

Example 3: Employer Questionnaire

■ 11 1

Company Name:

Contact Name:

This questionnaire model is designed as a good basis for your survey. It may be used as is, or tailored to suit your particular needs. Please note that your own logo will replace ours.

Our aim is to provide programmes which meet our customer needs. Please help us to improve the service we offer by completing this survey. The answers you give to these questions will be taken very seriously. **Please note that all completed questionnaires are analysed by QDP Services, an independent data processing company, who will treat all responses in the strictest confidence. Thank you for your help.**

Involvement with the [Provider]

(27) 1 Have you worked with the [Provider] in the last 2 years? Yes ¹ No ²
(If yes, please continue to question 6 on Page 2: If no, please continue at question 2 below)

(28) 2 What is the main reason why you haven't been involved with the [Provider]?
(Please place ONE cross in appropriate box)

No training required ¹ Use another provider ²
Had a bad experience with the [Provider] ³ The appropriate training was not on offer ⁴
Other ⁵

(29) 3 Do you expect your employees to undertake any skills training in the next 2 years? Yes ¹ No ²

4 Please specify any skills training if possible:

(30) 5 Would you choose [Provider] for that training? *(Please place ONE cross in appropriate box)*

Yes ¹ No - Will undertake in house training ²
No - No appropriate training ³ No - Prefer another provider ⁴
No - Had a bad experience with the [Provider] ⁵ No - Other ⁶

(Please now continue to question 24 on Page 3)



■ *(please continue over the page)* ■

Involvement with the [Provider] (contd)

- (74) 6 **How likely would you be to recommend the [Provider]'s services, on a scale of 0 to 10, with 0 meaning you definitely would not recommend and 10 meaning you definitely would?**
- 0 1 2 3 4 5 6 7 8 9 10

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

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

Office Use Only			Strongly Agree	→	Strongly Disagree		N/A	
(59)	7	It was easy to contact the [Provider]		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(39)	8	The [Provider] responded quickly and flexibly		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(60)	9	The [Provider] proposed an appropriate solution to my business and training needs		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(38)	10	The [Provider]'s service standards were made clear to me		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(37)	11	The [Provider]'s contract was clear		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(34)	12	I knew who to talk to within the [Provider]		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(40)	13	The [Provider] dealt with any queries I had efficiently and effectively		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(45)	14	The training was well organised		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(67)	15	The time and place of training fitted with the needs of the business		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(68)	16	The [Provider]'s staff delivering the training had the right knowledge and experience		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(2)	17	The [Provider] provided me with sufficient feedback about my employee's progress		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(10)	18	I received good feedback from my employee(s) regarding the [Provider]'s training		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(43)	19	My employee(s) became more effective following the training		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(4)	20	The training met the needs of my employee(s)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(44)	21	The training has improved the performance of the business		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(9)	22	The Provider gave a value for money service		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(14)	23	I am satisfied with the service I received from the [Provider]		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)

How we could work together:

(20) 24 Would you be prepared to help the [Provider] to improve its provision by joining an employer liaison group? Yes ¹ No ²

(21) 25 Would you be prepared to allow a member of [Provider] staff to update their skills in your workplace (e.g. on work placement)? Yes ¹ No ²

(25) 26 Would you be prepared to host a visit of learners to your organisation? Yes ¹ No ²

(63) 27 Would you be prepared to give a presentation to the [Provider]'s learners about your business? Yes ¹ No ²

(49) 28 Would you be prepared to provide Work Placement opportunities for [Provider] learners? Yes ¹ No ²

(55) 29 Would you like to receive information about the apprenticeship programme? Yes ¹ No ²

(47) 30 Would you like to receive information on other courses offered by the [Provider]? Yes ¹ No ²

(48) 31 What are the best methods of providing you with information about training?
(Please place a cross in all that apply)

Printed prospectus ¹

Advertisements in the local newspaper ²

Website ³

Personal contact with a [Provider] representative ⁴

Direct mail ⁵

Direct email ⁶

Other ⁷

(please continue over the page)

About your Organisation

(51) 32 How many staff do you employ? (Please place ONE cross in appropriate box)

1 – 10 ¹

11 – 20 ²

21 – 30 ³

31 – 40 ⁴

41 – 50 ⁵

51+ ⁶

(52) 33 Does your organisation have a training budget?

Yes ¹

No ²

(53) 34 Does your organisation have an organisational needs analysis/training plan ?

Yes ¹

No ²

(64) 35 How would you describe your business? (Please place ONE cross in appropriate box)

Sole Trader ¹

Partnership ²

Private Limited Company ³

P.L.C ⁴

Public Sector ⁵

Charitable Organisation ⁶

Other ⁷

36 **If your business is 'Other', please specify:**

37 **General Comments**

Please comment if you wish about the Provider, the training and its impact on the business

Thank you for completing this survey