

DURING LEARNING QUESTIONNAIRE - EMPLOYER

Introduction

Please take a few minutes to complete this questionnaire and, when completed, return to your Ultra Assessor; your comments will help us to improve the services we deliver. Completed questionnaires are used to produce performance reports, copies of which are available from our Quality Assurance Co-ordinator on 08454 600 700. If you are using an electronic version of this questionnaire then please use the <TAB> key to move from box to box.

If you have any difficulty completing this questionnaire in its current format, then please contact us on 08454 600 700 and we will be happy to provide the document in an alternative format.

Why not register for our Online Forum to submit further comment, ask questions and access information on work based training? Simply visit our website – www.utrain.com – for details.

1 – YOU AND YOUR ORGANISATION

Full Name		Title	
Job Title			
Name of Organisation			
Full Address of Organisation (including Post Code)			
Telephone Number		Mobile	
Email Address			
Name(s) of Learner(s)			

Which of the following categories best fits your learner’s programme?			
Business Administration / IT	<input type="checkbox"/>	Hair & Beauty	<input type="checkbox"/>
Health & Social Care	<input type="checkbox"/>	Hospitality / Catering	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	Retail	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	Management / Team Leading	<input type="checkbox"/>
Other (please specify in the box opposite)	<input type="checkbox"/>		

2 – ABOUT ULTRA

How much do you agree or disagree with the following statements? (tick one box for each statement)	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
You know how your learner is progressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are involved in planning the training for your learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our training and assessment methods meet the requirements of your organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The standards of our learning programmes are at the right level to meet the needs of your organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The learner assessment we undertake before starting the programme is effective in diagnosing existing skills and knowledge so that it matches the needs of the individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your learners receive appropriate support during their programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our assessors' skills and level of knowledge are appropriate for training and assessing people to current industrial/commercial standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have ongoing communication with your assessor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You actively take part in reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 – THANK YOU FOR YOUR CONTRIBUTION

If you have marked any statements above 'Disagree' or 'Strongly Disagree' please explain below. Also, if you have any other comments about our learning programmes then please detail below.

4 – FURTHER INFORMATION

Please contact me to discuss the following Please tick (or click on) boxes as appropriate	
Out-sourcing services for finance and administration	<input type="checkbox"/>
Further work based vocational learning	<input type="checkbox"/>
Bespoke business and career development courses	<input type="checkbox"/>
Business advice/consultancy	<input type="checkbox"/>

How would you prefer we contact you (please tick all boxes that apply)	Post	Telephone (Work)	Telephone (Mobile)	Email
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature (If you are using an electronic version of this questionnaire then please leave blank)	
Date	

YOUR DATA PRIVACY

Ultra would like to contact you from time to time about other services, events, seminars etc that we believe may be of interest to you. If you would prefer not to receive this information please tick the box opposite. At no time will Ultra sell or rent your data to any other company or organisation as we respect your privacy.	<input type="checkbox"/>
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