

Feedback Form

Version 2.0



SECTION ONE – INSTRUCTION

Feedback is critical for quality management and continuous improvement for Beleco Academy's business practices with a significant emphasis on delivering quality training and assessment outcomes for its students. This form is multidimensional in providing a means to provide unsolicited or solicited feedback generally or specifically in relation to evaluation of delivery of training.

To lodge the form, please email work@belecoacademy.com

SECTION TWO – CONTACT INFORMATION

2.1	Please select the options that best identifies your relationship with Beleco Academy:				
	<input type="checkbox"/> Student If selected, please proceed to section 2.3 of this form.	<input type="checkbox"/> Parent/ Guardian	<input type="checkbox"/> Employer	<input type="checkbox"/> Beleco Academy staff member	<input type="checkbox"/> Other (please specify): Click or tap here to enter text.
	If selected, please proceed to section 2.2 and skip section 2.3 of this form.				

2.2	Please provide your contact details. These contact details may be used by Beleco Academy to correspond with you regarding this matter:				
	Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms / Miss	<input type="checkbox"/> Other
	Family name	Click or tap here to enter text.			
	Given names	Click or tap here to enter text.			
	Email address	Click or tap here to enter text.			
	Postal address (including postcode)	Click or tap here to enter text.			
Contact details	Home Phone Number: Click or tap here to enter text. Mobile Phone Number: Click or tap here to enter text. Work Phone Number: Click or tap here to enter text.				

2.3	Student number	Click or tap here to enter text.
	Student full name	Click or tap here to enter text.
	Enrolled Training Product (course/qualification)	Click or tap here to enter text.

SECTION THREE – UTILISATION OF THIS FORM

3.1	Please tick the appropriate option:	General feedback: If selected, please proceed to section 4 of this form.		Training evaluation feedback: If selected, please proceed to section 5 and skip section 3 of this form.	
		<input type="checkbox"/> Self-nominated	<input type="checkbox"/> Requested by Beleco Academy	<input type="checkbox"/> Self-nominated	<input type="checkbox"/> Requested by Beleco Academy
3.2	Date	Click or tap here to enter text.			

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SECTION FOUR – GENERAL FEEDBACK

4.1	Your feedback is in response to:	<input type="checkbox"/> Training and Assessment Resources <input type="checkbox"/> A particular Beleco Academy representative <input type="checkbox"/> Training facilities / amenities <input type="checkbox"/> <u>Other Reason (please specify):</u> Click or tap here to enter text.
4.2	Please detail your feedback and provide recommendation where possible.	Click or tap here to enter text.

SECTION FIVE – TRAINING EVALUATION FEEDBACK

5.1	Trainer	Click or tap here to enter text.
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Please select the option for each of questions below that best depicts your recent learning experience with us:

5.2	Marketing & Pre-Enrolment Information	Comments
	How did you hear about this course?	Click or tap here to enter text.
	Was the marketing and advertising clear, accurate, and not misleading?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
	Did the information provided clearly outline: Course requirements? Duration and expectations? Costs and fees? Delivery mode? Outcomes and certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Were you given the opportunity to ask questions before enrolling?	<input type="checkbox"/> Yes <input type="checkbox"/> No What was the main questions (if any) you wished to address before enrolling into the course:

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5.3 Enrolment Process		Comments				
Was the enrolment process easy to follow?		Click or tap here to enter text.				
Were all enrolment steps explained clearly?		Click or tap here to enter text.				
Did you complete any of the following: <ul style="list-style-type: none"> • LLN assessment? • Pre-training review? • Training plan discussion? 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
Did you feel the course was suitable for your needs and skill level?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
5.4 Training Delivery & Learning Experience		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Learning objectives were made clear to you		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training was facilitated in an interactive manner that encouraged participation and shared learnings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content of the training was relevant and structured so that it was easy to follow		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training resources were effective		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer was effective, engaging, and knowledgeable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was delivered at a pace that worked for me		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivered training served me well for future assessments		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the delivery match what was described before enrolment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6 Assessment Process		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The assessment requirements clearly explained		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessment tasks fair and aligned with the training provided		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You received timely and constructive feedback		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There were reasonable adjustments offered if required		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You feel the assessment process was valid and consistent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.7 Learner Support & Wellbeing		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

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You informed about available support services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you were able to access support (academic, wellbeing, LLN, technical)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you felt supported throughout your learning journey		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.7	Outcome & Certification	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
you successfully completed the course		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There were alternative pathways or adjustments discussed to support completion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The certification process clearly explained		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.8	Overall Satisfaction & Improvement	Comment				
Overall, how satisfied are you with your experience?		<input type="checkbox"/> Very Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very Dissatisfied				
What did we do well?		Click or tap here to enter text.				
What could we improve?		Click or tap here to enter text.				
Would you recommend this RTO to others?		Click or tap here to enter text.				
Additional comments or suggestions:		Click or tap here to enter text.				

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SECTION SIX – COMPLIANCE & QUALITY INDICATORS (INTERNAL USE)

This section is to be completed by Beleco Academy staff only, delete from student or third party feedback form and file in conjunction once the form has been completed and returned to work@belecoacademy.com

6.0	Compliance & Quality Indicators	
6.1	Evidence of misleading marketing identified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2	Enrolment process gaps identified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.3	Training/assessment gaps identified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4	Support/wellbeing gaps identified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.5	Certification delays/issues identified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.6	Continuous Improvement Action Required:	Action Description: Priority (High/Medium/Low): Responsible Person: Due Date: Outcome/Closure Notes:
6.7	Declaration	
	I confirm that the information provided is accurate and reflects my experience.	Signature: Date:

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