

IMPORTANT INSTRUCTIONS

Please tell us about your training. Your feedback plays an important role in developing the quality of your education. In this questionnaire, the term 'training' refers to learning experiences with your training organisation. The term 'trainer' refers to trainers, teachers, lecturers or instructors from your training organisation. Provide one response to each item on the form. Complete using a black or blue pen. Print neatly in CAPITAL letters. Place a clear 'X' inside each box. Leave the box blank if the statement does not apply. If you want to change your answer, fill in the entire box and mark the correct box with an 'X'.

Example: or

ABOUT YOUR TRAINING

	Strongly disagree	Disagree	Agree	Strongly agree
I developed the skills expected from this training.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I identified ways to build on my current knowledge and skills.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The training focused on relevant skills.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I developed the knowledge expected from this training.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The training prepared me well for work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I set high standards for myself in this training.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The training had a good mix of theory and practice.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I looked for my own resources to help me learn.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Overall, I am satisfied with the training.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I would recommend the training organisation to others.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Training organisation staff respected my background and needs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I pushed myself to understand things I found confusing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Trainers had an excellent knowledge of the subject content.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I received useful feedback on my assessments.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The way I was assessed was a fair test of my skills and knowledge.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I learned to work with people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The training was at the right level of difficulty for me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The amount of work I had to do was reasonable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Assessments were based on realistic activities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
It was always easy to know the standards expected.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Training facilities and materials were in good condition.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I usually had a clear idea of what was expected of me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Trainers explained things clearly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The training organisation had a range of services to support learners.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I learned to plan and manage my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The training used up-to-date equipment, facilities and materials.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I approached trainers if I needed help.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Trainers made the subject as interesting as possible.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I would recommend the training to others.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The training organisation gave appropriate recognition of existing knowledge and skills.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Training resources were available when I needed them.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I was given enough material to keep up my interest.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The training was flexible enough to meet my needs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Trainers encouraged learners to ask questions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Trainers made it clear right from the start what they expected from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

What were the BEST ASPECTS of the training?

OPEN TEXT RESPONSE

What aspects of the training were MOST IN NEED OF IMPROVEMENT?

OPEN TEXT RESPONSE

YOUR TRAINING DETAILS

What TYPE OF QUALIFICATION are you currently enrolled in? Select one only.

- Certificate I 1
Certificate II 2
Certificate III 3
Certificate IV 4
Certificate level unknown 5
Diploma 6
Advanced diploma 7
Associate degree 8
Degree 9
Short course or statement of attainment 10
VET graduate certificate or graduate diploma 11
Other qualification or training 12
Do not know 13

What is the BROAD FIELD of your current training? Select one only.

- Natural and physical sciences 1
Information technology 2
Engineering and related technologies 3
Architecture and building 4
Agriculture, environmental and related studies 5
Health 6
Education 7
Management and commerce 8
Society and culture 9
Creative arts 10
Food, hospitality and personal services 11
Other 12

What is the FULL TITLE of your current qualification or training?

OPEN TEXT RESPONSE

In what MONTH AND YEAR did you start your current training?

For example, write 'March 2007' as '03/2007'.

Month and year input boxes

Are you undertaking an APPRENTICESHIP OR TRAINEESHIP? Yes No 1 0

Did you get any RECOGNITION OF PRIOR LEARNING towards your training such as subject exemptions, course credits or advanced standing? 1 0

ABOUT YOU

Female Male

Are you FEMALE OR MALE? 0 1

What is YOUR AGE in years?

- Under 15 1
15 to 19 2
20 to 24 3
25 to 34 4
35 to 44 5
45 to 54 6
55 to 64 7
65 or over 8

Are you of ABORIGINAL OR TORRES STRAIT ISLANDER origin?

- No 1
Yes, Aboriginal 2
Yes, Torres Strait Islander 3
Yes, both Aboriginal and Torres Strait Islander 4

Yes No

Do you speak a LANGUAGE OTHER THAN ENGLISH at home? 1 0

Are you a PERMANENT RESIDENT OR CITIZEN of Australia? 1 0

Do you consider yourself to have a DISABILITY, IMPAIRMENT, OR LONG-TERM CONDITION? 1 0

What is the POSTCODE of your main place of residence? [] [] [] [] []

Thank you for sharing your views.

Empty rectangular box