APPENDIX I

DURBAN METROPOLITAN LIBRARY

Questionnaire to evaluate the staff’s perception of current training and development offered by DML

This survey is being carried out to provide feedback from staff on the current training that is offered and to identify areas that need improvement. Immediate changes are not guaranteed but the results will be handed to management to assist in their decision-making.
You may remain anonymous if you wish.

PART A

1. Name of course attended :
.............................................................................................................

2. Name of respondent :
.............................................................................................................

3. Designation : .................................................................................................

4. Branch /Department .....................................................................................

5. Length of service : .......years ......months.

6. Age group : (please circle the relevant letter) :
   a.  20-30
   b.  30-40
   c.  40-50
   d.  50-60
   e.  Other (please specify) ............

PART B

7. Were the objectives clearly stated at the outset?
.................................................................................................

8. Were they achieved?
.................................................................................................

9. a) Are internal or external presenters better equipped to handle these sessions?
.................................................................................................
.................................................................................................
b) Give a reason for your answer.
....................................................................................................................................
....................................................................................................................................
....................................................................................................................................

10. Give your opinion of the relevance (or otherwise) of this course.
....................................................................................................................................
....................................................................................................................................
....................................................................................................................................

11. Please assess the following:

<table>
<thead>
<tr>
<th></th>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course content</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials used (if any)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audience participation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Your suggestions for future training courses would be welcomed:
....................................................................................................................................
....................................................................................................................................
....................................................................................................................................

THANK YOU FOR YOUR CO-OPERATION
TRAINING COMMITTEE