

STUDENT FEEDBACK AND FREE PRIZE DRAW
(Training in the Workplace - Academic Year 2012/13)



11 1

If you need some help to fill in this form please ask your tutor

It is not intended that you use all of the statements in this model. The statements are shown as a prompt to cover all the possible issues. If you have any additional statements, just let us know. We would expect you to delete statements and amend the questionnaire to suit. Finally please note on your master questionnaire your logo will replace ours.

[The Provider] is committed to constantly making its services better and the and will be taken very seriously. As a thank you for taking part, you can enter into a voucher. Please note that no-one in **[the Provider]** will know who you are. T

Programme: (Programme title printed here by QDP)

Please place **ONE** cross in the box (using black/blue ink), e.g. , next to the much you agree with each of the following statements below:

1 - Agree Completely; 2 - Agree Mostly; 3 - Disagree Mostly; 4 - Disagree Completely; 5 - Not Applicable (N/A)

| Office Use Only | | ☺ Agree Completely | → | ☹ Disagree Completely | N/A | |
|-----------------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | <u>Before You Started</u> | | | | | |
| (414) | 1 The website information was good | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (19) | 2 I received guidance when I chose my programme | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (3) | 3 The guidance I was given was good | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (8) | 4 I knew what entry qualifications I needed for my programme | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (9) | 5 I knew how my work on the programme would be assessed | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (13) | 6 I was made aware of opportunities open to me after my programme | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| | <u>My Induction/Introduction</u> | | | | | |
| (110) | 7 I know the kind of support I can get | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (30) | 8 I am aware of the complaints procedure | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (116) | 9 I have developed a plan setting out my own goals and aims | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| | <u>My Training</u> | | | | | |
| (94) | 10 My training is well organised | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (100) | 11 I am clear about who is responsible for different parts of my training | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (209) | 12 I have the chance to develop new skills | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (211) | 13 My supervisor and I use my plan to check my progress | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (212) | 14 My supervisor tells me how well I am doing and how I can do better | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

(please continue over the page)

Please place **ONE** cross in the box next to the number which best describes how much you agree with each of the statements.

1 - Agree Completely; 2 - Agree Mostly; 3 - Disagree Mostly; 4 - Disagree Completely; 5 - Not Applicable (N/A)

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My Training (contd)

| | |  | |  | | |
|-------|--|---|----------------------------|---|----------------------------|----------------------------|
| | | Agree Completely | → | Disagree Completely | N/A | |
| (278) | 15 At work I feel able to ask advice from others when my supervisor is not there | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (279) | 16 I am regularly visited by my Assessor | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (281) | 17 I feel safe at work | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (282) | 18 My supervisor liaises with my Assessor about my progress | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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Tests/Assessments

| | | | | | | |
|-------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (310) | 19 I have sufficient assessment opportunities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (85) | 20 Assessment tasks are made clear to me | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (87) | 21 Assessment of my work is fair | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (312) | 22 I am meeting the assessment targets agreed with my tutor | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (88) | 23 I get quick feedback from my Assessor | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (91) | 24 The feedback I get tells me what I am doing well and where I need to improve | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (92) | 25 I know what to do if I disagree with my marks | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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Wellbeing

| | | | | | | |
|-------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (107) | 26 I know who to ask for help with any problems | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (129) | 27 I get on well with and can talk to my Assessor | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (132) | 28 My employer supports me with my training | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (406) | 29 I am aware of my own responsibilities for safe working practices | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (407) | 30 I have NOT experienced any bullying (either physical/verbal or e-bullying) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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My Next Step

| | | | | | | |
|-------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (149) | 31 I am aware what I can do after my programme ends | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (412) | 32 I feel prepared to take my next step (e.g. employment or another course) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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Quality Assurance

| | | | | | | |
|-------|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (181) | 33 I am satisfied with my training | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (182) | 34 I am achieving what I set out to do | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

(please continue over the page)



Please place **ONE** cross in the box next to the number which best describes how much you agree with each of the statements.

