



Dear Student,

Thank you for your co-operation in completing this survey for us.

Please be assured that we respect your privacy and the given answers are only collected to allow the training organisation to improve the services we provide to our students.

Module:

Term:

Year:

Trainer's Name:

Strongly Disagree —————> Strongly Agree

	N/A	1	2	3	4
The trainer had an excellent knowledge of course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer explained things clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer made the course as interesting as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer gave you adequate support during the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received useful feedback on my assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessments were based on realistic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The methods of assessments used were practical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did the training organisation modify any parts of the assessment or course delivery due to your personal circumstances?

Yes

No

If YES, were you satisfied with the response?

Yes

No

Strongly Disagree —————> Strongly Agree

	N/A	1	2	3	4
I developed skills expected from this training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I developed the knowledge expected from this training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training focused on relevant skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training had a good mix of Theory and Practical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Training resources were adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training organisation staff respected my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the training organisation to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall I am satisfied with the training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you find it necessary to register a concern with the training organisation or trainer?  
If so, were you satisfied with our response?

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Which courses, if any, have you already completed at this training organisation?

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Do you intend to complete any further study at this training organisation?

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Is there any additional feedback you would like to give us?

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**International Students:**

Did you engage an Education Agent before enrolling into any of our qualifications?

- Yes  No

Did you find that information provided by your education agent about the Australian Learning Group was accurate and useful?

- Yes  No

Comments:

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