



Candidate questionnaire

Now that you have completed your CIEH qualification we would like to ask you about your experience. This will help us to continually improve our services.

1 How would you rate your overall experience of the learning facilities (e.g. the room/s and equipment)? (circle number)

Very poor	Poor	Average	Good	Excellent
1	2	3	4	5

Do you have any further comments?

2 How would you rate your overall experience of learning with this trainer? (circle number)

Very poor	Poor	Average	Good	Excellent
1	2	3	4	5

Do you have any further comments?

3 a) Did you receive any of the following information before attending this course? (tick all that apply)

- the exact title of the qualification and the full name and contact details of the CIEH
- the course syllabus
- details of assessment and certification procedures
- details of the venue
- course start and finish times
- examination date
- a course programme with timings
- course aims and objectives
- topics and subjects covered
- details of acceptable forms of photographic identification that you must provide in order to sit the examination
- the Candidate Charter
- details of what options are available to you if you have special needs
- a map of the venue
- pre-course and course reading lists
- details of any dress code to be observed
- health and safety information.

The Candidate Charter details all of the information that you should have received and is available from www.cieh.org

b) Did you receive any pre-course information? Yes No

Do you have any further comments?

c) If no, what would have been helpful ?

- 4 **Did you receive a copy of the Centre's Equality and Diversity Policy?** Yes No
 If **yes**, do you believe that the training provider's and trainer adhered to this policy? Yes No
 If **no**, in what respect do you believe that the provider and/or trainer did not adhere to this policy?
- 5 **Did you require any adjustments to be made to enable you to take the examination or assessment?** E.g. you are dyslexic and need longer to complete the exam. Yes No
 If **yes**, was this organised to your satisfaction? Yes No
 If **no**, how could the arrangement have been improved?
- 6 **Did any unforeseen circumstances occur during your examination or assessment?** Eg the fire alarm. Yes No
 If **yes**, do you believe that appropriate action was taken to address this unforeseen circumstance? Yes No
 If **no**, what do you think should have been done?
- 7 **Were you easily able to follow the 'information for candidates' instructions on your examination or assessment paper/s?** Yes No
 If **no**, please describe which section/s should have been clearer
- 8 **Were the examination or assessment questions written in a way you easily understood?** Yes No
 If **no**, please describe why not:
- 9 **Do you think this qualification has supported your job role/met your learning objectives?** Yes No
 If **no**, please describe why not:
- 10 **Is there anything else you would like to comment on with regard to the arrangements and delivery of your course and examination/assignment?** Yes No

Your name: (optional)

Training provider's name:

Date of training:

When you have completed this questionnaire please return it FREEPOST to:

Awarding Body
 Freepost Business Reply Service License No. 6937
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