

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		
					☺	☹	
					Agree Completely	Disagree Completely	N/A
Office Use Only	Satisfaction with the [Provider] (contd)						
(18)	8 The [Provider] responded quickly in signing up the employee	1	2	3	4	5	
(34)	9 I know who to talk to within the [Provider]	1	2	3	4	5	
(40)	10 The [Provider] deals with any queries I have efficiently and effectively	1	2	3	4	5	
(15)	11 I know which qualification my employee is working towards	1	2	3	4	5	
(16)	12 I am aware that my employee is learning Key Skills	1	2	3	4	5	
(58)	13 I know how my employee is being assessed	1	2	3	4	5	
(45)	14 The training is well organised	1	2	3	4	5	
(2)	15 The [Provider] provides me with sufficient feedback about my employee's progress	1	2	3	4	5	
(33)	16 I receive timely feedback about attendance	1	2	3	4	5	
(17)	17 The Assessor's visits to the employee in the workplace are well planned, effective and involve me	1	2	3	4	5	
(68)	18 The Assessor had the right knowledge and experience	1	2	3	4	5	
(46)	19 I contribute to my employee's progress review	1	2	3	4	5	
(10)	20 I receive good feedback from my employee regarding the [Provider] 's training	1	2	3	4	5	
(11)	21 I feel that my employee is learning new skills at [Provider]	1	2	3	4	5	
(57)	22 My employee is developing confidence and self esteem	1	2	3	4	5	
(13)	23 I am satisfied with the progress that my employee is making at [Provider]	1	2	3	4	5	
(4)	24 The training meets the needs of my employee	1	2	3	4	5	
(3)	25 The training meets the needs of our organisation	1	2	3	4	5	
(9)	26 The [Provider] gives a value for money service	1	2	3	4	5	
(14)	27 I am satisfied with the service I receive from the [Provider]	1	2	3	4	5	

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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(please continue over the page)

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
(54)	33	Would you like to receive information about the free training and subsidised wages that could be available to you under the Government's "Train to Gain" scheme ?	Yes <input type="checkbox"/> ¹	No <input type="checkbox"/> ²
(70)	34	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)	35	Would you like to receive information about the apprenticeship programme?	Yes <input type="checkbox"/> ¹	No <input type="checkbox"/> ²
(47)	36	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)	37	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) 39 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) 40 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) 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 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