



Understanding Offsite: Site Management Course

Date: _____

Name: _____ Company: _____

1. Will you be using your attendance on this course for CPD purposes? (Please circle) Yes No
If yes please provide details of professional body or employer who you are undertaking CPD for?

2. Before this course, how would you have rated your level of knowledge of the offsite sector?

1. Very low knowledge	2	3	4	5	6	7	8	9	10. Very good knowledge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Following this course, how would you rate your current level of knowledge of the offsite sector?

1. Very low knowledge	2	3	4	5	6	7	8	9	10. Very good knowledge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Before this course, how would you have rated your confidence in your ability to communicate about what the offsite sector is and how it works?

1. No confidence in ability	2	3	4	5	6	7	8	9	10. Complete confidence in ability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Following this course, how would you rate your confidence now in your ability to communicate about what the offsite construction sector is and how it works?

1. No confidence in ability	2	3	4	5	6	7	8	9	10. Complete confidence in ability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Before this course, how would you have rated your confidence in your ability to communicate about what the skills and techniques needed to work in the offsite sector are?

1. No confidence in ability	2	3	4	5	6	7	8	9	10. Complete confidence in ability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Following this course, how would you rate your confidence now in your ability to communicate what the skills and techniques needed to work in the offsite sector are?

1. No confidence in ability	2	3	4	5	6	7	8	9	10. Complete confidence in ability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. I have a better understanding of how to identify offsite opportunities in my business:

I Strongly Agree	I Agree	I Am Not Sure	I Disagree	I Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. I am aware of and understand the perceived barriers to offsite innovation:





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Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. I can see the value of working with suppliers and clients to use offsite as part of my job:

Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. As a result of today's event how likely are you to implement the training into your business?

Very likely	Likely	Unsure	Not likely	Definitely not
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How relevant did you find the training to your needs?

Very relevant	Mostly relevant	Unsure	Mostly irrelevant	Not relevant at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How would you rate the quality of the workshop?

	Excellent	Good	Satisfactory	Poor	Very Poor
Overall Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Did the workshop meet your expectations?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If not, why? How could we improve?

15. How did you hear about today's event?

Twitter	Email marketing	Website	Colleague	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How did you travel here today?

Walked/cycled	Car	Car share Number in car	Bus	Train	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. How far did you travel today? *Your best estimate, please include return journey* : _____ miles

If you would rather we didn't use your comments for marketing purposes, please tick this box ☐

