

2007 Student Outcomes Survey

WHAT is it?

The 2007 Student Outcomes Survey is a survey of students who successfully completed some vocational training in Australia during 2006. The survey has been conducted annually since 1997.

WHY is it done?

The survey looks at three important areas:

- Did students think the training was relevant and did it benefit them?
- Were students satisfied with the training received?
- Did employment situations change as a result of training?

HOW is the information used?

The information is used by national and state/territory bodies, along with local training providers, to ensure vocational training is of high quality and relevant to Australian workplaces.

HOW did you get my name and address?

Your personal details were provided by the TAFE, private or community education provider where you did your training. This survey complies with the requirements of the *Privacy Act 1988*. Details on the privacy policies of NCVET and I-view can be accessed from www.ncver.edu.au/surveys/sos/2007.html

ARE my answers confidential?

Yes, **all answers provided will remain confidential**. Only group responses, not your individual responses are reported and importantly, all names, addresses and telephone numbers will be deleted from the survey database at the end of the project.

DO I have to participate?

No, participating in the survey is voluntary. However, your answers are important as they can help to improve future vocational training. To give you every possible chance to have your say you may be contacted again reminding you to return the survey. A reminder postcard will be sent to everyone. Around 4 weeks later those who have not returned their survey will be sent another survey. If you do not respond to this survey you may be telephoned to complete the survey over the phone. **If you do not wish to participate** please make this known by either returning the uncompleted survey form or telephoning I-view on the freecall number below. This will ensure you do not receive any further communication from us. Please note however your response is valuable for future training needs.

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WANT to know more?

If you would like more information about any aspects of this survey the staff at I-view will be happy to answer your questions. Please contact them by:

Telephone: 1800 105 088 (Freecall)

Facsimile: (03) 9940 7739

Email: sos@iview.com.au

Mail: Student Outcomes Survey

c/o I-view Pty Ltd

Reply Paid 83740

Hawthorn VIC 3122

2007 Student Outcomes Survey



HOW TO ANSWER QUESTIONS:

- Please cross **ONE** box only like this Yes (unless otherwise requested).
- Correct mistakes like this: Yes
 No
(If you make a mistake, simply scribble it out and mark the correct answer with a cross).
- Use a ballpoint blue or black pen (do not use a felt tipped pen).
- Some boxes have 'Go to' instructions that look like → Go to 17
Please follow the 'Go to' even if you miss out on some questions.
- Where exact information is not known, please give the best answer you can.
- Where a written answer is required, please write clearly in the boxes provided.

Example Q45: In which country were you born?

Canada

ABOUT your training

This section focuses on the training shown on the front of the form.

For all questions in this section, 'the training' refers to that shown on the front of the form.

- Are you still enrolled in the training shown on the front of the form?
 - Yes → Go to 17
 - No → Go to 2
- Are you currently enrolled in **any other training** with a TAFE institute, TAFE division of a university, Registered Private Provider or Adult and Community Education Provider?
 - Yes
 - No
- Have you completed all the training required to gain the qualification that is awarded for the training shown on the front of the form?
 - Yes → Go to 6
 - No → Go to 4

4 Why did you decide not to continue the training?

(More than one box can be crossed.)

ITEM CODE

Employment-related reasons

- A Changed jobs or started a new job
- B I lost my job
- C I learnt the skills I needed for my job

Training-related reasons

- D I achieved my training goals
- E I started other training
- F The training no longer related to my plans
- G The training was not what I expected
- H The training timetable was not flexible enough

Personal reasons

- I I moved
- J Illness
- K Family reasons
- L Financial reasons
- M Too many pressures on my time
- N **Any other major reason**
(please specify)

5 From the list in Question 4, what was your **main** reason for choosing not to continue the training?

(Please write the appropriate item code in the box below.)

Main Reason

6 Which of the following describes **how** the training was delivered?

(More than one box can be crossed.)

- Personal/classroom communication with instructor(s)
- Printed materials
- Web-based resources
- Videotape, CD or DVD
- Online communication with instructor and other students
- Radio
- Television
- Video conference
- Teleconference
- Workshop practical activities
- Other

7 Did you get any recognition for prior learning such as subject exemptions or course credits towards the training?

- Yes
- No → Go to 9

8 Was this on the basis of....

(More than one box can be crossed.)

