**QUESTIONNAIRE FOR TVET INSTITUTIONS**

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| The purpose of this questionnaire is to assess the capacity of your organization to provide Technical and Vocational Education and Trainings to returned migrants at the individual, and identify areas where possible support could be provided by IOM. Therefore, your honest opinion is essential. Thank you for consenting to take part in this survey and be rest assured that all responses will be kept anonymous.  |

**General Information**

**Name of Organization:**

**Name of respondent:**

**Designation of respondent within the organization:**

**Tel no:**

**Email address:**

**Date:**

1. **(a) How many people work in your organization:**

**(b) How many female** ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ **and male** \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **(a) How many departments/units do you have in organization?**

**(b) Kindly list relevant departments/units:**

1. **How many years has your organization been providing teaching and vocational education and training services?** [ ]  Under 1 year [ ] 1-3 years [ ]  4-6years [ ]  7-9 years [ ]  10 years and over
2. **Please describe your geographical location and reach:**
3. Location: please list the location of your organization (local government, LGA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Geographical reach: Please list the geographical reach of your trainings (mention the state and LGA’s of beneficiaries’ residency/origin):

A: State(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B: Local Government Area(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of trainings (curriculum, topic)** | **Duration**  | **Cost**  | **Admission criteria**  | **Is the programme certified (if yes by which organization)**  | **Is certification provided to participants (if yes, what type)**  | **No. of trainers available for this programme** | **No of participants that can be accommodated per session** |
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1. **Please provide information about the services you provide. Please fill in the table below.**
2. **How have your staff acquired their expertise? (select all that are appropriate)**
3. On the job training
4. Attending short training courses
5. Tertiary Education
6. Other:
7. **Could you provide details about the person responsible for technical and vocational education and training in your organization?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  | **Educational qualification**  | **No of years of experience in TVET sector**  | **No of years in the employment of the organization**  | **No of years responsible for TVET in the organization**  |
|  |  |  |  |  |

1. **Kindly provide a breakdown of the number of people your organization has trained in the last 1 year in the table below**

|  |  |
| --- | --- |
| Groups | Number |
| men |  |
| women |  |
| Boys (Under 18 years of age) |  |
| Girls (Under 18 years of age) |  |
| Vulnerable groups (including disabled) |  |

1. **From the list below, which group(s) are your services best tailored to their needs: (select all that are appropriate)**
2. Women
3. Men
4. Children
5. Youth
6. Elderly
7. Victims of Trafficking
8. Survivors of gender-based violence
9. Persons living with HIV/AIDS
10. People with special needs (Physical disabilities)
11. People with special needs (Mental Disabilities)
12. Returned migrants
13. Community members
14. Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. **Which challenge(s) hinders your organization from carrying out its functions effectively?**
16. **From the list below, and in order of priority, could you identify five items that will enable your organization carry out its functions effectively (especially for returned migrants)? ( 1 = the most important and 5 = least important)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility / teaching environment** | **Rating0-5** | **Machinery devices and equipment** | **Rating0-5** | **Tools** | **Rating0-5** | **Instructional materials** | **Rating0-5** |
|   |  |   |  |  |  |   |  |
|   |  |   |  |   |  |   |  |
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1. **Kindly explain how your organization mainstream’s gender issues into your training/educational curriculum:**

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**Thank you for your time**