

Questionnaire for Human Resource Professionals

1. How many employees are there in your organization?
 - 1 - 10
 - 11 - 25
 - 26 - 50
 - 51 - 100
 - 101 - 200
 - 200+

2. In which economic sector(s) does your organization operate?
 - Military
 - Information
 - Artistic
 - Education
 - Industrial
 - Agricultural
 - Social service
 - Community development
 - Public service
 - Hospitality
 - Transportation
 - Mining
 - Forestry
 - Fishing
 - Political
 - Financial
 - Technology
 - Manufacturing
 - Other (_____)

3. What is the global budget of your organization?
 - 0 - \$100,000
 - \$100,000+ - \$250,000
 - \$250,000+ - \$500,000
 - \$500,000+ - \$1M
 - \$1M+ - \$5M
 - \$5M+ - \$10M
 - \$10+ - \$50M
 - \$50M+ - \$100M
 - \$100M+

4. In terms of your workers' training background,
- a) Do you hire already trained professionals for the most part?
 - Yes
 - No
 - Sometimes
 - b) Do you jointly fund training in those skill areas which more directly effect performance?
 - Yes
 - No
 - Sometimes
 - c) Do you partner with training institutions, companies, in the design and delivery of training opportunities for your workers?
 - Yes
 - No
 - Sometimes
 - d) Which human "soft" skills do any of your partnerships with these agencies involve training in?
 - Negotiating
 - Time management
 - Supervisory skills
 - Team building
 - Strategic planning
 - Stress management and wellness
 - Balancing work/life issues
 - Setting boundaries
 - Effective communication
 - Career planning
 - Workplace morale
 - Workplace culture
 - Enhancing productivity
 - Strategies for worker retention vs. downsizing
 - Intrinsic vs. extrinsic motivation
 - Effective hiring strategies
5. In general, everyone knows that "99% of all training experiences are not being implemented only six months after the training experience." What steps have you and your organization taken with your training providers to address this issue?
- Repeat the training
 - Introduce coaching for training participants
 - Re-test the participants on the specifics of the learning
 - Design training programs which include long-term reviews, adjustments, celebrate integration of new learnings into the system, rewards programs specifically for reinforcing new learnings
 - Other (Please specify) _____

6. If you could wave your magic wand, in one specific training area, and make a substantial improvement in the skill level of your workers, under what heading would that learning experience fall?
- Resolving conflict
 - More effective communication
 - Better team attitude and culture
 - More effective time management
 - More effective "buy-in" by stakeholders of company values, culture
 - More effective decision-making
 - Enhanced worker attitudes to the workplace
 - Enhanced desire by workers to learn new skills
 - More opportunity for our workers to share in research projects for workers in our sector
 - Negotiation skills
 - Leadership
 - Visionary leadership
 - Managerial skills
 - Other (Please specify) _____
7. If your magic wand also carried the "power of the purse" to implement this wish list, what would your "perfect world" budget for training look like, for the next twelve months?
- 0 - \$25,000
 - \$25,500 - \$50,000
 - \$50,500 - \$100,000
 - \$110,000 - \$250,000
 - \$260,000 - \$500,000
 - \$500,000+

8. Since The Acorn Centre would like to become your training provider of choice, we would like to invite you and your training group to meet with us, to discuss the additional details of this questionnaire, with a view to beginning the process of meeting the training/coaching/mentoring needs of your organization.

Please indicate the method of communication you would prefer, for our representatives to use in contacting you:

- E-mail
 Telephone
 Standard mail
 Fax

Please indicate the best time of day to reach you for a brief conversation to establish a time to meet face to face:

- 9:00 - 9:30 a.m.
 9:30 - 10:00 a.m.
 10:00 - 10:30 a.m.
 10:30 - 11:00 a.m.
 11:00 - 11:30 a.m.
 11:30 - 12:00 noon
 1:00 - 1:30 p.m.
 1:30 - 2:00 p.m.
 2:00 - 2:30 p.m.
 2:30 - 3:00 p.m.
 3:00 - 3:30 p.m.
 3:30 - 4:00 p.m.

Please indicate the day of the week you prefer to be contacted:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Name: _____

Title: _____

Company/Organization: _____

Mailing Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Web Address: _____