**GOOD CONVERSATIONS**

**LEARNING & DEVELOPMENT NEEDS FORM**

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| --- | --- | --- | --- |
| **Manager Name:** |  | **Service:** |  |
| **Job Title:** |  | **Date:** |  |
| **Learning & Development needs for Employees** | | **Learning & Development needs for Team** | |
|  | |  | |
| **Please submit to:** [**socialservices.training@falkirk.gov.uk**](mailto:socialservices.training@falkirk.gov.uk)  **Information will be collated & used to inform future learning and development programmes.** | | | |