

**PRIVATE TRAINING PROVIDER  
EMPLOYER SURVEY  
(Employer with Apprentices - Academic Year - 2011/12)**



11                                  1

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

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

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.

(74) 1 How likely would you be to recommend the [Provider]'s services, 0 meaning you definitely would not recommend and 10 meaning you would definitely recommend.

0	1	2	3
3	4	5	6
6	7	8	9
9	10	11	

**Organisation of the Programme**

(23)	2	Have you received a Health & Safety Assessment visit by the [Provider]?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
(24)	3	Did the [Provider] refer the employee to your company?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
(22)	4	Have you received the [Provider]'s employer guide to Apprentices?	Yes <input type="checkbox"/>		No <input type="checkbox"/>

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

Office Use Only	<u><b>Satisfaction with the [Provider]</b></u>	
(1)	5	I received sufficient information about the programme prior to my employee starting
(65)	6	The [Provider] was effective at making me aware about the services they can provide to my business
(56)	7	I understand my own role and responsibilities for the success of the programme

Agree Completely		Disagree Completely		N/A
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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)

12

2

0

0

Office  
Use  
Only

**Satisfaction with the [Provider] (contd)**

☺ **Agree Completely** → **Disagree Completely** ☹ N/A

(18)	8	The [Provider] responded quickly in signing up the employee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(34)	9	I know 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)	10	The [Provider] deals with any queries I have efficiently and effectively	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(15)	11	I know which qualification my employee is working towards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(16)	12	I am aware that my employee is learning Key Skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(58)	13	I know how my employee is being assessed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(45)	14	The training is well organised	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(2)	15	The [Provider] provides 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"/>
(33)	16	I receive timely feedback about attendance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(17)	17	The Assessor's visits to the employee in the workplace are well planned, effective and involve me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(68)	18	The Assessor 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"/>
(46)	19	I contribute to my employee's progress review	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(10)	20	I receive good feedback from my employee 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"/>
(11)	21	I feel that my employee is learning new skills at [Provider]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(57)	22	My employee is developing confidence and self esteem	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(13)	23	I am satisfied with the progress that my employee is making at [Provider]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(4)	24	The training meets the needs of my employee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(3)	25	The training meets the needs of our organisation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(9)	26	The [Provider] gives 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)	27	I am satisfied with the service I receive from the [Provider]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**How we could work together:**

(20)	28	Would you be prepared to help the [Provider] to improve its provision by joining an employer liaison group ?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	2
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**How we could work together: (contd)**

(21)	29	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="checkbox"/>	1	No <input type="checkbox"/>	2
(25)	30	Would you be prepared to host a visit of learners to your organisation?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	2
(63)	31	Would you be prepared to give a presentation to the [Provider]'s learners about your business?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	2
(49)	32	Would you be prepared to provide Work Placement opportunities for [Provider] learners?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	2
(70)	33	Would you like to receive information on your Sector Skills Council and how they can help your business?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	2
(55)	34	Would you like to receive information about the apprenticeship programme?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	2
(47)	35	Would you like to receive information on the range of courses offered by the [Provider]?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	2
(29)	36	Do you expect your employees to undertake any further skills training in the next 2 years?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	2

**Please specify any further skills training if possible:**

(48) 38 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) 39 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) 40 Does your organisation have a training budget?

Yes  1

No  2

(53) 41 Does your organisation have an organisational needs analysis/training plan ?

Yes  1

No  2

(64) 42 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

If your business is 'Other', please specify

### General Comments

Please comment if you wish about the Provider and the training

**Thank you for completing this survey**