EMPLOYER SURVEY
(General - Academic Year - 2009/10)

qdp SERVICES
Feedback for Education and Skills

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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.

Company Name: .....

Contact Name: .....

Our aim is to provide programmes which meet our customer needs. Please h
offer by completing this survey and returning it to **[XXXXX]** in the pre-paid

Involvement with the [Provider]

(27) 1 Have you worked with the [Provider] in the last 2 years?
(If yes, please continue to question 6 on Page 2:
If no, please continue at question 2 below)

Yes ☐ 1 No ☐ 2

(28) 2 What is the main reason why you haven't been involved with the [Provider]?
(Please place ONE cross in appropriate box)

No training required ☐ 1
Use another provider ☐ 2
Had a bad experience with the [Provider] ☐ 3
The appropriate training was not on offer ☐ 4
Other ☐ 5

(29) 3 Do you expect your employees to undertake any skills training in the next 2 years?

Yes ☐ 1 No ☐ 2

Please specify any skills training if possible:

(30) 5 Would you choose [Provider] for that training? *(Please place ONE cross in appropriate box)*

Yes ☐ 1
No - Will undertake in house training ☐ 2
No - No appropriate training ☐ 3
No - Prefer another provider ☐ 4
No – Had a bad experience with the [Provider] ☐ 5
No - Other ☐ 6

(Please now continue to question 33 on Page 3)

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Involvement with the [Provider] (contd)

(74) 6 **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?**

Response 0	☐ 1	Response 1	☐ 2	Response 2	☐ 3
Response 3	☐ 4	Response 4	☐ 5	Response 5	☐ 6
Response 6	☐ 7	Response 7	☐ 8	Response 8	☐ 9
Response 9	☐ 10	Response 10	☐ 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)**

Office Use Only		**Satisfaction with the [Provider]**	☺ **Agree Completely** →			☹ **Disagree Completely**	**N/A**
(59)	7	It was easy to contact the [Provider]	1	2	3	4	5
(39)	8	The [Provider] responded quickly and flexibly	1	2	3	4	5
(65)	9	The [Provider] was effective at making me aware about the services they can provide to my business	1	2	3	4	5
(36)	10	The [Provider] understood my organisation's business and training needs	1	2	3	4	5
(60)	11	The [Provider] proposed an appropriate solution to my business and training needs	1	2	3	4	5
(38)	12	The [Provider]'s service standards were made clear to me	1	2	3	4	5
(37)	13	The [Provider]'s contract was clear	1	2	3	4	5
(34)	14	I knew who to talk to within the [Provider]	1	2	3	4	5
(35)	15	Communications from [Provider] staff were helpful and supportive	1	2	3	4	5
(40)	16	The [Provider] dealtwith any queries I had efficiently and effectively	1	2	3	4	5
(56)	17	I understood my own role and responsibility for the success of the programme	1	2	3	4	5
(45)	18	The training was well organised	1	2	3	4	5
(66)	19	The training objectives and content were relevant to the needs of the business	1	2	3	4	5
(67)	20	The time and place of training fitted with the needs of the business	1	2	3	4	5

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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)**

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Office Use Only		**Satisfaction with the [Provider] (contd)**	☺ **Agree Completely** →			☹ **Disagree Completely**	**N/A**
(41)	21	The [Provider]'s resources and facilities were of a high standard	1	2	3	4	5
(68)	22	The [Provider]'s staff delivering the training had the right knowledge and experience	1	2	3	4	5
(2)	23	The [Provider] provided me with sufficient feedback about my employee's progress	1	2	3	4	5
(10)	24	I received good feedback from my employee(s) regarding the [Provider]'s training	1	2	3	4	5
(61)	25	The [Provider]'s service standards were met	1	2	3	4	5
(11)	26	I feel that my employee has learned new skills at [Provider]	1	2	3	4	5
(43)	27	My employee(s) became more effective following the training	1	2	3	4	5
(4)	28	The training met the needs of my employee(s)	1	2	3	4	5
(44)	29	The training has improved the performance of the business	1	2	3	4	5
(62)	30	The proposed business solutions were met	1	2	3	4	5
(9)	31	The Provider gave a value for money service	1	2	3	4	5
(14)	32	I am satisfied with the service I received from the [Provider]	1	2	3	4	5

How we could work together:

(20)	33	Would you be prepared to help the [Provider] to improve its provision by joining an employer liaison group ?	Yes ☐ *1*	No ☐ *2*
(21)	34	Would you be prepared to allow a member of [Provider] staff to update their skills in your workplace (e.g. on work placement)?	Yes ☐ *1*	No ☐ *2*
(25)	35	Would you be prepared to host a visit of learners to your organisation?	Yes ☐ *1*	No ☐ *2*
(63)	36	Would you be prepared to give a presentation to the [Provider]'s learners about your business?	Yes ☐ *1*	No ☐ *2*
(49)	37	Would you be prepared to provide Work Placement opportunities for [Provider] learners?	Yes ☐ *1*	No ☐ *2*
(54)	38	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 ☐ *1*	No ☐ *2*

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How we could work together: (contd)

(70)	39	Would you like to receive information on your Sector Skills Council and how they can help your business?	Yes ☐ 1	No ☐ 2
(55)	40	Would you like to receive information about the apprenticeship programme?	Yes ☐ 1	No ☐ 2
(47)	41	Would you like to receive information on other courses offered by the [Provider]?	Yes ☐ 1	No ☐ 2

(48) 42 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) 43 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)	44	Does your organisation have a training budget?	Yes ☐ 1	No ☐ 2
(53)	45	Does your organisation have an organisational needs analysis/training plan ?	Yes ☐ 1	No ☐ 2

(64) 46 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		

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If your business is 'Other', please specify

General Comments

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

Thank you for completing this survey

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