

Community Learning Feedback Form 2019 - 20

We would really appreciate if you could complete this enrolment form. Your comments are really valued. They will be used to monitor the impact of the training being delivered to support you, ensure that everyone can access the training and that the training meets local community need. It is also necessary to collect this information so we can provide evidence to our funders. Without this evidence we would not receive continued funding support from the Greater London Authority. Thank you.

LEARNER Feedback Form Bronze Age Easter Workshop (To be completed when learner programme ends)					
Learning actual end date <i>*mandatory</i>					
Completion status <i>*mandatory</i>					
2 – Learner has completed the activity		<input checked="" type="checkbox"/>	3 – Learner has withdrawn from activities		
Withdrawal Reason – only complete if completion status is 3					
2 – Transferred to another provider			3 – Injury/illness		
44 – Other personal reasons			46 – Exclusion		
7 – Transferred between providers due to intervention by/with written agreement of the ESFA			41 – Transferred to another provider to undertake learning that meets a specific strategy		
47 – Transferred to another provider due to merger			97 - Other		
			43 – Financial reasons		
			98 – Reason not known		
			40 – Transferred to a new learning aim with the same provider		
			(Please specify)		
Outcome Indicator <i>*mandatory</i>					
1 - Achieved		<input checked="" type="checkbox"/>	2 – Partial achievement		
			3 – No achievement		

Learning Feedback – Taster/Short Course/Online Family Workshop				
Did you enjoy this course?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Why did you choose this course? <i>Please Note below</i>	
Did the course meet your expectations?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If the course did not meet your expectations. How could it be improved? <i>Please Note below</i>	
Did you complete the course		Yes <input type="checkbox"/> No <input type="checkbox"/>	What are you going to do next? <i>Please Note below</i>	
Please indicate your overall satisfaction with the course by ticking the below				
1 = Not satisfied		2 = Partially satisfied		3 = Satisfied
4 – Very satisfied		5 = Excellent		

ADDITIONAL LEARNER FEEDBACK			
What was the reason/s for you attending the course?			
To promote any well being		To support my children/s learning	
To learn a new skill		Looking to gain skills to go to work	
Wanted to build on existing knowledge		To gain skills for volunteering	
How would you describe your experience of this training?			

It was inspiring	<input type="checkbox"/>	The course was too advanced	<input type="checkbox"/>
I did not learn anything new	<input type="checkbox"/>	It was boring	<input type="checkbox"/>
It was enjoyable	<input type="checkbox"/>	I found it difficult to keep up	<input type="checkbox"/>
The course was pitched at the right level for me	<input type="checkbox"/>	The course was too long	<input type="checkbox"/>
It was difficult	<input type="checkbox"/>	The course was too short	<input type="checkbox"/>
I could have used this time for other things	<input type="checkbox"/>	I learnt a lot	<input type="checkbox"/>
I am pleased I came	<input type="checkbox"/>	The course was just right	<input type="checkbox"/>

If you did not complete the course why not?			
I moved to a new provider	<input type="checkbox"/>	I suffered an injury or illness	<input type="checkbox"/>
I had a change in my personal circumstances	<input type="checkbox"/>	I started work	<input type="checkbox"/>
Other: Please state			

What did you get out of attending the course/activity?			
Improved my confidence & self-esteem	<input type="checkbox"/>	Enabled me to be more involved in the community	<input type="checkbox"/>
Gave me a new interest/hobby	<input type="checkbox"/>	Kept me active & involved	<input type="checkbox"/>
Helped me to make new friends	<input type="checkbox"/>	A qualification	<input type="checkbox"/>
Other: Please state			

Now that you have finished the course/activity what are you going to do next?			
Part time employment	<input type="checkbox"/>	Found voluntary work	<input type="checkbox"/>
Building on existing knowledge	<input type="checkbox"/>	Wanting to learn a new skill	<input type="checkbox"/>
Full time employment	<input type="checkbox"/>	Full time education or training	<input type="checkbox"/>
Enjoying retirement	<input type="checkbox"/>	Continuing existing programme of learning	<input type="checkbox"/>
Entered further education	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>
Providing family support	<input type="checkbox"/>	Looking for part time work	<input type="checkbox"/>
Entered higher education	<input type="checkbox"/>	Looking for Full time work	<input type="checkbox"/>
Taking a break from learning	<input type="checkbox"/>	Other: please state below	<input type="checkbox"/>

Learner's Signature:

Please tick to confirm that the tutor has informed you about the Prevent Duty and about British Values. - ✓

Please tick to confirm that the tutor has provided you with the Community Learning flyer - ✓

This form will be given to Richmond Community Learning, 100 Falcon Road, SW11 2LH

If you have any questions or concerns with completing this enrolment form, please speak to your tutor or contact the Richmond Community Learning Team on 0208 871 7677 or email hugh.dale@richmondandwandsworth.gov.uk

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The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You can agree to be contacted for other purposes by ticking any of the following boxes:

- About courses or learning opportunities.
- For surveys and research.
- By post.
- By phone
- By e-mail.

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