- Study at university
- Study at TAFE or technical college
- Study elsewhere
- Assessed skills and experience
- Anything else
(please specify)

- 9 What sources of income did you have while doing the training?
(More than one box can be crossed.)
- Austudy
 - Abstudy
 - Youth Allowance
 - Government pensions or benefits (e.g. Newstart, Disability pension)
 - Scholarship/cadetship
 - Paid work (including an apprenticeship or traineeship)
 - Own business
 - Parents or spouse/partner
 - Other

- 10 Which of the following **best** describes when you started the training?
- While enrolled at school
 - Within 12 months of leaving school
 - More than 12 months after leaving school

- 11 What was your **main** reason for doing the training?
(Cross one box only.)
- To get a job
 - To develop my existing business
 - To start my own business
 - To try for a different career
 - To get a better job or promotion
 - It was a requirement of my job
 - I wanted extra skills for my job
 - To get into another course of study
 - To improve my general educational skills
 - To get skills for community/voluntary work
 - To increase my confidence/self-esteem
 - Other reasons (please specify)

- 12 Did the training help you to achieve your **main** reason?
- Yes
 - No
 - Partly
 - Don't know yet

- 13 Did you enrol in the training because it was part of an apprenticeship or traineeship?
- Yes → Go to 14
 - No → Go to 15

- 14 Have you successfully completed **all** requirements of your apprenticeship or traineeship?

Note: This includes both the study and employment requirements of your apprenticeship or traineeship.

- Yes
- No, still ongoing
- No, cancelled or withdrew
- Don't know

- 15 Would you recommend the training you have undertaken to others?
- Yes
 - No

- 16 Would you recommend the institution where you undertook the training to others?
- Yes
 - No

For the following questions, we want to know what you thought about the training stated on the front of the form.

YOUR opinions on the training

17 How would you rate, **on average**, the following aspects of the training?
(Please cross one box for each aspect using the scale below.)

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	NOT APPLICABLE
TEACHING						
1 My instructors had a thorough knowledge of the subject content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 My instructors provided opportunities to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 My instructors treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 My instructors understood my learning needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 My instructors communicated the subject content effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 My instructors made the subject as interesting as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSESSMENT						
7 I knew how I was going to be assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 The way I was assessed was a fair test of my skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I was assessed at appropriate intervals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 I received useful feedback on my assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 The assessment was a good test of what I was taught	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENERIC SKILLS AND LEARNING EXPERIENCES						
12 My training developed my problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 My training helped me develop my ability to work as a team member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 My training improved my skills in written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 My training helped me to develop the ability to plan my own work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 As a result of my training, I feel more confident about tackling unfamiliar problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 My training has made me more confident about my ability to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 As a result of my training, I am more positive about achieving my goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 My training has helped me think about new opportunities in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall satisfaction with the training

18 How would you rate, **on average**, your satisfaction with the overall quality of the training?
Using the scale box below, please rate your level of agreement with the following statement:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
Overall, I was satisfied with the quality of this training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT instruction

- 19 Are you STILL ENROLLED in the training shown on the front of the form?

if 'Yes' → Go to 44
if 'No' → Go to 20

ADDITIONAL study

The questions in this section look at whether you have enrolled in any other study since you undertook the training shown on the front of the form.

- 20 Have you enrolled in any other study since undertaking the training shown on the front of the form?

- No
 Yes, but cancelled or withdrew } → Go to 23
- Yes, still ongoing
 Yes, finished } → Go to 21

- 21 Which of the following best describes the level of the qualification you have enrolled in since undertaking the training?

Note: If you enrolled in more than one course, please report the course that you think is most important.

- Bachelor degree or higher
 Advanced diploma or associate degree
 Diploma or associate diploma
 Certificate IV (or advanced certificate/technician)
 Certificate III (or trade certificate e.g. apprenticeship)
 Certificate II
 Certificate I
 Other certificate
 Secondary school qualification (e.g. mature age, night school)
 Statement of attainment
 Other course (please specify)

- 22 Where did you enrol to do this study?

Note: If you are doing external study, please report the organisation you are studying with e.g. university, TAFE institute.