1 - Agree Completely; 2 - Agree Mostly; 3 - Disagree Mostly; 4 - Disagree Completely; 5 - Not Applicable (N/A)

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Quality Assurance (contd)

| | | | | | |
|-------|---|----------------------------|---|----------------------------|----------------------------|
| |  | |  | | |
| | Agree Completely | → | Disagree Completely | | N/A |
| (183) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (383) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (300) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (223) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

- (183) 35 I would recommend my programme to a friend
- (383) 36 I feel that I can influence decisions on my training
- (300) 37 Things have got better as a result of learner views
- (223) 38 Overall, I am satisfied with my training

About Yourself (Please place **ONE** cross in appropriate box)

We ask these questions for no other reason than to establish whether **[the Provider]** is serving the needs and is representative of our community as a whole.

(191) **Attendance:** Full Time ¹ Part Time Day ² Part Time Evening ³
 Part Time Day & Evening ⁴

(188) **Gender:** Male ¹ Female ² Prefer not to answer ³

(424) **Gender Reassignment:** Have you or do you plan to change gender?
 Yes ¹ No ²

(425) **Sexual Orientation:** Heterosexual or Straight ¹ Gay or Lesbian ²
 Bisexual ³ Prefer not to answer ⁴

(187) **Age:** 16 - 19 ¹ 20+ ²

(please continue over the page)

About Yourself (contd)**(189) Ethnicity (Census 2011)**

| | | | | | |
|--|----------------------|----|---|----------------------|----|
| Prefer not to answer | <input type="text"/> | 1 | Arab | <input type="text"/> | 2 |
| Asian/Asian British - Bangladeshi | <input type="text"/> | 3 | Asian/Asian British - Indian | <input type="text"/> | 4 |
| Asian/Asian British - Pakistani | <input type="text"/> | 5 | Asian/Asian British - Any other Asian background | <input type="text"/> | 6 |
| Black/African/Caribbean/Black British - African | <input type="text"/> | 7 | Black/African/Caribbean/Black British - Caribbean | <input type="text"/> | 8 |
| Black/African/Caribbean/Black British - Any other background | <input type="text"/> | 9 | Chinese | <input type="text"/> | 10 |
| Mixed - White & Asian | <input type="text"/> | 11 | Mixed - White & Black African | <input type="text"/> | 12 |
| Mixed - White & Black Caribbean | <input type="text"/> | 13 | Mixed - Any other Mixed/Multi Ethnic background | <input type="text"/> | 14 |
| White - English/Welsh/Scottish/Northern Irish/British | <input type="text"/> | 15 | White - Gypsy or Irish Traveller | <input type="text"/> | 16 |
| White - Irish | <input type="text"/> | 17 | White - Any other White background | <input type="text"/> | 18 |
| Any other Ethnic group | <input type="text"/> | 19 | | | |

(202) Do you have a Learning Difficulty? Yes 1 No 2

(203) Do you have a Disability? Yes 1 No 2

(426) Religion or Belief:

| | | | | | |
|----------------------|----------------------|---|---|----------------------|---|
| No Religion | <input type="text"/> | 1 | Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="text"/> | 2 |
| Buddhist | <input type="text"/> | 3 | Hindu | <input type="text"/> | 4 |
| Jewish | <input type="text"/> | 5 | Muslim | <input type="text"/> | 6 |
| Sikh | <input type="text"/> | 7 | Any Other Religion | <input type="text"/> | 8 |
| Prefer Not to Answer | <input type="text"/> | 9 | | | |

(please continue over the page)

General Comments

Do you have any general comments about your programme or **[the Provider]**? (For example, aspects which have been very successful or ideas you have on how your programme could be improved)

Thank you for taking part in this survey. Please provide your name so we can include you in the prize draw. **Your name will be detached from this survey sheet to protect your anonymity.**

Thank you for completing this survey

----- PLEASE DO NOT CUT OFF -----

I want to be included in the prize draw: Name _____
Programme _____