

## DURING LEARNING QUESTIONNAIRE - LEARNER

### 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](http://www.utrain.com) – for details.**

### 1 - ABOUT YOU

Full Name		Title	
Your Employer's Name			
Your Assessor's Name			

<b>Your Learning Programme</b>		Please tick (or click on) boxes as appropriate	
Apprenticeship	<input type="checkbox"/>	ESF / Co-finance	<input type="checkbox"/>
Advanced Apprenticeship	<input type="checkbox"/>	Private	<input type="checkbox"/>
Train to Gain	<input type="checkbox"/>	School	<input type="checkbox"/>

<b>Which of the following categories best fits your learning programme?</b>			
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"/>		

<b>What gender are you?</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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<b>How old are you?</b>	16-18 <input type="checkbox"/>	19-24 <input type="checkbox"/>	25+ <input type="checkbox"/>
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<b>What is your ethnic origin?</b>			
White (excluding Irish)	<input type="checkbox"/>	Black other	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Other	<input type="checkbox"/>

<b>Are you registered disabled?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>Do you have a disability that affects your day to day work or learning activities?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## 2 – YOUR LEARNING ACTIVITIES

	Yes	No
My assessor explains clearly what is required and what they expect from me.	<input type="checkbox"/>	<input type="checkbox"/>
My trainer stresses the importance of Health & Safety and also Equality & Diversity at work.	<input type="checkbox"/>	<input type="checkbox"/>
I am set targets for achieving key stages in my course (e.g. unit achievement dates).	<input type="checkbox"/>	<input type="checkbox"/>
My training is clearly linked to the requirements of my employer and completing the qualification.	<input type="checkbox"/>	<input type="checkbox"/>
The way I am trained is fair and meets any specific needs I may have.	<input type="checkbox"/>	<input type="checkbox"/>
My training is to a high standard.	<input type="checkbox"/>	<input type="checkbox"/>
I expect to complete on time.	<input type="checkbox"/>	<input type="checkbox"/>

## 3 – ASSESSMENT

	Yes	No
My assessments are planned and agreed in advance.	<input type="checkbox"/>	<input type="checkbox"/>
My assessor tells me how my work will be assessed and what evidence I need to produce.	<input type="checkbox"/>	<input type="checkbox"/>
My assessment is fair, accurate and carried out regularly.	<input type="checkbox"/>	<input type="checkbox"/>
After an assessment my assessor gives me written feedback on how I am doing.	<input type="checkbox"/>	<input type="checkbox"/>

## 4 – PERSONAL SUPPORT AND DEVELOPMENT

	Yes	No
Before I started I was given advice and guidance on the training options available.	<input type="checkbox"/>	<input type="checkbox"/>
I am encouraged to explain any difficulties I am having.	<input type="checkbox"/>	<input type="checkbox"/>
I am given sufficient personal support to help me complete the course.	<input type="checkbox"/>	<input type="checkbox"/>
My training and employment has always been without harassment or discrimination.	<input type="checkbox"/>	<input type="checkbox"/>
I always feel safe at work and also during assessments.	<input type="checkbox"/>	<input type="checkbox"/>

## 5 – OVERALL IMPRESSION

	Yes	No
I am enjoying my training.	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend my training to others.	<input type="checkbox"/>	<input type="checkbox"/>
My training is helping me at work.	<input type="checkbox"/>	<input type="checkbox"/>

## 6 – THANK YOU FOR YOUR CONTRIBUTION

If you would like to add a comment to any of the statements above (Question 1 to 5) or if you have any general comments about your learning experience, please detail them below.

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

<b>Your Contact Details</b>					
Your Address (including Post Code)					
Telephone (Home)		(Work)		(Mobile)	
Email Address					

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

### 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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