- University
 TAFE institute
 TAFE division of a university
 Private Provider
 Adult and Community Education Provider
 Secondary School
 Other

YOUR work situation at 25 May 2007

- 23 Did you have a job of any kind at 25 May 2007?

Note: If you had more than one job, please report for your main job, i.e. the job in which you usually worked the most hours.

Note: A job means any type of work including full-time, casual, temporary or part-time work, if it was for one hour or more over a two-week period.

- Yes, worked for payment or profit
 Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down } → Go to 24
- Yes, unpaid work in a family business
 Yes, other unpaid work } → Go to 34
 No, did not have a job

- 24 On what basis were you employed in your main job at 25 May 2007?

- Wage or salary earner
 Conducting own business - with employees
 Conducting own business - without employees
 Helper not receiving wages

- 25 Were you entitled to paid sick leave and/or paid holiday leave in your main job at 25 May 2007?

Note: If you could take paid sick and/or paid holiday leave after being employed for a certain period, for example three months, or a year, please cross the appropriate 'Yes' box.

- Yes, both
 Yes, paid sick leave only
 Yes, paid holiday leave only
 No

26 What was your occupation and what were the main tasks you usually performed in your **main** job at 25 May 2007?

Give full title e.g. *Apprentice chef, Childcare aide*

What are the main tasks or duties you usually perform in this occupation?

e.g. *Preparing food/cooking food, Typing*

27 What kind of industry, business or service was carried out by your employer/business in your **main** job at 25 May 2007?

e.g. *Steel pipe manufacturing, childcare services, fast food outlet, clothing retailing*

28 How many hours did you usually work each week in your **main** job at 25 May 2007?

- 35 hours or more per week
- 1-34 hours per week

29 How much did you usually earn (before tax or anything else is taken out) in your **main** job at 25 May 2007?

- \$1,500 or more per week (\$78,000 or more per year)
- \$1,000-\$1,499 per week (\$52,000-\$77,999 per year)
- \$700-\$999 per week (\$36,400-\$51,999 per year)
- \$500-\$699 per week (\$26,000-\$36,399 per year)
- \$300-\$499 per week (\$15,600-\$25,999 per year)
- \$160-\$299 per week (\$8,320-\$15,599 per year)
- \$80-\$159 per week (\$4,160-\$8,319 per year)
- \$1-\$79 per week (\$1-\$4,159 per year)

30 Which of the following **job-related benefits** do you feel you have received as a result of undertaking the training shown on the front of the form?

(More than one box can be crossed.)

- Got a job
- Was able to set up/expand my own business
- Change of job
- A promotion (or increased status at work)
- An increase in earnings
- Other (please specify)

None

31 How relevant is the training to your **main** job at 25 May 2007?

- Highly relevant
- Some relevance
- Very little relevance
- Not at all relevant

32 When did you commence your **main** job at 25 May 2007?

- Before I began the training
- While undertaking the training
- After I finished the training

→ Go to 35

→ Go to 33

33 How long did it take to find a job **after** undertaking the training?

- Less than one month
- One to three months
- Four to six months
- More than six months

→ Go to 35

- 34 Were you actively looking for work at 25 May 2007? (Cross one box only.)

Note: Examples of actively looking for work include: Being registered with Centrelink as a job seeker; checking or registering with any other employment agency; writing, telephoning or applying in person to an employer for work; or advertising for work.

- Yes, I looked primarily for full-time work
 Yes, I looked primarily for part-time work
 No, I did not look for work

- 35 Have you previously held a full-time job?

- Current job is first full-time job
 Previously had a full-time job
 Never had a full-time job

- 36 Which of the following **personal benefits** do you feel you have received as a result of undertaking the training shown on the front of the form?

(More than one box can be crossed.)

- Got into further study
 Advanced my skills generally
 Gained confidence
 Satisfaction of achievement
 Improved communication skills
 Made new friends
 Seen as a role model for others in the community
 Other (please specify)

- None

YOUR employment situation before your training

The questions in this section focus on your employment situation **before you undertook the training** shown on the front of the form.

- 37 Did you have a paid job at any time during the **six months before** undertaking the training shown on the front of the form?

Note: If you had more than one job, please report for your **main** job, i.e. the job in which you usually worked the most hours.

Note: A job means any kind of work including full-time, casual, temporary or part-time work, if it was for one hour or more over a two-week period.

