



WORKPLACE TRAINING

Cover Sheet 2015-16 (for use from 1st April 2015)

Training no. (from EARS):

ID no. (from EARS):

Q1 Lead presenter name:

Q2 On what date was the event held? Please enter in the format DD/MM/YYYY (If the event was on two or more days give the date of the first day)

Q3 Which office organised this event? Please select ONE only.

Birmingham.....	<input type="checkbox"/> 01	Fleet.....	<input type="checkbox"/> 05	Newcastle.....	<input type="checkbox"/> 09
Bristol.....	<input type="checkbox"/> 02	Glasgow.....	<input type="checkbox"/> 06	North West.....	<input type="checkbox"/> 10
Bury St Edmunds.....	<input type="checkbox"/> 03	Leeds.....	<input type="checkbox"/> 07	Nottingham.....	<input type="checkbox"/> 11
Cardiff.....	<input type="checkbox"/> 04	London.....	<input type="checkbox"/> 08		

Q4 Which training materials was this course based on? Please select ONE only.

National Intranet training materials only.....	<input type="checkbox"/> 1	National Intranet training materials with some regional and personal adjustments made to them.....	<input type="checkbox"/> 4
National Intranet training materials with some regional adjustments made to them.....	<input type="checkbox"/> 2	Regionally developed materials only.....	<input type="checkbox"/> 5
National Intranet training materials with some personal adjustments made to them.....	<input type="checkbox"/> 3	Regionally developed materials with some personal adjustments made to them.....	<input type="checkbox"/> 6
		Personally developed materials only.....	<input type="checkbox"/> 7

Q5 Did you use video arts/video clips at this training event? Yes..... ☐ 1 No..... ☐ 2

Q6 What was the MAIN TOPIC of this Workplace Training course? Please select ONE only.

Age discrimination.....	<input type="checkbox"/> 01	Flexible working, hours & holidays.....	<input type="checkbox"/> 11	Religion or Belief Discrimination....	<input type="checkbox"/> 21
Attendance/Absence Management.....	<input type="checkbox"/> 02	HR for Beginners.....	<input type="checkbox"/> 12	Sex Discrimination.....	<input type="checkbox"/> 22
Bullying and Harassment.....	<input type="checkbox"/> 03	Information and Consultation.....	<input type="checkbox"/> 13	Sexual Orientation Discrimination..	<input type="checkbox"/> 23
Change Management.....	<input type="checkbox"/> 04	Mediation Training (CIWM).....	<input type="checkbox"/> 14	Stress Management.....	<input type="checkbox"/> 24
Conflict & Mediation Training (Non-CIWM).....	<input type="checkbox"/> 05	Negotiation and Collective Bargaining.....	<input type="checkbox"/> 15	Supervision/First Line Management.....	<input type="checkbox"/> 25
Disability Discrimination.....	<input type="checkbox"/> 06	Payment & Grading Arrangements.....	<input type="checkbox"/> 16	TUPE.....	<input type="checkbox"/> 26
Discipline and Grievance.....	<input type="checkbox"/> 07	Performance Management.....	<input type="checkbox"/> 17	Working Families/Parental Rights..	<input type="checkbox"/> 27
Employment Law (General).....	<input type="checkbox"/> 08	Race Discrimination.....	<input type="checkbox"/> 18	Other (please specify).....	<input type="checkbox"/> 28
Equal Pay.....	<input type="checkbox"/> 09	Recruiting, Contracting & Employing People.....	<input type="checkbox"/> 19		
Equality and Diversity (General)	<input type="checkbox"/> 10	Redundancy.....	<input type="checkbox"/> 20		

Q7 Which of the following groups attended this event? Please tick each that applies.

a) Management..... ☐ b) Employee Representatives (including TU Reps)..... ☐

Q8 Thinking of the delegates' whole organisation, how many employees are there? Please select one only.

0-4 employees.....	<input type="checkbox"/> 1	25-49 employees.....	<input type="checkbox"/> 4	251-499 employees.....	<input type="checkbox"/> 7
5-9 employees.....	<input type="checkbox"/> 2	50-99 employees.....	<input type="checkbox"/> 5	500+ employees.....	<input type="checkbox"/> 8
10-24 employees.....	<input type="checkbox"/> 3	100-249 employees.....	<input type="checkbox"/> 6		

Q9 How many delegates attended this event? Q10 How many completed questionnaires are you returning from this event?

PLEASE COMPLETE ONE COVER SHEET FOR EACH EVENT AND ENSURE THAT ALL QUESTIONNAIRES ARE SECURELY AFFIXED/STAPLED TO THE COVER SHEET BEFORE SENDING.

FOR USE FROM 1st APRIL 2015.

RETURN ALL COMPLETED QUESTIONNAIRES TO:
EMPLOYMENT RESEARCH, 45 PORTLAND ROAD, HOVE, EAST SUSSEX, BN3 5DQ