South Tyneside Council

Skills SOUTH TYNESIDE

Document Reference: 21019

On Programme Learner Voice

Learner Name		**Training Provider**	
What was the name of the course you are undertaking?			
When did you start the course?			
What days is the course delivered on?	M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S ☐	Details:	
Are you doing the course in centre or remotely?	Classroom ☐ Remotely ☐ Online ☐	Details:	
Have you been involved in your Personal Learning Plan and your reviews?	Yes ☐ No ☐	Details:	
Who is your tutor?			
What are your next steps when you finish the course?			
Would you recommend this course to a friend?	Yes ☐ No ☐	Details:	
Is there anything else you wish to tell us?	Yes ☐ No ☐	Details:	
Learner Voice Completed by:		**Date Learner Voice Completed:**	
Next Steps/ Actions:			

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Post Programme Learner Voice

Learner Name		**Training Provider**	
What was the name of the course you participated in?			
When did you start the course?			
What days was the course delivered on?	M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S ☐ Details:		
Were you doing the course in centre or remotely?	Classroom ☐ Remotely ☐ Online ☐ Details:		
Were you involved in your Personal Learning Plan and your reviews?	Yes ☐ No ☐ Details:		
Who was your tutor?			
What were your planned next steps when you finished the course?			
What are you currently doing now?			
Would you recommend this course to a friend?	Yes ☐ No ☐ Details:		
Is there anything else you wish to tell us?	Yes ☐ No ☐ Details:		
Learner Voice Completed by:		**Date Learner Voice Completed:**	
Next Steps/ Actions:			