- Yes, worked for payment or profit
 Yes, but absent on holidays, on paid leave, on strike or temporarily stood down
 Yes, unpaid work in a family business
 Yes, other unpaid work
 No, did not have a job

→ Go to 38

→ Go to 43

- 38 On what basis were you employed in your **main** job during the **six months before** undertaking the training shown on the front of the form?

- Wage or salary earner
 Conducting own business - with employees
 Conducting own business - without employees
 Helper not receiving wages

- 39 Were you entitled to paid sick leave and/or paid holiday leave in your **main** job during the **six months before** undertaking the training?

Note: If you could take paid sick and/or paid holiday leave after being employed for a certain period, for example three months, or a year, please cross the appropriate 'Yes' box.

- Yes, both
 Yes, paid sick leave only
 Yes, paid holiday leave only
 No

- 40 What was your occupation and what were the main tasks you usually performed in your **main** job during the **six months before** undertaking the training?

Please cross this box if the same as **current** occupation (as reported in 26)

→ Go to 41

Give full title e.g. *Apprentice chef, Childcare aide*

What are the main tasks or duties you usually perform in this occupation?
e.g. *Preparing food/cooking food, Typing*

- 41 What kind of industry, business or service was carried out by your employer/business in your **main** job during the **six months before** undertaking the training?

Please cross this box if the same as **current** industry (as reported in 27)

→ Go to 42

e.g. *Steel pipe manufacturing, childcare services, fast food outlet, clothing retailing*

- 42 How many hours did you usually work each week in your **main** job during the **six months before** undertaking the training?
- 35 hours or more per week
 1-34 hours per week

→ Go to 44

- 43 Were you actively looking for work during the **six months before** undertaking the training shown on the front of the form?
(Cross one box only.)

Note: Examples of actively looking for work include: *Being registered with Centrelink as a job seeker; checking or registering with any other employment agency; writing, telephoning or applying in person to an employer for work; or advertising for work.*

- Yes, I looked primarily for full-time work
 Yes, I looked primarily for part-time work
 No, I did not look for work

ABOUT you

- 44 Are you of Aboriginal or Torres Strait Islander origin?
- No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander
- 45 In which country were you born?
- Australia
 New Zealand
 United Kingdom
 China (excludes SARs and Taiwan Province)
 Viet Nam
 Philippines
 India
 Hong Kong (SAR of China)
 Korea, Republic of (South)
 Other (please specify)

- 46 Do you speak a language **other than** English at home?
- Yes → Go to 47
 No → Go to 48
- 47 How well do you speak English?
- Very well
 Well
 Not well
 Not at all

- 48 Do you consider yourself to have a disability, impairment or long-term condition?
- Yes → Go to 49
 No → Go to 50

- 49 Please indicate the areas of disability, impairment or long term condition.
(More than one box can be crossed.)
- Hearing/deaf
 Physical
 Intellectual
 Learning
 Mental illness
 Acquired brain impairment
 Vision
 Medical condition
 Other

50 What was the highest level of schooling you completed before undertaking the training shown on the front of the form?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Did not go to school

Now go to 51 

51 Did you complete any of the following qualifications before undertaking the training shown on the front of the form?

(More than one box can be crossed.)

- Bachelor degree or higher
- Advanced diploma or associate degree
- Diploma or associate diploma
- Certificate IV (or advanced certificate/technician)
- Certificate III (or trade certificate e.g. apprenticeship)
- Certificate II
- Certificate I
- Other certificate
- Certificate of competency or proficiency
- Statement of attainment
- Pre-vocational training
- Other *(please specify)*

None

YOUR suggestions for improvement

52 Do you have any suggestions for improving the training shown on the front of the form?
(Please list up to 3 suggestions)

1

2

3

53 We would appreciate if you could provide a **daytime** contact phone number in case we need to get further information from you about any of your responses. You can be assured that all names, addresses and telephone numbers will be deleted from the survey database at the end of the project.

Phone Number ()



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WHY is it done?

The survey looks at three important areas:

- Did students think the training was relevant and did it benefit them?
- Were students satisfied with the training received?
- Did employment situations change as a result of training?

HOW is the information used?

The information is used by national and state/territory bodies, along with local training providers, to ensure vocational training is of high quality and relevant to Australian workplaces.

