

# 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 the best aspects of the training.

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

Four empty text boxes for listing the most in need of improvement aspects of the training.

**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

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

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

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

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 (MM/YY).

Are you undertaking an APPRENTICESHIP OR TRAINEESHIP?

Yes No checkboxes for apprenticeship/traineeship.

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

Yes No checkboxes for recognition of prior learning.

**ABOUT YOU**

Female Male

Are you FEMALE OR MALE?

Female Male checkboxes.

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

Are you of ABORIGINAL OR TORRES STRAIT ISLANDER origin?

- No
Yes, Aboriginal
Yes, Torres Strait Islander
Yes, both Aboriginal and Torres Strait Islander

Yes No

Do you speak a LANGUAGE OTHER THAN ENGLISH at home?

Yes No checkboxes.

Are you a PERMANENT RESIDENT OR CITIZEN of Australia?

Yes No checkboxes.

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

Yes No checkboxes.

What is the POSTCODE of your main place of residence?

Four digit postcode input boxes.

Thank you for sharing your views.

Large empty text box at the bottom right of the page.