

**PRIVATE TRAINING PROVIDER
EMPLOYER SURVEY
(Employer Bespoke Training - Post Delivery- 2011/12)**



■ 11 1

Company Name:

Contact Name:

Our aim is to provide programmes which meet our customer needs. Please help us to improve our offer by completing this survey and returning it to [XXXXXX] in the pre-paid envelope.

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.

(74) 1 **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	<input type="text"/>	1	1	<input type="text"/>	2	2	<input type="text"/>	3
3	<input type="text"/>	4	4	<input type="text"/>	5	5	<input type="text"/>	6
6	<input type="text"/>	7	7	<input type="text"/>	8	8	<input type="text"/>	9
9	<input type="text"/>	10	10	<input type="text"/>	11			

(69) 2 **How did you hear about the [Provider]?** (Please place a cross in all that apply)

Newspaper Advertisement	<input type="text"/>	1	Publicity brochure/leaflet	<input type="text"/>	2
[Provider] Website	<input type="text"/>	3	Billboard	<input type="text"/>	4
Direct Mail	<input type="text"/>	5	Direct email	<input type="text"/>	6
Telephone	<input type="text"/>	7	Family/friends	<input type="text"/>	8
Skills Broker	<input type="text"/>	9	Other	<input type="text"/>	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:

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

Office Use Only

Satisfaction with the [Provider]

(59) 3 It was easy to contact the [Provider]

(39) 4 The [Provider] responded quickly and flexibly

	→			
Agree Completely		Disagree Completely	N/A	
1☐	2☐	3☐	4☐	5☐
1☐	2☐	3☐	4☐	5☐

■ (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)

12



2

0

0

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Use
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Satisfaction with the [Provider] (contd)

 Agree Completely \longrightarrow Disagree Completely 

N/A

(65)	5	The [Provider] was effective at making me aware about the services they can provide to my business	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(36)	6	The [Provider] understood my organisation's business and training needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(60)	7	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)	8	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)	9	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)	10	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"/>
(35)	11	Communications from [Provider] staff were helpful and supportive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(40)	12	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"/>
(56)	13	I understood my own role and responsibility for the success of the programme	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"/>
(66)	15	The training objectives and content were relevant to 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"/>
(67)	16	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"/>
(41)	17	The [Provider]'s resources and facilities were of a high standard	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(68)	18	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)	19	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)	20	I received good feedback from my employee(s) regarding the [Provider] training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(61)	21	The [Provider]'s service standards were met	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(11)	22	I feel that my employee has learned new skills at [Provider]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(43)	23	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)	24	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)	25	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"/>
(62)	26	The proposed business solutions were met	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(9)	27	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)	28	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)	29	Would you be prepared to help the [Provider] to improve its provision by joining an employer liaison group?	Yes <input type="text"/> ¹	No <input type="text"/> ²
(21)	30	Would you be prepared to allow a member of [Provider] staff to update their skills in your workplace (e.g. on work placement)?	Yes <input type="text"/> ¹	No <input type="text"/> ²
(25)	31	Would you be prepared to host a visit of learners to your organisation?	Yes <input type="text"/> ¹	No <input type="text"/> ²
(63)	32	Would you be prepared to give a presentation to the [Provider]'s learners about your business?	Yes <input type="text"/> ¹	No <input type="text"/> ²
(49)	33	Would you be prepared to provide Work Placement opportunities for [Provider] learners?	Yes <input type="text"/> ¹	No <input type="text"/> ²
(70)	34	Would you like to receive information on your Sector Skills Council and how they can help your business?	Yes <input type="text"/> ¹	No <input type="text"/> ²
(55)	35	Would you like to receive information about the apprenticeship programme?	Yes <input type="text"/> ¹	No <input type="text"/> ²
(47)	36	Would you like to receive information on other courses offered by the [Provider]?	Yes <input type="text"/> ¹	No <input type="text"/> ²
(29)	37	Do you expect your employees to undertake any further skills training in the next 2 years?	Yes <input type="text"/> ¹	No <input type="text"/> ²

Please specify any further skills training if possible:

(please continue over the page)

How we could work together: (contd)

- (48) 39 What are the best methods of providing you with information about training?
(Please place a cross in all that apply)

Printed prospectus 1Advertisements in the local newspaper 2Website 3Personal contact with a [Provider]
representative 4Direct mail 5Direct email 6Other 7**About your Organisation**

- (51) 40 How many staff do you employ? (Please place ONE cross in appropriate box)

1 - 10 111 - 20 221 - 30 331 - 40 441 - 50 551+ 6

- (52) 41 Does your organisation have a training budget? Yes 1 No 2

- (53) 42 Does your organisation have an organisational needs analysis/training plan? Yes 1 No 2

- (64) 43 How would you describe your business? (Please place ONE cross in appropriate box)

Sole Trader 1Partnership 2Private Limited Company 3P.L.C 4Public Sector 5Charitable Organisation 6Other 7**If your business is 'Other', please specify****(please continue over the page)**

General Comments

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

Thank you for completing this survey

