



## Student Employment Survey

Each Participant must complete Part A and Part B of this survey within three months of completing or discontinuing their training.

### **PART A**

**PQS Name:** Step into Training Services

**PQS Agreement Number:** QS101377

**Participant ID:**

**Participant Surname:**

**Participant First Name:**

**Qualification Name:**

### **PART B**

1. **Which best describes your motivation for undertaking your training (tick only one):**

- To help me find a job
- To support my current career and improve my chances for promotion
- To help me change careers
- General interest

2. **Which best describes your assessment of the quality of your training (tick only one):**

- Very Satisfied with the overall quality of the training
- Somewhat satisfied with the overall quality of the training
- Somewhat dissatisfied with the overall quality of the training
- Very dissatisfied with the overall quality of the training

3. **Did you complete your training:**

- Yes
- No – if no, please identify the main reason for non – completion (tick only one):
  - Change in interests/ personal circumstances
  - Unable to meet requirements of qualification/ course
  - Found the training experience to be unsuitable
  - Other

4. **Which best describes the impact of your training on your current employment or further study status (tick only one):**

- Not employed before training, employed after training
- Not employed before training, not employed after training
- Underemployed, employed before training, improved job outcome after training
- Underemployed, employed before training, no improvement in job outcome after training
- Enrolled in or currently undertaking studying with a university
- Employed in an apprenticeship / traineeship

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Student Feedback Form



<b>Overview</b>				
Your feedback on the course is valuable to us, as it helps us to develop and improve our services including our resources, equipment and student facilities.				
Now that you have completed the qualification, please complete the survey below to give us your impression of our training and assessment services.				
<b>Course Information</b>				
Student Name: <i>(optional)</i>				
Course name:				
Course date:				
<b>Evaluation</b>				
Please place a tick ( <input checked="" type="checkbox"/> ) in the column that best suits your answer.				
Question	Strongly disagree	Disagree	Agree	Strongly agree
Did you receive sufficient information about the course prior to enrolment, to make an informed choice to enroll?				
I believe the course has prepared me to be job ready.				
The training had a good mix of theory and practical.				
My trainer has excellent knowledge on the subject?				
The amount of time for learning and assessments were realistic?				
I would recommend this training to others?				
Were there any aspects of training or assessment you particularly liked?				
Were there any aspects of your experience that needs improvement?				

Student Signature: (optional) \_\_\_\_\_ Dated: \_\_\_\_\_

# Employer Questionnaire



## IMPORTANT INSTRUCTIONS

Please tell us about the training provided by the organisation that sent you this questionnaire. Your feedback will play an important role in developing the quality of training at this organisation. In this questionnaire, the term 'training' refers to learning experiences provided by the training organisation. The term 'trainer' refers to trainers, teachers, lecturers or instructors from your training organisation. Provide one response to each item on the form. Complete using a black or blue pen. Place a clear 'X' inside each box. Leave the box blank if the statement does not apply. If you want to change your answer, fill in the entire box and mark the correct box.

Example:     or

## ABOUT YOUR EMPLOYEES' TRAINING

	Strongly disagree ▼	Disagree ▼	Agree ▼	Strongly agree ▼
Trainers were effective in their teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers had good knowledge and experience of the industry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers were able to relate material to the workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, we are satisfied with the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We would recommend the training to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessments were based on realistic activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation gave appropriate recognition of existing knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment was at an appropriate standard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training focused on relevant skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training prepared employees well for work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training had a good mix of theory and practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We would recommend the training organisation to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was an effective investment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training reflected current practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was effectively integrated into our organisation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our employees gained the skills they needed from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training has helped our employees work with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training helped employees identify how to build on their current knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our employees gained the knowledge they needed from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training prepared our employees for the demands of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training used up-to-date equipment, facilities and materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training resources were appropriate for learner needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training resources and equipment were in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation acted on feedback from employers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation developed customised programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way employees were assessed was a fair test of their skills and knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation was flexible enough to meet our needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation dealt satisfactorily with any issues or complaints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation provided good support for workplace training and assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation clearly explained what was expected from employers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What were the BEST ASPECTS of the training?

What aspects of the training were MOST IN NEED OF IMPROVEMENT?

