
Identifying learning needs

Learning needs questionnaire

Name: _____

Job Title: _____

Age: 16-24 25-40
 41-59 60+

Hours of work: up to 8 hours 8-16 hours
 16-30 hours 32 + hours

Do your work hours/patterns change? yes no

How important is learning to you? important unimportant

Why would you personally want to learn?

promotion to increase confidence
 qualifications develop new skills
 enjoyment personal development
 to help children other (please specify):

Are you studying/learning at the moment ie college, evening class, open learning or training courses? yes no

If yes, what are you studying? _____

What if any of these, would prevent you from learning?

travel/location childcare commitments
 age time
 shift patterns not relevant to me
 fear of exams lack of confidence
 lack of interest other (please specify)

Do you feel you would benefit from advice and guidance about the type of learning/course to suit you? yes no

Would you use a Learning Centre? yes no

What subjects/activities would you like to see in the Learning Centre?

computer skills:

basic introduction intermediate skills advanced skills

Language courses:

French German Spanish
 Italian Sign language other, please state

Basic/Key skills:

form filling/letter writing reading/improving spelling
 arithmetic skills understanding wage slips
 basic accountancy/book-keeping verbal communications skills

Personal development:

writing a CV assertiveness
 study skills interview skills
 other, please state

business/vocational courses

customer care introduction to management
 report writing health and safety
 presentation skills stress management
 NVQs (please state subject)

Hobbies and leisure: Please state what hobbies and leisure activities you would like to see in the Learning Centre:

If you wanted to learn something new, which of the following methods would you prefer to use?

- | | |
|--|--|
| <input type="checkbox"/> books/written material | <input type="checkbox"/> audio |
| <input type="checkbox"/> computer based packages | <input type="checkbox"/> self study |
| <input type="checkbox"/> group work | <input type="checkbox"/> learning through the Internet |
| <input type="checkbox"/> video | <input type="checkbox"/> classroom environment |
| <input type="checkbox"/> other (please state) | |

At what times are you likely to use the Learning Centre?

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 8-10am | <input type="checkbox"/> 10-12am |
| <input type="checkbox"/> 12-2pm | <input type="checkbox"/> 2-4pm |
| <input type="checkbox"/> 6-8pm | <input type="checkbox"/> 8-10pm |
| <input type="checkbox"/> 10-12pm | <input type="checkbox"/> other |

What days would you want to use the Learning Centre?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Sunday | |

Thank you for completing this questionnaire. If you have any views you wish to express please attach them to this document.

Please return your questionnaire to:
