Form 7

Tracer Study

Office of the National Secretariat P.O. Box 809 Waigani, NCD:

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FORM 7 Post-Tracer Study

(to be completed 6 months – 1 year after training)

Id code:
Date of interview:
Name(s) of interviewer:
Name of trainee :
Name of short-course attended:
Dates of short-course attended:

1. TRAINING DATA

- 1.1 Results of final exam/practical
- Passed
- Failed
- Not completed (give reason)
- 1.2 Did you complete On the Job Training (OJT)
- Not relevant
- Yes
- No
- 1.3 If you did not complete OJT, give reasons (multiple answers can be taken into consideration)
- Couldn't find a placement
- Not admitted in the relevant skills area
- · Financial difficulties
- Pressure from family
- Lack of interest
- Lack of self confidence
- Transport problems
- Unfriendly environment (specify)
- Lack of facilities (Water/Toilet, Etc.)
- Lack of safety (specify)
- Inconvenient working hours
- Harassment at work place (specify)
- Other (specify)

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- 2.1 At the moment are you;
- Employed
- Self employed
- · Unemployed and seeking job
- · Unemployed, but not seeking job
- Other (specify)
- 2.2 In case you are employed or self-employed then mention if employed in;
- · the skills area
- some other skills area (specify)
- 2.3 Details of employment, after completing skills short-course:

Name & address of establishment	Designation	From YY/MM	To YY/MM	Reason for leaving
1.				
2.				

- 2.4 If your present job is not within your skills area, it is because:
- · You did not find a job in your skills area
- You did not wish to get a job in your skills area (in this case please mention reason)
- Low income
- Low prestige
- Other (specify)
- 2.5 On which basis are you employed?
- Permanent
- Contractual
- · Casual/Daily wages
- Seasonal
- Other (specify)
- 2.6 How long did you take you to find your first employment after completing training?
- 2.7 You obtained your present employment through;
- Training institute
- Job placement agency
- Advertisement
- Relatives/ friends
- OJT establishment
- Other (specify)

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- 3. SELF EMPLOYMENT RECORD (if self employed please answer the following questions)
- 3.1 Name of the establishment

Address

Telephone/Fax No

- 3.2 Date of starting business
- 3.3 What is the nature of your establishment?
- Sewing
- Bakery
- Hand Screen Printing
- Trade Store
- Automotive repairs
- Electrical repairs & maintenance
- Electronics repairs & maintenance
- · Computer & information technology related
- Other (Specify)
- 3.4 On what basis are you self employed
- Full time
- Part time
- Only when there are orders
- Other (specify)
- 3.5 How many employees are working in your establishment?

No. of employees (men & women)		

- 3.6 What if any, are the constraints you face in your business? (multiple answers may be given)
- None
- Lack of awareness about business (opportunities, laws, regulations)
- · Funding difficulties
- Lack of supporting infrastructure (roads, telephones)
- Lack of manpower
- Lack of confidence
- · Other (specify)

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3.7 Why did you choose self employment?

- · Unable to find wage employment
- Better financial gains
- Inheritance of family business
- Access to support services (i.e. credit,)
- Other (specify)

4. INCOME INFORMATION

- 4.1 What is your present monthly income?
- 4.2 Sources of personal income

6.1 Income earned from trained skills area

- If employed please state monthly salary
- If self employed please state approximate profit per month from your business?
- 6.1 What do you use the income earned for? Give approximate amounts when possible
- Contribute to the family income
- Use for personal needs
- Re invest in your own business
- Savings
- Other (specify)

5. UNEMPLOYMENT DATA (If you are still unemployed, please answer the following questions)

- 6.1 In your opinion what are the reasons for your unemployment
- Deficiencies in the training received
- · No demand for the trained skills area
- Not receiving expected wages
- Workplace too distant from residence
- Lack of resources to start self employment
- Lack of confidence to start self employment
- Problems related to marketing
- External factors affecting business (specify)
- Other (specify)

6. FURTHER TRAINING

- 6.1 Do you need further training
- Yes
- No

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6.2 If yes, you need further training in;

- Same skills area
- Related skills area
- Other skills area (specify) Entrepreneurship development
- Other (specify)

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CHECKLIST FOR MONITORING OFFICIALS FOR OBTAINING QUALITATIVE INFORMATION

(Please note that this part of the questionnaire is applicable only to those <u>trainees engaged in</u> the trained skills area)

- 1. Now that you are involved in the skills area what aspects of the training has been most useful to you?
- 2. What aspects would you like included in the training? Please mention aspects that are not related to the technical training. (I.e. entrepreneurship etc.)
- 3. What are the shortcomings in the training you received? Please answer based on your learning experience of practical application of training.
- 4. What are your suggestions for improving the implementation of training programmes in these sectors in future?
- 5. Any other remarks.

Notes for monitoring officials

Feel free to write all things mentioned by the trainees in the questionnaire, do not limit yourself to the choice of answers given in the questionnaire as we are interested in obtaining as much information as possible from the respondents.

When interviewing the respondents who are already engaged in the skills area make a special effort to obtain qualitative information. The checklist is only a guide and you can ask any question that you might feel is important depending on the answers given.

Make sure that you document all answers clearly so that we can use them later for our analysis.

Spend as much time as you need with each respondent in order to obtain all the required information and to complete the questionnaire.

If you feel that the sequence of the questioning is wrong feel free to change it but make to sure to get answers to all the questions in the questionnaire so that there are no gaps.