

Industry Engagement Tools

Industry Engagement Questionnaire

Supervisor/Employee Name:		Phone:	
Business Name:		Date:	
Course / Qualification:			
Short course/qualification description:			
Question 1		Yes	No
Do the units of competence included in the training and assessment strategy match the abilities necessary in your company/industry today?			
Comments:			
Question 2		Yes	No
Do the suggested evaluation technique and activities accurately reflect how these abilities are used at work?			
Comments:			
Question 3		Yes	No
Is the suggested learning order and delivery mechanism appropriate for your company's employees? Is it possible to make it better?			
Comments:			
Question 4		Yes	No
Is there any particular technical guidance or regulation that we should follow in order to contextualise the learning and evaluation to your industry or enterprise?			

Comments:		
Question 5	Yes	No
Are the tools and supplies specified for use in training and assessment similar with those used in industry, and do they fulfil industry standards?		
Comments:		
Question 6	Yes	No
Are there any existing industry practices that you believe should be prioritised for our trainer / assessor professional development?		
Comments:		
Industry representative acknowledgement:		
Signature: _____ Date: _____		
Identified industry feedback outcomes and follow-up actions:		
To be completed by the RTO representative		
RTO representative acknowledgement:		
Signature: _____ Date: _____		
RTO CEO acknowledgement:		
Signature: _____ Date: _____		