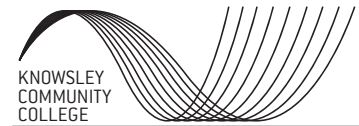


EMPLOYER SERVICES Employer Evaluation Form



Contact Name: **Designation:**

Company Name: **Date:**

Company Address:

Course Title: **Course Type:** Apprenticeship Full Cost Other

What is the nature of the contact between the employer and the College:

	Yes	No	No. of times
Have you had contact with KCC in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
You provide work experience and/or placements	<input type="checkbox"/>	<input type="checkbox"/>	
Employer has recruited learners for employment in the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>	
Staff attend college courses	<input type="checkbox"/>	<input type="checkbox"/>	
Staff attend KCC customised courses	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)			

Relationships

What is your impression of:

	Poor	Ok	Good	Very Good
Advice and guidance about the range of training available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of training on your business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The relevance of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information received about learners' progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall satisfaction with service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other comments				

Notes (eg specific comments, requests for further information, strengths or weaknesses identified by employer)

Would you recommend KCC to other organisations?

Complaint			Dissatisfied			OK		Recommend	
1	2	3	4	5	6	7	8	9	10

Have you set key performance indicators (KPI) Yes / No

If yes have you achieved the following (please tick)

KPI 1 (Profits)	Achieved	<input type="checkbox"/>	Not Achieved	<input type="checkbox"/>	Not Set	<input type="checkbox"/>
KPI 2 (Productivity)	Achieved	<input type="checkbox"/>	Not Achieved	<input type="checkbox"/>	Not Set	<input type="checkbox"/>
KPI 3 (People)	Achieved	<input type="checkbox"/>	Not Achieved	<input type="checkbox"/>	Not Set	<input type="checkbox"/>