

# Industry Engagement Form

## (Course Controller/Industry Employee)

**Name of Industry Employee involved in Training:**

**Mobile:**

**Email:**

**Position:**

**No. of years in industry:**

**Description of industry experience:**

This form consists of 2 sections: Part A and Part B.

Part A is to be filled in by the Course Controller and can use the information gathered in Part B.

Part B is to be filled in by the Industry Employee as listed above.

**Part: A: (To be filled in by the Course Controller)**

| <b>Industry Engagement Record</b>                                                                              |  |                                              |
|----------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|
| <b>Have you?</b>                                                                                               |  | <b>Any Changes: (If yes, please specify)</b> |
| Partnered with local employers, regional/national business, relevant industry bodies and/or enterprise RTOs?   |  |                                              |
| Involved employer nominees in industry advisory committees and/or reference groups?                            |  |                                              |
| Embedded staff within enterprises?                                                                             |  |                                              |
| Networked in an ongoing way with industry networks, peak bodies and/or employers?                              |  |                                              |
| Developed networks of relevant employers and industry representatives to participate in assessment validation? |  |                                              |
| Exchanged knowledge, staff, and/or resources with employers, networks and industry bodies?                     |  |                                              |

**Part: B: (To be filled in by the Industry Employee)**

# Industry Employee Questionnaire

You can complete this form electronically or print the form and complete with a Black or blue pen. Once you have completed the form, you can either email to [results@acas.edu.au](mailto:results@acas.edu.au) or post it to ACAS, PO Box 14, Parkwood, WA 6147. All forms are placed into a secure holding box and all is then entered on a regular schedule.

**About Your Training:**

|                                                                                                           | Strongly<br>Disagree          | Disagree                      | Agree                         | Strong<br>Agree               |
|-----------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Trainers were effective in their teaching.                                                                | ▼<br><input type="checkbox"/> | ▼<br><input type="checkbox"/> | ▼<br><input type="checkbox"/> | ▼<br><input type="checkbox"/> |
| Trainers had good knowledge and experience of the industry.                                               | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| Trainers were able to relate material to the workplace.                                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| Overall, we are satisfied with the training.                                                              | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| We would recommend the training to others.                                                                | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| Assessments were based on realistic activities.                                                           | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| The training organisation gave appropriate recognition of existing knowledge and skills.                  | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| Assessment was at an appropriate standard.                                                                | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| The training focused on relevant skills.                                                                  | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| The training prepared employees well for work.                                                            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| The training had a good mix of theory and practice.                                                       | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| We would recommend the training organisation to others.                                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| The training was an effective investment.                                                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| The training reflected current practice.                                                                  | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| <small>The training was effectively integrated into our organisation.</small>                             | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| <small>Our employees gained the skills they needed from this training.</small>                            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| <small>The training has helped our employees work with people.</small>                                    | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| <small>The training helped employees identify how to build on their current knowledge and skills.</small> | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| <small>Our employees gained the knowledge they needed from this training.</small>                         | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| <small>The training prepared our employees for the demands of work.</small>                               | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| <small>The training used up-to-date equipment, facilities and materials.</small>                          | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| <small>The training resources were appropriate for learner needs.</small>                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |



|                                                                                        |                          |                          |                          |                          |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Training resources and equipment were in good condition.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The training organisation acted on feedback from employers.                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The training organisation developed customised programs.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The way employees were assessed was a fair list of their skills and knowledge.         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The training organisation was flexible enough to meet our needs.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The training organisation dealt satisfactorily with any issues or complaints.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The training organisation provided good support for workplace training and assessment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The training organisation clearly explained what was expected from employers.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**What were the BEST ASPECTS of the training?**

**What aspects of the training were MOST IN NEED OF IMPROVEMENT?**

**Which part of this form NEEDS TO BE IMPROVED?**

**Thank you for sharing your views.**

|                   |  |              |     |
|-------------------|--|--------------|-----|
| <b>Signature:</b> |  | <b>Date:</b> | / / |
|-------------------|--|--------------|-----|