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Facsimile: (03) 9940 7739
Email: sos@iview.com.au

Mail: Student Outcomes Survey
c/o I-view Pty Ltd
Reply Paid 83740
Hawthorn VIC 3122

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HOW TO ANSWER QUESTIONS:

- Please cross **ONE** box only like this Yes (unless otherwise requested).
- Correct mistakes like this: Yes
 No
(If you make a mistake, simply scribble it out and mark the correct answer with a cross).

- Use a ballpoint blue or black pen (do not use a felt tipped pen).
- Some boxes have 'Go to' instructions that look like **→ Go to 9**

Please follow the 'Go to' even if you miss out on some questions.

- Where exact information is not known, please give the best answer you can.
- Where a written answer is required, please write clearly in the boxes provided.

Example Q5: From the list in question 4, what was your main reason for choosing not to continue this training?

Main reason:

ABOUT your training

This section focuses on the training shown on the front of the form.

For all questions in this section, 'the training' refers to that shown on the front of the form.

1 Are you still enrolled in the training shown on the front of the form?

- Yes **→ Go to 9**
 No **→ Go to 2**

2 Are you currently enrolled in **any other training** with an Adult and Community Education Provider, TAFE institute, TAFE division of a university, or a Registered Private Provider?

- Yes
 No

3 Have you completed all the training required to gain the qualification that is awarded for the training shown on the front of the form?

- Yes **→ Go to 6**
 No **→ Go to 4**

4 Why did you decide not to continue the training? *(More than one box can be crossed.)*

ITEM CODE

Employment-related reasons

- A Changed jobs or started a new job
- B I lost my job
- C I learnt the skills I needed for my job

Training-related reasons

- D I achieved my training goals
- E I started other training
- F The training no longer related to my plans
- G The training was not what I expected
- H The training timetable was not flexible enough

Personal reasons

- I I moved
- J Illness
- K Family reasons
- L Financial reasons
- M Too many pressures on my time
- N **Any other major reason**
(Please specify)

5 From the list in Question 4, what was your **main** reason for choosing not to continue the training?

(Please write the appropriate item code in the box below.)

Main Reason

6 Which of the following describes **how** the training was delivered?

(More than one box can be crossed.)

- Personal/classroom communication with instructor(s)
- Printed materials
- Web-based resources
- Videotape, CD or DVD
- Online communication with instructor and other students
- Radio
- Television
- Video conference
- Teleconference
- Workshop practical activities
- Other

7 What was your **main** reason for doing the training?

(Cross one box only.)

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- To improve my general educational skills
- To get skills for community/voluntary work
- To increase my confidence/self-esteem
- Other reasons (please specify)

8 Did the training help you to achieve your **main** reason?

- Yes
- No
- Partly
- Don't know yet

For the following questions, we want to know what you thought about the training stated on the front of the form.

YOUR opinions on the training

- 9 How would you rate, **on average**, the following aspects of the training?
(Please cross one box for each aspect using the scale below.)

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	NOT APPLICABLE
TEACHING						
1 My instructors had a thorough knowledge of the subject content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 My instructors provided opportunities to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 My instructors treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 My instructors understood my learning needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 My instructors communicated the subject content effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 My instructors made the subject as interesting as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSESSMENT						
7 I knew how I was going to be assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 The way I was assessed was a fair test of my skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I was assessed at appropriate intervals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 I received useful feedback on my assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 The assessment was a good test of what I was taught	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENERIC SKILLS AND LEARNING EXPERIENCES						
12 My training developed my problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 My training helped me develop my ability to work as a team member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 My training improved my skills in written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 My training helped me to develop the ability to plan my own work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 As a result of my training, I feel more confident about tackling unfamiliar problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 My training has made me more confident about my ability to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 As a result of my training, I am more positive about achieving my goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 My training has helped me think about new opportunities in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall satisfaction with the training

- 10 How would you rate, **on average**, your satisfaction with the overall quality of the training?
Using the scale box below, please rate your level of agreement with the following statement:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
Overall, I was satisfied with the quality of this training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important instruction

11 Are you STILL ENROLLED in the training shown on the front of the form?

if 'Yes' → Go to 25

if 'No' → Go to 12

YOUR work situation at 25 May 2007

12 Did you have a job of any kind at 25 May 2007?

Note: If you had more than one job, please report for your **main** job, i.e. the job in which you usually worked the most hours.

