

STRICTLY CONFIDENTIAL

Employer Questionnaire

1. How many pre-registration students have you employed in the past 2 years?
2. Have all of these students graduated from xxxx University / College?
Yes No (If no please list names of other training institutions)
3. Have you been satisfied with the overall quality of students you have received?
4. Have you experienced any difficulties with any of the pre-registration students you have employed? If yes please specify.
5. Were there any areas in which you consider the student lacked the necessary knowledge or skill when entering the pre-registration period? If yes, please specify.
6. Were there any areas in which you consider the student was of a higher standard than expected? If yes, please specify.
7. Were you satisfied with the level of communication and content of information you received from the College of Optometrists and / or the University during the pre-registration placement? If no, please explain why.
8. Were you satisfied with the level of support available to you as the employer and to the student during the pre-registration placement? If no, please explain why.
9. Please use this space to provide any additional comments