Learner Questionnaire

AQTF 2007
Building Training Excellence

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 '✗' 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 '✗'.
Example: ☒ ☐ ☐ ☐ or ■ ☒ ☐ ☐

ABOUT YOUR TRAINING

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

What were the BEST ASPECTS of the training?

What aspects of the training were MOST IN NEED OF 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

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?

In what MONTH AND YEAR did you start your current training?
For example, write 'March 2007' as '03/2007'.

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	Yes	No
Are you undertaking an APPRENTICESHIP OR TRAINEESHIP?		
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

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?		
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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