### Industry Engagement Questionnaire

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| **Name:** | **Phone:** |
| **Organisation Name:** | **Date:** |
| **Course / Qualification:** |
| **Short description of the course / qualification:** |
| **Question 1** | **Yes** | **No** |
| Do the units of competence incorporated in the training and assessment strategy reflect the skills needs required in your business/industry today? |[ ] [ ]
| **Comments:** |
| **Question 2** | **Yes** | **No** |
| Do the proposed assessment strategy and tasks genuinely reflect the way these skills are performed in the workplace? |  |  |
| **Comments:** |
| **Question 3** | **Yes** | **No** |
| Is the proposed learning sequence and delivery mode suitable for personnel within your workplace? Can it be improved? |  |  |
| **Comments:** |
| **Question 4** | **Yes** | **No** |
| Are there any specific technical guidelines or legislation that we should use to help contextualise the learning and assessment to your industry or enterprise? |  |  |
| **Comments:** |
| **Question 5** | **Yes** | **No** |
| Are the equipment and resources identified to be used in the delivery of the training and assessment consistent with those being used in industry and do they meet industry expectations? |  |  |
| **Comments:** |
| **Question 6** | **Yes** | **No** |
| Are there any areas of current industry practice that you consider should be the focus for our trainer / assessor professional development? |  |  |
| **Comments:** |
| **Acknowledgement by industry representative:**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| **Identified outcomes of industry feedback and follow-up actions:**To be completed by Mediation Institute representative. |
| **Acknowledgement by Mediation Institute representative:**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| **Acknowledgement by Mediation Institute Director:**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |