

Learner Questionnaire

Please return your feedback form to info@blendedlearning.edu.au

At Blended Learning International, we are dedicated to fostering educational excellence and innovation. To ensure that we continuously improve our services, we highly value your perspective and insights.

Your participation in this feedback process is entirely voluntary, and we want to assure you that all responses will be treated with the strictest confidentiality. The information collected will be used for evaluation purposes, enabling us to enhance our programs and initiatives.

To submit your feedback, we kindly ask you to complete the attached feedback form and return it to us via email at info@blendedlearning.edu.au

If you have any questions or require any assistance throughout the process, please contact us directly at 0448 998 048.

Blended Learning International would like to express our gratitude for your cooperation and commitment to advancing educational practices. We eagerly anticipate receiving your feedback and working together to create a better learning environment for all.

Thank You!

Learner Questionnaire



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 'X' 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 'X'.

Example. [A] OI [A] [A]				_
ABOUT YOUR TRAINING	e ≥	9		<u>></u>
	Strongly disagree	Disagree	Agree	Strongly agree
	V	—	—	-
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?		ABOUT YOU			
			Female	Male	_
		Are you FEMALE OR MA	LE?		
		What is YOUR AGE in ye	ears?		
What aspects of the training were MOST IN NEED O	F IMPROVEMENT?	Under 15			
		15 to 19			
		20 to 24			
		25 to 34			
VOLID TRAINING DETAIL C		35 to 44			
YOUR TRAINING DETAILS What TYPE OF QUALIFICATION are you currently en	rolled in? Select one only	45 to 54			
Certificate I	Toneu in: Gerect one only.	55 to 64			
Certificate II		65 or over			
Certificate III		Are you of ABORIGINAL	OR TORRES STRAIT ISLAN	DER origin?	
Certificate IV		No			
Certificate level unknown		Yes, Aboriginal			
Diploma		Yes, Torres Strait Islan			
Advanced diploma		Yes, both Aboriginal a	nd Torres Strait Islander		
Associate degree					Yes No
Degree		Do you speak a LANGUA	AGE OTHER THAN ENGLISH	at home?	
Short course or statement of attainment			RESIDENT OR CITIZEN of Au		
VET graduate certificate or graduate diploma		Do you consider yoursel Long-term condition	If to have a DISABILITY, IMF N?	PAIRMENT, OR	
Other qualification or training					
Do not know		What is the POSTCODE	of your main place of reside	ence?	
What is the BROAD FIELD of your current training?	Select one only.		o.,, o p o		
Natural and physical sciences		Thank you for sha	rina vour views		
Information technology		mank you for one	mig your views.		
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?	1			
In what MONTH AND YEAR did you start your currer For example, write 'March 2007' as '03/2007'.	t training?				
	Yes No				
Are you undertaking an APPRENTICESHIP OR TRAII					
Did you get any RECOGNITION OF PRIOR LEARNING your training such as subject exemptions, course c advanced standing?					