

## Regional Learning Committee Learning Survey 2008

Please fill this form in and return it to your union Representative.

All information will be treated in the strictest confidence and will help the union ensure we provide a better service for you the membership.

Please mark with an X

YES NO

Are you a member of the CWU?							
Would you be interested in finding out what benefits the union can offer you?							
Are you aware of the cwu life long learning project?							
Have you ever received any information in relation to the cwu life long learning project?							
Do you have access to a computer in the work place?							
Do you have access to a computer at home?							
Do you have any formal qualifications? Please mark with an X							
Degree	A-level	GCSE	City & Guilds	NVQ	Other		
Are you currently engaged in any learning?							
If not do you intend to return to study in the future?							
Would you be interested in work place learning?							
Would you be interested in tutor-based courses?							
Would you be interested in open learning (internet based learning)?							
Would you be interested in studying with the Open University							
Would you be interested in leisure courses? Please mark with an X							
Arts & craft	Dancing	Music	Photography	Languages	Other		
Would you be interested in learning with family and friends in the				Work place	Outside venue		
Do you have a Disability?				Yes	No		
Do you require additional support to engage in learning.				Yes	No		

		YES	NO
Are there any barriers that might prevent you from accessing learning?			
Caring responsibilities			
Family			
Financial			
Lack of Time			
Other please state.			

What age group would you fall into?

16-25		25-35		35-45		45-55		55+	
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Please indicate your gender

Male		Female	
Full Time		Less than Time	

Do you consider your self to be?

Do consider yourself to be? Please mark with an X					
White	Black	Indian	Pakistani	Bangladeshi	Other please state

Do you consider yourself to be from?

The Catholic Community	
The Protestant Community	
Other Please State	

Name	
Place of work	
E-mail address	
Contact/mobile number	

**Please take your time to fill out this form, as it will help the union better serve your needs and communicate more effectively with you the membership.**

**Thank you,**