**Learner Continuous Improvement Survey**

Name…………………………………………………….Student Number………………………….

Date .......……………………………………….Course Code………………….........………….

Please tick the appropriate box for each statement.

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| **Training Material** |
| 1. Facilities and equipment used during my training are suitable.Strongly disagree < € € € € € > Strongly agree |
| 2. Training material and references provided to me are easy to read and have helped me understand the theory of the course.Strongly disagree < € € € € € > Strongly agree |
| 3. The training activities undertaken during the course were relevant to my workplace experience.Strongly disagree < € € € € € > Strongly agree |
| I have the following comments with regard to the Training Material: |
| **Training Support** |
| 4. During my training, I have received good support from my workplace.Strongly disagree < € € € € € > Strongly agree |
| 5. During my training, I have received good support from my trainer.Strongly disagree < € € € € € > Strongly agree |
| 6. The training support provided to me was adjusted to fit with my individual needs and circumstances.Strongly disagree < € € € € € > Strongly agree |
| I have the following comments with regard to the Training Support: |

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| **Assessment Support** |
| 7. I have been well briefed by the assessor before my assessments.Strongly disagree < € € € € € > Strongly agree |
| 8. I was prepared for the assessment and received good support from the assessor.Strongly disagree < € € € € € > Strongly agree |
| 9. The assessment method used during the course was fair and relevant.Strongly disagree < € € € € € > Strongly agree |
| 10. I had access to all necessary equipment and materials to undertake my assessments.Strongly disagree < € € € € € > Strongly agree |
| I have the following comments with regard to the Assessment Support: |

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| **General** |
| Please provide us with any additional comments that would help us to improve our training and assessment service to you and future students: |