

STUDENT FEEDBACK FORM

Name of Module Taken _____ Moderator _____

Student's Name: _____

Address: _____

Contact Number/s : _____ Email address: _____

Date of Birth: _____ Gender: Male Female
Month *Date* *Year*

	Poor	Fair	Good	Very good
How would you rate the teaching method?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the group discussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the course materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the course presentations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the moderator overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the moderator's knowledge of the content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did the moderator make the material interesting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did the moderator utilize group discussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the moderator's style?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How appropriate are the facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall how would you rate the teaching/ learning process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend others to attend this institution? Yes No

Any other comments.....



STUDENT COMPLAINT FORM – Part 1

Before making a formal complaint, students should first read the Student Grievance Policy available in the Students' Handbook.

Students should attempt, in the first instance, to resolve a concern by using a direct informal approach to the individual concerned wherever possible.

All student complaints are to follow the procedure as described in the Grievance policy. Completed student complaint forms are to be sent to the Head, Education Management Committee, in a sealed envelope marked "Student Complaint, Confidential."

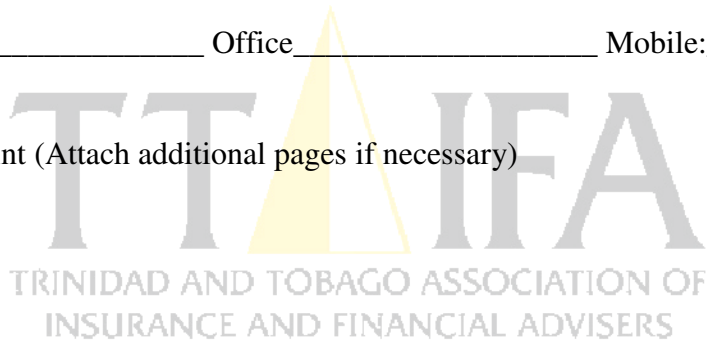
Name: _____

Student ID: **TT**_____

Address: _____

Telephone: Home _____ Office _____ Mobile: _____

Describe your complaint (Attach additional pages if necessary)



What steps have you taken to resolve your complaint?

What is your desired outcome?

Student signature _____ Date: _____

Official Use only:

Date received:

File number:

Date submitted for Investigation:



STUDENT COMPLAINT FORM – Part 2

OUTCOME OF INVESTIGATION (Attach additional report if necessary):

Signed _____

Date _____

Administrative Mgr or Person Assigned

CORRECTIVE ACTION PROPOSED:



Signed _____

Date _____

General Manager

STATUS OF CORRECTIVE ACTION: Completed Closed Date _____

Incomplete Open Date _____

If open, expected date of closure _____

Date of final resolution _____

Signed _____
Admin Manager

Signed _____
Student

Date _____

Date _____



GRADUATE TRACER FORM

Name of Certificate _____ Date of Completion _____

Student's Name _____

Address _____

Contact Number _____ Email address _____

Date of Birth _____ Gender Male Female

Month Date Year

Where are you currently employed in the Financial field? _____

What have been your major accomplishments since completing our programme?

What was the most useful aspect of your TTAIFA certification?

What else can our Institution do to help you in your career development?

Based on your experience in the field what areas of Financial Advice are not currently covered in our programme?

Please provide a brief biography of yourself since completing our programme?



STAKEHOLDER SATISFICATION QUESTIONNAIRE - Employers

Name of Company: _____

Address: _____

Your Name _____

Your position _____

How long have you been employed with this company? _____

Telephone _____ Email address _____

How many graduates of TTAIFA do you employ? _____

Seldom Sometimes Frequently Always

Does the TTAIFA graduate demonstrate a sound knowledge of the field? Yes No

Does the TTAIFA graduate make sound judgements in the interest of the client? Yes No

Does the TTAIFA graduate use effective marketing and prospecting strategies to identify potential clients? Yes No

Does the TTAIFA graduate exhibit a high standard of professional and ethical behaviour? Yes No

Does the TTAIFA graduate exhibit a good knowledge of contemporary practices in Financial Planning? Yes No

Any additional comments



STAKEHOLDERS SATISFACTION QUESTIONNAIRE - Clients

Name _____

Address _____

Contact Number _____

Email address _____

Date of Birth _____

Gender: Male Female

Month *Date* *Year*

Seldom Sometimes Frequently Always

In your interaction with the TTAIFA graduate did the individual exhibit sound knowledge of the field? Yes No

How often did your Financial Advisor give you sound financial advice? _____

How often did you receive a follow-up visit from your financial advisor? _____

How often did you receive satisfactory service from your financial advisor? _____

Would you recommend your Financial Advisor to another person? Yes No

If not, why not? _____
