**Learner Feedback Survey (Telephone)**

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| **Learner Name** |  |
| **Programme** |  |
| **Date of Course** |  |
| **Contact Tel. No.** |  |

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| **WWW - Tell me about your course of study at AVCT? Please describe your experience of the course.**  |

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| **EBI - How could we improve your learning experience?** |

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| **What are you doing now?** |

**What are you future plans and what is your progression preference?**

A-Higher level course E-Another training course

B-Further Education course F-Employment

C-Higher Education (University) course G-Voluntary

D-Apprenticeship or Traineeship H-Become involved in my community

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| A | B | C | D | E | F | G | H |
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| Is there anything we can do to support your future development? |

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| **How did you hear about the course at AVCT?** |

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| Is there anything else you would like to say? |

Completed By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_