

# STA Pre-Course Application Form



Please complete this form in full using BLOCK CAPITALS.

<b>Course Title</b>	
<b>Course Reference No.</b>	

<b>Title</b>		<b>Date of Birth</b>	DD/MM/YYYY
<b>First Name</b>		<b>Last Name</b>	
<b>Address</b>			
<b>Email Address</b>			
<b>Telephone Number</b>			

<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Decline to answer
<b>Ethnicity</b>	<input type="checkbox"/> White <input type="checkbox"/> Mixed/Multiple ethnic groups <input type="checkbox"/> Asian/Asian British <input type="checkbox"/> Black/African/Caribbean/Black British <input type="checkbox"/> Decline to answer

**Do you consider yourself to have a disability? If so, please indicate below all which apply.**

I do not have a disability
  Visual impairment
  Learning difficulty
  Physical disability  
 Mental ill-health
  Hearing impairment
  Other
  Decline to answer

**Do you require any reasonable adjustments to be made for you to participate in the course?**

Yes (please specify)
  No

**Do you hold any previous STA qualifications? If so, please specify these below.**

**Where did you hear about your course? Please indicate all which apply.**

On STA's website
  On your course organiser's website
  Social media  
 From a marketing email
  Word of mouth

**What is your highest level of qualification to date?**

- NVQ Level 1 / Foundation GNVQ / Basic Skills, or equivalent
- NVQ Level 2 / Intermediate GNVQ / RSA Diploma, or equivalent
- GCSE / O Level / CSE / Foundation Diploma, or equivalent
- NVQ Level 3 / Advanced GNVQ / BTEC National Diploma, or equivalent
- AS or A Level / Higher school certificate / SVQ 3, or equivalent
- NVQ Level 4 or 5 / HNC BTEC Higher Level / SVQ 4
- Degree, e.g. BSc, BA
- Higher Degree, e.g. MSc, PGCE, PhD
- Professional qualification
- Foreign qualification
- No formal qualifications

**Current Occupation** Decline to answer**Has a doctor or nurse advised you that you shouldn't currently do exercise?** Yes  
 No

If 'Yes', please obtain medical clearance before participating in any physical aspects of your course.

**Are you pregnant?** Yes  
 No

If 'Yes', you must discuss this with your course organiser, as you may need medical clearance before attending this course.

The information I have given above is correct at the time of completing this form and I will endeavour to inform the course organiser as appropriate if my circumstances change.

**Learner Signature****Date**

DD/MM/YYYY

**TO BE COMPLETED BY THE COURSE TUTOR****Has the learner's identity been confirmed?** Yes  
 No**ID Provided by Learner****Tutor Signature****Date**

DD/MM/YYYY

# STA Post-Course Feedback Form



Thank you for attending your STA course. We are always looking at ways in which we can improve by meeting the needs of our learners and employers, and to ensure that we deliver a quality product. Therefore, we would be grateful if you would please provide feedback on your experience with the course.

For the following statements, please rank your answers with 1 being 'strongly disagree' and 10 being 'strongly agree.'

**The course tutor was well informed and knowledgeable.**

1     2     3     4     5     6     7     8     9     10

**The course tutor used a variety of methods to help with my learning.**

1     2     3     4     5     6     7     8     9     10

**The course tutor acted in a professional manner at all times.**

1     2     3     4     5     6     7     8     9     10

**If you identified a disability and required reasonable adjustments to be made for you to participate in the course, your needs were met.**

1     2     3     4     5     6     7     8     9     10     N/A

**The course met my expectations.**

1     2     3     4     5     6     7     8     9     10

**The course was appropriately resourced (including learners for swimming teaching courses).**

1     2     3     4     5     6     7     8     9     10

**I was made aware of the number of course contact hours and the number of hours of own study.**

1     2     3     4     5     6     7     8     9     10

**The assessment process was explained to me, including the appeals and complaints processes.**

1     2     3     4     5     6     7     8     9     10

**If you had an external assessor, the assessor acted in a professional manner at all times.**

1     2     3     4     5     6     7     8     9     10     N/A

**The course content was appropriate to my role at present or in the future.**

1     2     3     4     5     6     7     8     9     10

**I think my course represented value for money.**

1     2     3     4     5     6     7     8     9     10

**I felt that my thoughts, values and opinions were respected during the course.**

1     2     3     4     5     6     7     8     9     10

**What were your expectations about the course prior to attending it?**

**What was the total number of hours that you spent on the course with the tutor and other learners?**

**What was the total number of hours that you spent working independently to complete the course?**

**What content on the course was particularly relevant to you?**

**What content on the course was not particularly relevant to you?**

**What content would you like to see added to the course?**

**Who funded the course?**

**Would you be happy to be contacted in the future to discuss how the course has met your long-term needs?**

Yes  
 No

The feedback I have given above has been given in an environment free from harassment or oppression and reflects my own opinion.

**Learner Signature**

**Date**

DD/MM/YYYY