

# 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 <u>info@blendedlearning.edu.au</u>

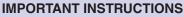
If you have any questions or require any assistance throughout the process, please contact us directly at 0448 998 048.

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

Trainers made it clear right from the start what they expected from me.





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: X or M or M or M or M or M.

ABOUT YOUR TRAINING				_
1	Strongly disagree	Disagree	Agree	Strongly agree
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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.				

What were	the <b>B</b>	EST AS	PECTS	of the	training	]?
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### **ABOUT YOU**

Are you FEMALE OR MALE?

Female

Male

What	ie	٧N	IIR	AGE	in	vears?
wnau	15	10	υn	AUE		years:

Jnder 15	
5 to 19	
20 to 24	
25 to 34	
35 to 44	
15 to 54	
55 to 64	
5 or over	

#### Are you of ABORIGINAL OR TORRES STRAIT ISLANDER origin?

No	
res, Aboriginal	
res, Torres Strait Islander	
Vac. both Abariginal and Tarras Strait Islandar	

Do you speak a LANGUAGE OTHER THAN ENGLISH at home? Are you a PERMANENT RESIDENT OR CITIZEN of Australia? Do you consider yourself to have a DISABILITY, IMPAIRMENT, OR LONG-TERM CONDITION?

Yes

No

What is the POSTCODE of your main place of residence?

Thank you for sharing your views.

## YOUR TRAINING DETAILS

What TYPE OF QUALIFICATION are you currently enrolled in? Select one only.

What aspects of the training were MOST IN NEED OF IMPROVEMENT?

Certificate I	
Certificate II	
Certificate III	
Certificate IV	
Certificate level unknown	
Diploma	
Advanced diploma	
Associate degree	
Degree	
Short course or statement of attainment	
VET graduate certificate or graduate diploma	
Other qualification or training	
Do not know	
What is the DDOAD FIFI D of your surrent training?	Colori ana anh

#### What is the BROAD FIELD of your current training? Select one only.

Natural and physical sciences	
Information technology	
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?

In what MONTH AND YEAR did you start your current training? For example, write 'March 2007' as '03/2007'.

Are you undertaking an APPRENTICESHIP OR TRAINEESHIP?

Did you get any RECOGNITION OF PRIOR LEARNING towards your training such as subject exemptions, course credits or advanced standing?

es	No
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