

**Prisons Department**

**Correctional Officer: Training Needs Analysis Form**

Name: ..... Rank: .....

Date of Birth: .....

Prisons Experience (In years): .....

Positions held within the Prisons Department (Correctional Officer, Supervisor):

1: .....

2: .....

List other experience: (Positions held outside the Prisons Department)

Organisation	Years Service	Duties

Education Level: .....

If previously serving in the Prisons Department list training received:

1:

2:

3:

4:

5:

List training you believe you need or should receive:

1: .....

2: .....

3: .....

4: .....

Sign: .....

Date: .....

This table is to be completed by each person. Honest answers are required to enable a training programme to be developed. Tick the box which best describes your knowledge, experience and confidence with each subject.

<b>Subject</b>	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Need Help</b>
Admitting a prisoner to the institution				
Communicable Disease Awareness				
Discharging a prisoner				
Emergency Procedures				
Escorts: External				
Escorts: Internal				
Firearms Procedures				
First Aid				
Handcuffs				
Human Rights, minimum standards.				
Liberia Legislation				
Prison Routine				
Prisoner Property				
Prisoner Supervision				
Report writing				
Searching: Body Search				
Searching: Cell and Area				
Security: General				
Structure of the Prisons Department				
The Courts System				
Visit Procedures				
Warrants				