

Feed Back Form - 3

EVALUATION OF INDUSTRIAL TRAINING MODULE (ENG. FACULTY, UOM) BY TRAINING PROVIDER

Note: The idea behind this feedback is purely for systems improvement. Hence, feel free to express your honest opinion. All such feedbacks will be consolidated, reviewed and considered for appropriate changes in the next cycle; affecting a continual development. The Industrial Training Module sits on a tripod, where legs consisting of Undergraduate, Training Provider and the University. This feedback is hence very much instrumental in improving the work carried out by the University.

1. Training Provider Details

1	Company Name		7	Feedback Provider Name	
2	Corporate Office Address		8	Position	
3	Telephone		9	Contact Number	
4	Worksite / Project		10	Contact Email	
5	Address		11	No. of Trainees Managed	
6	Mobile		12	Signature and Date	

2. Preparation for Industrial Training

1	Trainee possess basic understanding of HSE aspects	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Trainee has an understanding of what to achieve	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Trainee possess working knowledge of English	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Trainee is physically & mentally fit to work at assigned site	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. During Training Period

1	"Guidelines" Manual provides adequate information to assist trainee	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2	Training inspections by University adds value	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
3	If above is answered "Yes" the ideal <u>month</u> to visit trainee would be	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	5th <input type="checkbox"/>	6th <input type="checkbox"/>
4	Can the University be a resource to your work through the trainee	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
5	The requirement for a "Structured Training Program" is appropriate	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
6	If above (5) is answered "No", please recommend an alternative way to achieve Learning Outcomes (use a separate sheet if space provided is not adequate).						

4. At the Completion

1	Do you feel the Duration of Training (24 weeks) is adequate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	If above is answered "No" please make a suggestion Weeks	
3	Were the "Learning Outcomes" achieved by the trainee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	If above (3) is answered "No", then it was due to (check all that apply):		
5	Overall Time deficiency	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Complexity of the business / organization	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Trainee Projects required more time	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Learning Outcome scope is too large	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Any other (please use a separate sheet if require)		

5. Any other feedback on the "Industrial Training Module" which is not mentioned above:

--