**Employee Apprenticeship Return on Investment Evaluation (Post-Programme)**

***CONGRATULATONS ON COMPLETING YOUR APPRENTICESHIP PROGRAMME!***

**In order to help us evaluate the effectivess of the programme and the return on investment, please save a copy of this template and complete and return it (as per the instructions at the end of the form).** **Your feedback is much appreciated and will help us grow, develop and improve the employee apprenticeship scheme.**

**Section 1: Your Details**

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Job title: | Click or tap here to enter text. |
| Team & School/Business area: | Click or tap here to enter text. |
| Apprenticeship programme you have completed: | Click or tap here to enter text. |
| Apprenticeship Training Provider: | Click or tap here to enter text. |

**Section 2: Post Programme Self Assessment of Knowledge, Skills & Behaviours**

1. **Please select which option best applies to each statement (from strongly agree to strongly disagree)**

|  |  |
| --- | --- |
| **Statement** | **Feedback Rating** |
| My knowledge has increased as a result of my apprenticeship | Choose an item. |
| My skills have increased/improved as a result of my apprenticeship | Choose an item. |
| My professional behaviours have developed as a result of my apprenticeship | Choose an item. |
| I have found completing an apprenticeship to be a valuable learning experience | Choose an item. |
| I felt fully supported by my line manager during this apprenticeship | Choose an item. |
| I felt fully supported by my apprenticeship traning provider | Choose an item. |
| I would recommend my apprenticeship traning provider | Choose an item. |
| I would recommend completing an apprenticeship to other members of staff | Choose an item. |

1. **Please provide any comments you wish to make regarding any of your answers in 2b.**

|  |
| --- |
| Click or tap here to enter text. |

**Section 3: Post Programme Feedback**

1. **What do you feel you have gained through completing your apprenticeship?**

|  |
| --- |
| Click or tap here to enter text. |

1. **Please comment on how you feel your apprenticeship has supported team, School/Department and University objectives.**

|  |
| --- |
| Click or tap here to enter text. |

1. **How did you manage your off-the-job training element within your current role and were there any challenges/barriers with regards to the off-the-job training requirement?**

|  |
| --- |
| Click or tap here to enter text. |

1. **If possible please provide (an) example(s) of where you have applied the knowledge or skills learnt during your apprenticeship programme to your work. What was the impact?**

|  |
| --- |
| Click or tap here to enter text. |

1. **Would you be prepared to consider mentoring/buddying other staff apprentices who may start this apprenticeship? Select yes or no from the pull down list options.**

|  |
| --- |
| Choose an item. |

1. **Have you any further feedback about your experience of completing an apprenticeship? Are there any aspects that you feel could be improved?**

|  |
| --- |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Date form completed** | Click or tap to enter a date. |

***Please email this completed form to Claire Cross, Employee Apprenticeships Manager, People & Culture,*** [***claire.cross@essex.ac.uk***](mailto:claire.cross@essex.ac.uk)***.***