

TRAINER USE ONLY: Event no. (from EARS):

In order to monitor the quality of events, we would be grateful if you could answer a few questions. Please would you complete this short form at the end of the event by ticking the most appropriate box, and return it to the event organiser before you leave.

Q1 To what extent do you feel this event...? Please tick ONE box for each statement.

	<i>to a large extent</i>	<i>partly</i>	<i>not at all</i>	<i>don't know</i>
a) met your learning needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) met its intended objectives	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) was relevant to your organisation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) was relevant to your job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e) represented value for money	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q2 How would you rate the event presenter(s) in terms of the following...? Please tick ONE box for each statement.

	<i>very good</i>	<i>fairly good</i>	<i>neither good nor poor</i>	<i>fairly poor</i>	<i>very poor</i>
a) presentation skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) knowledge of the subject area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) giving time for discussion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q3 How would you rate the quality of the following? Please tick ONE box for each statement.

	<i>very good</i>	<i>fairly good</i>	<i>neither good nor poor</i>	<i>fairly poor</i>	<i>very poor</i>	<i>N/A</i>
a) the information packs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) the case studies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) the visual aids	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Q4 How would you rate the venue in terms of...? Please tick ONE box for each statement.

	<i>very good</i>	<i>fairly good</i>	<i>neither good nor poor</i>	<i>fairly poor</i>	<i>very poor</i>
a) the general standard of the venue	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) access/transport to the venue	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q5 Was the time allowed for the event...? Please tick ONE box. *too long* ☐ ¹ *about right* ☐ ² *insufficient* ☐ ³

Q6 How did you find the following...? Please tick ONE box for each statement.

	<i>too easy</i>	<i>about right</i>	<i>too hard</i>
a) the course content.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
b) the language/terminology used	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

Q7 Overall, how satisfied are you with this event? Please tick ONE box.

<i>very satisfied</i>	<i>fairly satisfied</i>	<i>neither satisfied nor dissatisfied</i>	<i>fairly dissatisfied</i>	<i>very dissatisfied</i>
<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵

Q8 How could this training session have been improved? Please describe up to three improvements/changes.

Q9 Please tell us what you felt was the most useful part of the training.

Q10 How did you hear about this particular event? Please tick ALL boxes that apply.

a) Acas email/e-newsletter.....	<input type="checkbox"/>	g) Recommendation from a colleague/manager/friend etc.....	<input type="checkbox"/>
b) Acas leaflet/flyer (paper copy).....	<input type="checkbox"/>	h) Other (please specify)	
c) Acas website	<input type="checkbox"/>	<input type="checkbox"/>
d) Previous Acas event	<input type="checkbox"/>		
e) Social media (LinkedIn/Twitter/Facebook etc.)	<input type="checkbox"/>		
f) Internet search.....	<input type="checkbox"/>		

Q11 Thinking of your whole organisation, how many employees are there? Please tick ONE box.

0-4 employees.....	<input type="checkbox"/> ¹	25-49 employees.....	<input type="checkbox"/> ⁴	250-499 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		

Q12 Which subjects/issues would you like to see covered in future Acas events? Please list up to three.

We would like to know something about you to ensure that Acas' services meet the needs of all its customers. Please answer those questions you feel comfortable with. The information will be used when analysing data, but it will NOT be possible to identify any individuals. We will not share or disclose your personal information to any third parties.

Q13 Are you... *Male* ☐¹ *Female* ☐²

Q14 What was your age last birthday? Age (in years):

Q15 What is your ethnic group? Please tick ONE box.

- | | | | |
|---|--|-----------------------|---|
| White | <input type="checkbox"/> ⁰¹ English/Welsh/Scottish/
Northern Irish/British | Asian/Asian | <input type="checkbox"/> ¹² Chinese |
| | <input type="checkbox"/> ⁰² Irish | British | <input type="checkbox"/> ¹³ Any other Asian
background |
| | <input type="checkbox"/> ⁰³ Gypsy or Irish Traveller | Black/African/ | <input type="checkbox"/> ¹⁴ African |
| | <input type="checkbox"/> ⁰⁴ Any other White
background | Caribbean/ | <input type="checkbox"/> ¹⁵ Caribbean |
| Mixed/multiple
ethnic groups | <input type="checkbox"/> ⁰⁵ White and Black Caribbean | Black British | <input type="checkbox"/> ¹⁶ Any other
Black/African/Caribbean
background |
| | <input type="checkbox"/> ⁰⁶ White and Black African | Other ethnic | <input type="checkbox"/> ¹⁷ Arab |
| | <input type="checkbox"/> ⁰⁷ White and Asian | group | <input type="checkbox"/> ¹⁸ Any other ethnic group
(please write in) |
| | <input type="checkbox"/> ⁰⁸ Any other Mixed/multiple
ethnic background | | |
| Asian/Asian | <input type="checkbox"/> ⁰⁹ Indian | | |
| British | <input type="checkbox"/> ¹⁰ Pakistani | | |
| | <input type="checkbox"/> ¹¹ Bangladeshi | | |

Q16 Do you have any long-term illness, health problem or disability? By long-term, we mean that it can be expected to last for more than one year.

Yes ☐¹ No ☐²

Q17 What is your religion? Please tick ONE box only.

- | | | |
|---|---|---|
| <i>No religion</i> <input type="checkbox"/> ¹ | <i>Buddhist</i> <input type="checkbox"/> ³ | <i>Sikh</i> <input type="checkbox"/> ⁷ |
| <i>Christian (including CofE,
Catholic, Protestant and
all other Christian
denominations)</i> <input type="checkbox"/> ² | <i>Hindu</i> <input type="checkbox"/> ⁴ | <i>Any other (write in)</i> |
| | <i>Jewish</i> <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁸ |
| | <i>Muslim</i> <input type="checkbox"/> ⁶ | |

Q18 Which of the following options best describes how you think of yourself?

Please tick ONE box only.

- | | | |
|---|---|--|
| <i>Heterosexual or Straight</i> <input type="checkbox"/> ¹ | <i>Bisexual</i> <input type="checkbox"/> ³ | <i>Prefer not to say</i> <input type="checkbox"/> ⁵ |
| <i>Gay or Lesbian</i> <input type="checkbox"/> ² | <i>Other</i> <input type="checkbox"/> ⁴ | |

Thank you very much for taking the time to complete this questionnaire. We are always seeking to improve our training. If you have any further suggestions then please e-mail: events@acas.org.uk
This questionnaire is designed and administered by Employment Research Ltd (Reg. no. 4567226) on behalf of Acas