EVALUATION FORM

sparqs

Apprentice Rep Training

PLEASE COMPLETE QUESTIONS 1-4 AT THE BEGINNING OF THE TRAINING SESSION

1. Your college ..... Today's date: .....

   Your employer .....

2. Details of your apprenticeship:

   a) Title of your apprenticeship: .....

   b) Is your apprenticeship: Full time ☐ Part time ☐ Other ☐

   c) What year of your apprenticeship are you in? ☐

3. Being an apprentice rep

   a) Have you ever been a rep before, either in the workplace, school, university or college, and if so, how many times? Where? ☐ once/twice? ☐

   b) How did you most recently become a rep?

   Elected by my fellow apprentices ☐ Selected by my tutor/boss ☐ Volunteered ☐

   Don't know ☐ Other (please specify): ☐

4. Please rate the following, by circling the number that most closely reflects your current level of understanding. (1 = do not understand and 5 = fully understand)

The role of an apprentice rep	1	2	3	4	5

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5. Did you feel able to participate fully in today's training? Yes ☐ No ☐

   If no, please say why: .....

   .....

   .....

6. What did you like about today's training session?

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   .....

7. What will you do differently as a consequence of the training today?

   .....

   .....

   .....

Please turn over

8. In terms of content and delivery, what would you change?

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9. How would you rate your trainer? Please circle.

Poor Fair Good Very Good Outstanding

10. Overall, how valuable do you consider today's sparqs training? Please indicate by circling the appropriate number.
(1 = do not understand and 5 = fully understand)

sparqs training 1 2 3 4 5

11. Would you recommend sparqs training to other apprentice reps? Yes ☐ No ☐

When you have completed this questionnaire, please return it to the sparqs Associate Trainer