

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



■ 11 1

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

Our aim is to provide programmes which meet our customer needs. Please help us 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, 0 meaning you definitely would not recommend and 10 meaning you would definitely recommend

0 <input style="width: 40px; height: 20px;" type="text"/>	1 <input style="width: 40px; height: 20px;" type="text"/>	2 <input style="width: 40px; height: 20px;" type="text"/>
3 <input style="width: 40px; height: 20px;" type="text"/>	4 <input style="width: 40px; height: 20px;" type="text"/>	5 <input style="width: 40px; height: 20px;" type="text"/>
6 <input style="width: 40px; height: 20px;" type="text"/>	7 <input style="width: 40px; height: 20px;" type="text"/>	8 <input style="width: 40px; height: 20px;" type="text"/>
9 <input style="width: 40px; height: 20px;" type="text"/>	10 <input style="width: 40px; height: 20px;" type="text"/>	11 <input style="width: 40px; height: 20px;" type="text"/>

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)

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**Satisfaction with the [Provider]**

			☺ Agree Completely	☹ Disagree Completely	N/A		
(1)	2	I received sufficient information about the programme prior to my employee enrolling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(65)	3	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"/>
(15)	4	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"/>
(34)	5	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)	6	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"/>
(45)	7	The course/training programme is well organised	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(41)	8	The [Provider]'s resources and facilities are of a high standard	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
(2)	9	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(33)	10	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(11)	11	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(43)	12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(57)	13	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(13)	14	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(4)	15	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(3)	16	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(9)	17	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(14)	18	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)	19	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
(21)	20	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)	21	Would you be prepared to host a visit of learners to your organisation?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
(63)	22	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)	23	Would you be prepared to provide Work Placement opportunities for [Provider] learners?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
(70)	24	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)	25	Would you like to receive information about the apprenticeship programme?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2

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**How we could work together: (contd)**

(47) 26 Would you like to receive information on the range of courses offered by the [Provider]? Yes  1 No  2

(29) 27 Do you expect your employees to undertake any further skills training in the next 2 years? Yes  1 No  2

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

(48) 29 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

**About your Organisation**

(51) 30 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) 31 Does your organisation have a training budget? Yes  1 No  2

(53) 32 Does your organisation have an organisational needs analysis/training plan? Yes  1 No  2

**(please continue over the page)**

**About your Organisation (contd)**

(64) 33 How would you describe your business? (Please place ONE cross in appropriate box)

Sole Trader	<input type="checkbox"/>	1	Partnership	<input type="checkbox"/>	2
Private Limited Company	<input type="checkbox"/>	3	P.L.C	<input type="checkbox"/>	4
Public Sector	<input type="checkbox"/>	5	Charitable Organisation	<input type="checkbox"/>	6
Other	<input type="checkbox"/>	7			

If your business is 'Other', please specify

**General Comments**

Please comment if you wish about the Provider and the course/training.

**Thank you for completing this survey**