**Line Manager Apprenticeship Return on Investment Evaluation (Post-Programme)**

**In order to help us evaluate the effectivess of the apprenticeship programme and the return on investment, please save a copy of this template and complete and return it (as per the instructions at the end of the form). Your feedback will help us grow, develop and improve our employee apprenticeship scheme.**

**Section 1: Details of the Line Manager & Apprentice**

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| Name of staff apprentice: | Click or tap here to enter text. |
| Job title: | Click or tap here to enter text. |
| Team & School/Business area: | Click or tap here to enter text. |
| Name of line manager: | Click or tap here to enter text. |
| Apprenticeship programme completed by team member: | Click or tap here to enter text. |
| Apprenticeship Training Provider: | Click or tap here to enter text. |

**Section 2: Post Programme Feedback**

1. **Please select which option best applies to each statement below (from strongly agree to strongly disagree)**

|  |  |
| --- | --- |
| **Statement** | **Feedback Rating** |
| My team member’s knowledge has increased as a result of their apprenticeship | Choose an item. |
| My team member’s skills have increased/improved as a result of their apprenticeship | Choose an item. |
| My team member’s professional behaviours have developed as a result of their apprenticeship | Choose an item. |
| Completing an apprenticeship has been a valuable learning experience for my team member | Choose an item. |
| I have been kept updated by the training provider about my team member’s apprenticeship progress  | Choose an item. |
| I would recommend the apprenticeship programme to other members of staff | Choose an item. |
| I would recommend the apprenticeship training provider that we used | Choose an item. |

1. **Please comment on your answers in 2a (above).**

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| --- |
| Click or tap here to enter text. |

1. **What do you feel your team member has gained through completing their apprenticeship?**

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| Click or tap here to enter text. |

1. **Please comment on how you feel completion of their apprenticeship has supported individual, team, School/Department and University objectives.**

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| --- |
| Click or tap here to enter text. |

1. **How did you manage the off-the-job traning element within your team member’s current role? Were there any challenges/barriers with regards to your team member completing the off-the-job traning requirement?**

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| Click or tap here to enter text. |

1. **If possible please provide (an) example(s) of where you have seen the knowledge or skills learnt during their apprenticeship programme applied to their work. Please provide details of impact.**

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| --- |
| Click or tap here to enter text. |

1. **Have you any further feedback about your experience of a member of your team completing an apprenticeship through the University’s Employee Apprenticeship Scheme? What aspect do you feel could be improved and how?**

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| --- |
| Click or tap here to enter text. |

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| **Date form completed** | Click or tap to enter a date. |

***Please email this completed form to Claire Cross, Employee Apprenticeships Manager, People & Culture,*** ***claire.cross@essex.ac.uk******.***