

Thank you for agreeing to participate. To complete the survey, you have two options:

OR

1. Complete the survey online by visiting wmsr.com.au/det<<WIDNOD>>
2. Complete this **paper** questionnaire and return it to Wallis Consulting Group, Reply Paid 86654, Cremorne VIC 3121 in the reply paid envelope provided.

INTRODUCTION

This survey gives you the opportunity to tell us your views on the training that your **apprentice(s)/trainee(s)** undertook in **2017**. Your feedback will help us improve the training of apprentices and trainees, and shape the future of the Victorian training and TAFE system.

ABOUT YOUR WORKPLACE

We would like to start with a few questions about your **workplace**.

Q1

How many people are employed at your workplace? Please **include** full time, part time and casual employees. Please **exclude** owners of the business.

i Please tick **one** box only

- | | |
|---|--|
| <input type="checkbox"/> ⁰¹ None (other than business owners) ► GO TO Q11 | <input type="checkbox"/> ⁰⁴ 20 - 99 |
| <input type="checkbox"/> ⁰² 1 - 4 | <input type="checkbox"/> ⁰⁵ 100 - 199 |
| <input type="checkbox"/> ⁰³ 5 - 19 | <input type="checkbox"/> ⁰⁶ 200 + |

i IF YOU TICKED 'NONE' AT QUESTION 1, GO TO QUESTION 11. OTHERWISE CONTINUE.

Q2

During **2017**, did any of your **employees** do any of the following types of training?

i Please tick **one** box per row

- | | Yes | No | Don't know |
|-------------------|--|--|--|
| A Apprenticeships | <input type="checkbox"/> ⁰¹ | <input type="checkbox"/> ⁰² | <input type="checkbox"/> ⁹⁹ |
| B Traineeships* | <input type="checkbox"/> ⁰¹ | <input type="checkbox"/> ⁰² | <input type="checkbox"/> ⁹⁹ |

*Note: A traineeship involves a formal training contract between the employer and the trainee.

i IF YES TO **ANY** OF QUESTION 2, GO TO QUESTION 3. IF NO OR DON'T KNOW TO BOTH, GO TO QUESTION 11.

Q3

Was this with **<<RTO>>**? (If no, what was the name of the training provider that delivered training to the largest number of your apprentice(s)/trainee(s) in **2017**?)

i Please tick **one** box only

- | | |
|--|-------------|
| <input type="checkbox"/> ⁰¹ Yes | ► CONTINUE |
| <input type="checkbox"/> ⁰² No (please specify) _____ | ► CONTINUE |
| <input type="checkbox"/> ⁹⁹ Don't know | ► GO TO Q11 |

i IF YOU TICKED 'DON'T KNOW' AT QUESTION 3, GO TO QUESTION 11. OTHERWISE CONTINUE.

SATISFACTION WITH TRAINING

The next few questions are about your level of satisfaction with the training provided to your apprentice(s)/trainee(s) by <<RTO>> in 2017, or the training provider you named in Question 3.

Q4 For your apprentice(s)/trainee(s), how satisfied are you that the training they received improved their:

i Please tick **one** box per row

	Highly dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly satisfied	Not applicable
A Technical / job specific skills	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
B Problem solving skills	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
C Decision-making skills	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
D Teamwork skills	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
E Numeracy skills	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
F Writing skills	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
G IT/computer skills	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
H Confidence and initiative	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99

Q5 To what extent do you agree or disagree with the following statements?
The training provided to my apprentice(s)/trainee(s) ...

i Please tick **one** box per row

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
A Improved their skills to do the job well	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
B Improved their productivity	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
C Reflected up-to-date practices in my industry/sector	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
D Was delivered by knowledgeable and experienced staff	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99

Q6 Overall, how satisfied are you with the training that your apprentice(s)/trainee(s) received from your training provider?

i Please tick **one** box only

- 01 Very dissatisfied
- 02 Dissatisfied
- 03 Neither satisfied nor dissatisfied
- 04 Satisfied
- 05 Very satisfied
- 99 Don't know

Q7 How likely are you to recommend your training provider to other employers?

i Please tick **one** box only

⁰¹ Very unlikely

⁰² Unlikely

⁰³ Neither likely nor unlikely

⁰⁴ Likely

⁰⁵ Very likely

⁹⁹ Don't know

Q7B What is the key reason for your response to Question 7?

i Please write in the box below

FEEDBACK ON TRAINING PROVIDER

The next few questions seek your views about different aspects of the training provided to your apprentice(s)/trainee(s) by <<RTO>> in 2017, or the training provider you named in Question 3.

Q8 What was your **main** reason for choosing your training provider?

i Please tick **one** box only

⁰¹ Location of training provider

⁰² Familiarity with this training provider

⁰³ Reputation of training provider

⁰⁴ Recommended to me by friends, colleagues or employees

⁰⁵ Approached by training provider

⁰⁶ Own research, including looking at Victorian government information

⁹⁵ Other (*please specify*) _____

⁹⁹ Don't know

Q9 Regarding your experience with your training provider, how satisfied were you with...?

i Please tick **one** box per row

	Highly dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly satisfied	Not applicable
A Their flexibility in developing the Training Plan* to meet your workplace needs	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
B The standard of assessment	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
C The quality of your communication with the training provider	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99

*Note: A Training Plan is a signed contract between an employer, apprentice/trainee, and RTO. The plan details what training will be delivered and when.

Q10 How satisfied were you with the following aspects of communication with your training provider?

i Please tick **one** box per row

	Highly dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly satisfied	Not applicable
A Keeping in touch with you throughout the training	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
B Making clear the roles and responsibilities of the training provider and the employer	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
C Regular updates about the progress of your apprentice(s)/trainee(s)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
D Adequate information on Competency Based Completion (CBC)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99

ANYTHING ELSE YOU WANT TO TELL US

Q11 Is there any further feedback you would like to provide regarding your experience with your training provider, or with the vocational education system in Victoria in general?

i Please write in the box below

Q12 If needed, and depending on your availability, would you be willing to provide your details to be invited to participate in further research on skills issues in the future?

01 Yes (Please provide details below) 02 No

Full Name			
Job Title		Phone	
Email			

THAT IS THE END OF THE SURVEY - THANK YOU

This market research is carried out in compliance with the *Privacy and Data Protection Act 2014* (Vic). The information you provided will be used to inform further government training policies and help to evaluate, monitor and strengthen the quality of the Victorian training and TAFE system.

Please return this survey to Wallis at Reply Paid 86654, Cremorne 3121, using the reply paid envelope provided.