

## LEARNER EXIT QUESTIONNAIRE

### 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.ustrain.com](http://www.ustrain.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"/>
<b>How old are you?</b>		16-18 <input type="checkbox"/>	19-24 <input type="checkbox"/> 25+ <input type="checkbox"/>
<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"/>
<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"/>

## 2 – YOUR LEARNING PROGRAMME

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
I have enjoyed my learning programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend my learning programme to someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My learning programme matched or exceeded my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated fairly and given support when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was not subjected to harassment or discrimination	<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 comments to add about your learning experience, please detail them below.**

--

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

## 4 – WHAT NEXT

	Yes	No	N/A
Do you intend to progress onto a more advanced qualification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you intend to progress to Higher Education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your qualification helped you to progress to related employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 5 – DO YOU REQUIRE INFORMATION ON

	Yes	No
Further work based vocational learning?	<input type="checkbox"/>	<input type="checkbox"/>
Bespoke business and career development courses?	<input type="checkbox"/>	<input type="checkbox"/>

Your Contact Details					
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"/>
---	--------------------------