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Facilitator made the training worth attending
 |  |  |  |  |  |  |  |  |  |  |
| 1. Time was well managed throughout the training session
 |  |  |  |  |  |  |  |  |  |  |

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|  | **Comments on why are you rating the Facilitator** **as thus** **and any recommendations thereof** …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. |

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1. **ABOUT THE VENUE AND ADMINISTRATION**

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|  |  | 1 |  | 2 |  | 3 |  | 4 |  | 5 |
| 1. Venue was accessible
 |  |  |  |  |  |  |  |  |  |  |
| 1. Condition of the venue was conducive for learning
 |  |  |  |  |  |  |  |  |  |  |
| 1. Technical support was efficient
 |  |  |  |  |  |  |  |  |  |  |

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**Comments on why are you rating the venue**  **as thus** **and any recommendations thereof**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….1. **ABOUT THE TRAINING CONTENT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1 |  | 2 |  | 3 |  | 4 |  | 5 |
| 1. Stimulating and relevant
 |  |  |  |  |  |  |  |  |  |  |
| 1. Easy and not difficult to understand
 |  |  |  |  |  |  |  |  |  |  |
| 1. Illustrations and diagrams were used
 |  |  |  |  |  |  |  |  |  |  |
| 1. Useful for my job roles
 |  |  |  |  |  |  |  |  |  |  |

**Comments on why are you rating the training content as thus** **and any recommendations thereof** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….….1. **ABOUT THE TRAINING METHODS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
| 1. PowerPoint presentations well conducted
 |  |  |  |  |  |  |  |  |  |  |
| 1. Diagrams well illustrated
 |  |  |  |  |  |  |  |  |  |  |
| 1. Hand – Outs clear and content related
 |  |  |  |  |  |  |  |  |  |  |

**Comments on why are you rating the training methods as thus** **and recommendations thereof**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…………………………

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| **LEARNING**1. **. ABOUT SKILLS AND KNOWLEDGE ACQUIRED**
 |  |

1. Improved ability to understand and link learnt skills and knowledge acquired to job roles

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **1** |  | **2** |  | **3** |  | **4** |  | **5** |
|  |  |  |  |  |  |  |  |  |  |  |

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1. Improved ability to transfer learnt skills and knowledge to other Officials

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1 |  | 2 |  | 3 |  | 4 |  | 5 |
|  |  |  |  |  |  |  |  |  |  |  |

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1. Ability to sustain learnt skills and knowledge

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**Comments on why are you rating the skills and knowledge as thus** **and recommendations**

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| ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**FINAL COMMENTS** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **5. Would you recommend this training to your work colleagues?**  |
|  |

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not Sure |

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|  |  |

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| **6.**  | **Other than what you have already said, how can the training be improved, e.g. to meet your needs, make the training more relevant to your job role or provide a better learning experience?** ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

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**THANK YOU FOR PARTICIPATING**  |  |

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1. **Scarce skills** refer to those *occupations* in which there is a scarcity or shortage of qualified and experienced people. This scarcity can be current or anticipated in the future, and is usually due to the fact that either because people with these skills are simply not available, or they are available but they do not meet the municipality’s employment criteria.  [↑](#footnote-ref-1)