

QUESTIONNAIRE

VTCT Student Questionnaire 2010

As part of VTCT's continuous development we are looking to gather feedback from our students about their experiences of studying one of our many courses. We may want to use the information you provide us in future marketing materials, if you would prefer us not to use your answers in this way please tick this box..

Name:

College/School:

Age:

Course:

E-mail:

What did you do prior to signing up for your course?

What made you decide to choose this course?

How do you feel you have benefitted from the course so far?

What challenges have you faced and overcome since starting the course?

What support materials have you used? (textbooks, magazines websites)

Is it different to other education you have received? Is it a different style of learning?

What do you plan to do following completion?

What would you say the most positive aspects of vocational training are?

Photo attached:

yes

no

Thank you for your time in completing the questionnaire