Thank you for sharing your views.

# Learner Questionnaire



## IMPORTANT INSTRUCTIONS

Please tell us about your training. Your feedback plays an important role in developing the quality of your education. In this questionnaire, the term 'training' refers to learning experiences with your training organisation. The term 'trainer' refers to trainers, teachers, lecturers or instructors from your training organisation. Provide one response to each item on the form. Complete using a black or blue pen. Print neatly in CAPITAL letters. Place a clear 'X' inside each box. Leave the box blank if the statement does not apply. If you want to change your answer, fill in the entire box and mark the correct box with an 'X'.

Example:     or

## ABOUT YOUR TRAINING

	Strongly disagree	Disagree	Agree	Strongly agree
I developed the skills expected from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I identified ways to build on my current knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training focused on relevant skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I developed the knowledge expected from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training prepared me well for work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set high standards for myself in this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training had a good mix of theory and practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I looked for my own resources to help me learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the training organisation to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training organisation staff respected my background and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I pushed myself to understand things I found confusing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers had an excellent knowledge of the subject content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received useful feedback on my assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way I was assessed was a fair test of my skills and knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned to work with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was at the right level of difficulty for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of work I had to do was reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessments were based on realistic activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was always easy to know the standards expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training facilities and materials were in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually had a clear idea of what was expected of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers explained things clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation had a range of services to support learners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned to plan and manage my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training used up-to-date equipment, facilities and materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I approached trainers if I needed help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers made the subject as interesting as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the training to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation gave appropriate recognition of existing knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training resources were available when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough material to keep up my interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was flexible enough to meet my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers encouraged learners to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers made it clear right from the start what they expected from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What were the BEST ASPECTS of the training?

Four empty text boxes for listing best aspects of training.

What aspects of the training were MOST IN NEED OF IMPROVEMENT?

Four empty text boxes for listing areas needing improvement.

**YOUR TRAINING DETAILS**

What TYPE OF QUALIFICATION are you currently enrolled in? Select one only.

- Certificate I, Certificate II, Certificate III, Certificate IV, Certificate level unknown, Diploma, Advanced diploma, Associate degree, Degree, Short course or statement of attainment, VET graduate certificate or graduate diploma, Other qualification or training, Do not know. Each item has a checkbox.

What is the BROAD FIELD of your current training? Select one only.

- Natural and physical sciences, Information technology, Engineering and related technologies, Architecture and building, Agriculture, environmental and related studies, Health, Education, Management and commerce, Society and culture, Creative arts, Food, hospitality and personal services, Other. Each item has a checkbox.

What is the FULL TITLE of your current qualification or training?

One large empty text box for the full title of the qualification.

In what MONTH AND YEAR did you start your current training?

For example, write 'March 2007' as '03/2007'.

Form for entering month and year: [ ] [ ] / [ ] [ ] [ ] [ ]

Are you undertaking an APPRENTICESHIP OR TRAINEESHIP?

Yes [ ] No [ ]

Did you get any RECOGNITION OF PRIOR LEARNING towards your training such as subject exemptions, course credits or advanced standing?

[ ] [ ]

**ABOUT YOU**

Female Male

Are you FEMALE OR MALE?

[ ] [ ]

What is YOUR AGE in years?

- Under 15, 15 to 19, 20 to 24, 25 to 34, 35 to 44, 45 to 54, 55 to 64, 65 or over. Each item has a checkbox.

Are you of ABORIGINAL OR TORRES STRAIT ISLANDER origin?

- No, Yes, Aboriginal, Yes, Torres Strait Islander, Yes, both Aboriginal and Torres Strait Islander. Each item has a checkbox.

Yes No

Do you speak a LANGUAGE OTHER THAN ENGLISH at home?

[ ] [ ]

Are you a PERMANENT RESIDENT OR CITIZEN of Australia?

[ ] [ ]

Do you consider yourself to have a DISABILITY, IMPAIRMENT, OR LONG-TERM CONDITION?

[ ] [ ]

What is the POSTCODE of your main place of residence?

[ ] [ ] [ ] [ ] [ ] [ ]

Thank you for sharing your views.

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