# Fitness Theory

**Student Name (If you wish to discuss this questionnaire):**

---

**Dear Student,**

Thank you for your co-operation in completing this survey for us. Please be assured that we respect your privacy and the given answers are only collected to allow the training organisation to improve the services we provide to our students.

**Qualification:**

**Term:**

**Teacher’s Name:**

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1</td>
</tr>
</tbody>
</table>

The trainer had an excellent knowledge of course content

The trainer explained things clearly

The trainer made the course as interesting as possible

The trainer gave you adequate support during the course

I received useful feedback on my assessments

Assessments were based on realistic activities

The methods of assessments used were practical

---

**Did the training organisation modify any parts of the assessment or course delivery due to your personal circumstances?**

☑ Yes  ☐ No

If YES, were you satisfied with the response?

☑ Yes  ☐ No

---

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1</td>
</tr>
</tbody>
</table>

I developed skills expected from this training

I developed the knowledge expected from this training

The training focused on relevant skills

The training resources were adequate

The training had a good mix of Theory and Practical

Training organisation staff respected my needs

I would recommend the training organisation to others

Overall I am satisfied with the training
Did you find it necessary to register a concern with the training organisation or trainer? If so, what was the concern and were you satisfied with our response?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Which courses, if any, have you already completed at this training organisation?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you intend to complete any further study at this training organisation? Why or why not?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is there any additional feedback you would like to give us?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

International Students:
Did you engage an Education Agent before enrolling into any of our qualifications?

☐ Yes ☐ No

Did you find that information provided by your education agent about the Australian Learning Group was accurate and useful?

☐ Yes ☐ No

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Thank you for your feedback.