

UP Skills for Work learner survey



Your answers on this survey will help us understand where we're making a difference and how we can do better. Answer only the questions you're comfortable with. We'll keep all of your answers private.

1. Which UP Skills for Work workshop did you take?

- Accountability
- Adaptability
- Attitude
- Communication
- Confidence
- Creativity and Innovation
- Digital
- Introduction
- Motivation
- Numeracy
- Presentation
- Problem Solving
- Reading
- Stress Management
- Collaboration
- Time Management
- Writing
- Other: _____

2. What organization did you take this workshop with?

3. Circle a number to show how satisfied you were with the workshop (1=Not satisfied, 5= Very satisfied):

Not Satisfied			Very Satisfied	
1	2	3	4	5

4. Would you recommend this workshop to others?

- Yes
- No
- Maybe
- Don't know

5. Circle a number to show how much you agree with the following statements
(1=Disagree to 5=Agree):

	Disagree			Agree	
This workshop helped me feel good about my skills.	1	2	3	4	5
Because of this workshop, I feel more confident about my workplace skills.	1	2	3	4	5
Because of this workshop, I know where I can go to learn more about building my workplace skills.	1	2	3	4	5
Because of this workshop, I plan to learn more about building my workplace skills.	1	2	3	4	5

6. What are the three most important or useful things you learned in this workshop?

1. _____
2. _____
3. _____

7. What was your favourite thing about this workshop?

8. How can we make this workshop better?

9. In a few months, ABC would like to send you another survey to see what parts of the workshop stick with you. If you want to get another survey in a few months, write your name and email below. As a thank you for doing the second survey, we will send a \$50 e-gift card to your email address.

Name: _____

Email: _____

Have you already answered questions 10-16 in another workshop? You can stop here. Thank you!

10. Which province or territory do you live in?

- | | |
|--|--|
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Nova Scotia |
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Prince Edward Island |
| <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Northwest Territories |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Nunavut |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> Yukon Territory |
| <input type="checkbox"/> Quebec | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Newfoundland and Labrador | |

11. Your age:

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Under 21 | <input type="checkbox"/> 41 to 50 |
| <input type="checkbox"/> 21 to 30 | <input type="checkbox"/> 51 to 60 |
| <input type="checkbox"/> 31 to 40 | <input type="checkbox"/> Over 60 |

12. Your gender identity:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Man | <input type="checkbox"/> Two-Spirit |
| <input type="checkbox"/> Woman | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer not to say |

13. Your first language:

- English
- French
- Indigenous language: _____
- Other: _____

14. Check all the groups that you identify as a member of:

- Member of a visible minority group in Canada (non-white)
- Newcomer to Canada
- Refugee
- First Nations living on-reserve
- First Nations living off-reserve
- First Nations living in urban community (non-affiliated)
- Inuit
- Métis
- Person with a disability
- Prefer not to say
- Other: _____

15. What is your highest level of education?

- Elementary or junior high school
- High school
- CEGEP (Quebec)
- College
- University
- Prefer not to say

16. Are you employed right now?

- Yes
- No, and I'm not looking for work
- No, but I'm looking for work
- Prefer not to say

17. How many *UP Skills for Work* workshops are you taking?

