

EMPLOYER SURVEY
(Employer with Train to Gain Programme - 2009/10)

■ 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 offer by completing this survey and returning it to [XXXXXX] in the pre-paid

(74) 1 **How likely would you be to recommend the [Provider]'s services, on a scale of 0 to 10, where 0 meaning you definitely would not recommend and 10 meaning you definitely would?**

Response 0 <input type="text"/> ₁	Response 1 <input type="text"/> ₂	Response 2 <input type="text"/> ₃
Response 3 <input type="text"/> ₄	Response 4 <input type="text"/> ₅	Response 5 <input type="text"/> ₆
Response 6 <input type="text"/> ₇	Response 7 <input type="text"/> ₈	Response 8 <input type="text"/> ₉
Response 9 <input type="text"/> ₁₀	Response 10 <input type="text"/> ₁₁	

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)

			☺ Agree Completely	☹ Disagree Completely			
(1)	2	I received sufficient information about the programme prior to my employee starting	1	2	3	4	5
(65)	3	The [Provider] was effective at making me aware about the services they can provide to my business	1	2	3	4	5
(56)	4	I understand my own role and responsibilities for the success of the programme	1	2	3	4	5
(18)	5	The [Provider] responded quickly	1	2	3	4	5
(34)	6	I know who to talk to within the [Provider]	1	2	3	4	5
(15)	7	I know which qualification my employee is working towards	1	2	3	4	5
(16)	8	I am aware that my employee is learning Key Skills	1	2	3	4	5
(58)	9	I know how my employee is being assessed	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		
		Agree Completely \longrightarrow Disagree Completely					
Office Use Only	Satisfaction with the [Provider] (contd)						N/A
(45)	10 The training is well organised	1	2	3	4	5	
(2)	11 The [Provider] provides me with sufficient feedback about my employee's progress	1	2	3	4	5	
(33)	12 I receive timely feedback about attendance	1	2	3	4	5	
(17)	13 The Assessor's visits to the employee in the workplace are well planned, effective and involve me	1	2	3	4	5	
(68)	14 The Assessor had the right knowledge and experience	1	2	3	4	5	
(46)	15 I contribute to my employee's progress review	1	2	3	4	5	
(10)	16 I receive good feedback from my employee regarding the [Provider] 's training	1	2	3	4	5	
(11)	17 I feel that my employee is learning new skills at [Provider]	1	2	3	4	5	
(57)	18 My employee is developing confidence and self esteem	1	2	3	4	5	
(13)	19 I am satisfied with the progress that my employee is making at [Provider]	1	2	3	4	5	
(4)	20 The training meets the needs of my employee	1	2	3	4	5	
(9)	21 The [Provider] gives a value for money service	1	2	3	4	5	
(14)	22 I am satisfied with the service I receive from the [Provider]	1	2	3	4	5	

How we could work together:

(20)	23	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)	24	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)	25	Would you be prepared to host a visit of learners to your organisation?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	2
(63)	26	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)	27	Would you be prepared to provide Work Placement opportunities for [Provider] learners?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	2

(please continue over the page)

How we could work together: (contd)

- | | | | | |
|------|----|---|---|--|
| (54) | 28 | 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) | 29 | 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) | 30 | Would you like to receive information about the apprenticeship programme? | Yes <input type="checkbox"/> ¹ | No <input type="checkbox"/> ² |
| (47) | 31 | 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) | 32 | 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) 34 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) 35 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) 36 Does your organisation have a training budget?

Yes 1

No 2

(53) 37 Does your organisation have an organisational needs analysis/training plan ?

Yes 1

No 2

(64) 38 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