Note: A job means any type of work including full-time, casual, temporary or part-time work, if it was for one hour or more over a two-week period.

- Yes, worked for payment or profit
 - Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down
 - Yes, unpaid work in a family business
 - Yes, other unpaid work
 - No, did not have a job
- Go to 13
- Go to 18

13 On what basis were you employed in your **main** job at 25 May 2007?

- Wage or salary earner
- Conducting own business - with employees
- Conducting own business - without employees
- Helper not receiving wages

14 Were you entitled to paid sick leave and/or paid holiday leave in your **main** job at 25 May 2007?

Note: If you could take paid sick and/or paid holiday leave after being employed for a certain period, for example three months, or a year, please cross the appropriate 'yes' box.

- Yes, both
- Yes, paid sick leave only
- Yes, paid holiday leave only
- No

15 How many hours did you usually work each week in your **main** job at 25 May 2007?

- 35 hours or more per week
- 1-34 hours per week

16 How relevant is the training shown on the front of the form to your **main** job at 25 May 2007?

- Highly relevant
- Some relevance
- Very little relevance
- Not at all relevant

17 Which of the following job-related benefits do you feel you have received as a result of undertaking the training shown on the front of the form?

(More than one box can be crossed.)

- Got a job
 - Was able to set up/expand my own business
 - Change of job
 - A promotion (or increased status at work)
 - An increase in earnings
 - Other (please specify)
- Go to 19

- None

18 Were you actively looking for work at 25 May 2007? (Cross one box only.)

Note: Examples of actively looking for work include: Being registered with Centrelink as a job seeker; checking or registering with any other employment agency; writing, telephoning or applying in person to an employer for work; or advertising for work.

- Yes, I looked primarily for full time work
- Yes, I looked primarily for part-time work
- No, I did not look for work

19 Which of the following **personal benefits** do you feel you have received as a result of undertaking the training shown on the front of the form? (*More than one box can be crossed.*)

- Got into further study
- Advanced my skills generally
- Gained confidence
- Satisfaction of achievement
- Improved communication skills
- Made new friends
- Seen as a role model for others in the community
- Other (please specify)

None

YOUR employment situation before your training

*The questions in this section focus on your employment situation **before you undertook the training** shown on the front of the form.*

20 Did you have a paid job at any time during the **six months before** undertaking the training shown on the front of the form?

Note: *If you had more than one job, please report for your **main** job, i.e. the job in which you usually worked the most hours.*

Note: *A job means any kind of work including full-time, casual, temporary or part-time work, if it was for one hour or more over a two-week period.*

- Yes, worked for payment or profit
- Yes, but absent on holidays, on paid leave, on strike or temporarily stood down
- Yes, unpaid work in a family business
- Yes, other unpaid work
- No, did not have a job

→ Go to 21

→ Go to 24

21 On what basis were you employed in your **main** job during the **six months before** undertaking the training shown on the front of the form?

- Wage or salary earner
- Conducting own business - with employees
- Conducting own business - without employees
- Helper not receiving wages

22 Were you entitled to paid sick leave and/or paid holiday leave in your **main** job during the **six months before** undertaking the training?

Note: *If you could take paid sick and/or paid holiday leave after being employed for a certain period, for example three months, or a year, please cross the appropriate 'yes' box.*

- Yes, both
- Yes, paid sick leave only
- Yes, paid holiday leave only
- No

23 How many hours did you usually work each week in your **main** job during the **six months before** undertaking the training?

- 35 hours or more per week
- 1-34 hours per week

→ Go to 25

24 Were you actively looking for work during the six months before undertaking the training shown on the front of the form? (*Cross one box only.*)

Note: *Examples of actively looking for work include: Being registered with Centrelink as a job seeker; checking or registering with any other employment agency; writing, telephoning or applying in person to an employer for work; or advertising for work.*

- Yes, I looked primarily for full-time work
- Yes, I looked primarily for part-time work
- No, I did not look for work

25 We would appreciate if you could provide a **daytime** contact phone number in case we need to get further information from you about any of your responses. You can be assured that all names, addresses and telephone numbers will be deleted from the survey database at the end of the project.

Phone Number ()

