



SKILLS AUDIT QUESTIONNAIRE

1. BIOGRAPHICAL INFORMATION:				
Persal No:		Surname:	Gender:	
ID No:		First Names	Disability	
Race:		Job Title	Region/Directorate:	

2. HIGHEST STANDARD COMPLETED: i.e. Matric		
3. HIGHEST QUALIFICATIONS	NAME OF INSTITUTION	YEAR OBTAINED
3.1		
3.2		

WORKING EXPERIENCE		
EMPLOYER	POST HELD	NO OF YEARS

SKILLS	



PERSONAL DEVELOPMENT PLAN	
Development Activities	
Time Frame(for completion)	

Signature Employee..... Date

Signature Manager..... Date