Royal Melbourne Yacht Squadron

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Rmsta Keelboat training survey

Help Us Improve Your Training Experience!

Dear training student,

We'd love to hear your thoughts about the recent training session.

Your feedback is essential in helping us tailor future programs to better meet your needs.

The survey will only take a few minutes to complete. Thank you for sharing your insights—we value your perspective!

Wishing you a wonderful day!

Best regards,

Royal Melbourne Yacht Squadron team

1. (Required) Date of your course

____/____/_____

2. Name

3. (Required) Name of your Instructor (Tick all that apply)

- ☐ Philippe
- ☐ Luka
- ☐ Chris
- ☐ Ian
- ☐ Tom
- ☐ Dan
- ☐ Justin
- ☐ Harry
- ☐ Ross
- ☐ Other

4. (Required) 1. What sailing training course have you done ? (Tick all that apply)

- ☐ Keelboat Crewing
- ☐ Keelboat Helming
- ☐ Keelboat Skippering

- [ ] Keelboat Spinnaker
- [ ] Keelboat Racing
- [ ] Keelboat Cruising experience

5. (Required) 2. How satisfied were you with the overall quality of the sailing training course? (Please tick ONE option)

- [ ] Very satisfied
- [ ] Satisfied
- [ ] Neutral
- [ ] Dissatisfied
- [ ] Very Dissatisfied

6. (Required) 3. How would you rate the knowledge and professionalism of your instructor(s)? (Please tick ONE option)

- [ ] Excellent
- [ ] Good
- [ ] Average
- [ ] Poor
- [ ] Very poor

7. (Required) 4. Was the theory content clear, relevant, and easy to understand? (Please tick ONE option)

- [ ] Strongly agree
- [ ] Agree
- [ ] Neutral
- [ ] Disagree
- [ ] Strongly disagree

8. (Required) 5. Did the training sessions provide enough hands-on sailing practice? (Please tick ONE option)

- [ ] Yes! more than enough
- [ ] