

2009 Student Outcomes Survey

WHAT is it?

The 2009 Student Outcomes Survey is a survey of students who successfully completed some vocational training in Australia during 2008. The survey has been conducted annually since 1997.

WHY is it done?

The survey looks at 3 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 The Social Research Centre can be accessed from www.ncver.edu.au/sos

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. **If you do not wish to participate** please make this known by either returning the uncompleted survey form or telephoning The Social Research Centre 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.

WHO is doing it?

The National Centre for Vocational Education Research (www.ncver.edu.au), Australia's leading national vocational education and training research organisation, manages the survey. The Social Research Centre Pty Ltd, a national social research company, conducts the survey on NCVET's behalf. The Australian Government Department of Education, Employment and Workplace Relations is funding the survey.

HOW do I send the survey back?

Either complete the survey online at www.ncver.edu.au/sos or send your survey back to us in the envelope provided (no stamp required).

WANT to know more?

If you would like more information about any aspect of this survey the staff at The Social Research Centre will be happy to answer your questions. Please contact them by:

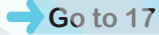
Telephone: 1800 020 676 (Freecall)
Email: sos@srcentre.com.au

Mail: Student Outcomes Survey
c/o The Social Research Centre
Reply Paid 85928
HAWTHORN VIC 3122

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 Q49: 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.

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

- Yes 
- No 

2 Are you currently enrolled in **any other training** with a TAFE institute, TAFE division of a university, Skills Institute, Polytechnic, Registered Private Provider or Adult and Community Education 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 
- No 

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 LETTER code A to N 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 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

8 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

9 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)

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

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

- 11 Did you enrol in the training because it was part of an apprenticeship or traineeship?

Yes → **Go to 12**
 No → **Go to 13**

- 12 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

- 13 Would you recommend the training you have undertaken to others?

Yes
 No

- 14 Would you recommend the institution where you undertook the training to others?

Yes
 No

Recognition of Prior Learning

At the time of enrolling, some people have experience and skills relevant to the training they will be doing.

- 15 Before you started the training, did you have experience and skills related to the training you undertook?

Yes → **Go to 16**
 No → **Go to 20**

- 16 Did the training provider assess your relevant experience and skills to see if the training could be shortened?

Yes → **Go to 17**
 No → **Go to 20**

- 17 Did the training provider shorten the training based on your relevant experience and skills?

Yes → **Go to 18**
 No → **Go to 21**

- 18 Was the training shortened based on previous study? (*More than one box can be crossed*)

Yes, based on study at university
 Yes, based on study at TAFE
 Yes, based on study at a Private Provider
 Yes, based on study at Secondary School
 Yes, based on study elsewhere
(please specify)

No

- 19 Was the training shortened based on other relevant experience and skills?
(More than one box can be crossed)

Yes, based on relevant job experience/skills
 Yes, based on relevant life experience/skills
 Yes, based on something else *(please specify)*

→ **Go to 21**

No

- 20 Did the training provider **offer** to assess your relevant experience and skills?

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

21 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

22 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

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

if 'Yes' → **Go to 48**
if 'No' → **Go to 24**

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.

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

- No
 Yes, but cancelled or withdrew
 Yes, still ongoing
 Yes, finished
- **Go to 27**
→ **Go to 25**

- 25 Which of the following **best** describes the level of the qualification you have enrolled in **since undertaking the training?** (Cross one box only)

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)

- 26 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, Skills Institute or Polytechnic
 TAFE division of a university
 Private Provider
 Adult and Community Education Provider
 Secondary School
 Other

YOUR work situation at 29th May 2009

- 27 Did you have a job of any kind at 29th May 2009?

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 28**
→ **Go to 38**

- 28 On what basis were you employed in your **main** job at 29th May 2009?

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

- 29 Were you entitled to paid sick leave and/or paid holiday leave in your **main** job at 29th May 2009?

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

30 What was your occupation and what were the main tasks you usually performed in your **main** job at 29th May 2009?

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*

31 What kind of industry, business or service was carried out by your employer/business in your **main** job at 29th May 2009?
e.g. *Steel pipe manufacturing, Childcare services, Fast food outlet, Clothing retailing*

32 How many hours did you usually work each week in your **main** job at 29th May 2009?

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

33 How much did you usually earn (before tax or anything else is taken out) in your **main** job at 29th May 2009?

- \$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)

34 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

35 How relevant is the training to your **main** job at 29th May 2009?

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

36 When did you commence your **main** job at 29th May 2009?

- Before I began the training → **Go to 39**
- While undertaking the training
- After I finished the training → **Go to 37**

37 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 39**

38 Were you actively looking for work at 29th May 2009?
(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

39 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

40 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.

41 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 42

Go to 47

42 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

43 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

- 44 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 30).

→ **Go to 45**

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*

- 45 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 31).

→ **Go to 46**

e.g. *Steel pipe manufacturing, Childcare services, Fast food outlet, Clothing retailing*

- 46 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 → **Go to 48**
 1-34 hours per week

- 47 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

- 48 Are you of Aboriginal or Torres Strait Islander origin?

No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander

- 49 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)

- 50 Do you speak a language **other than** English at home?

Yes → **Go to 51**
 No → **Go to 52**

- 51 How well do you speak English?

Very well
 Well
 Not well
 Not at all

- 52 Do you consider yourself to have a disability, impairment or long-term condition?

Yes → **Go to 53**
 No → **Go to 54**

- 53 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

54 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 55 →→→→→

55 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

56 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

57 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 ()

Sample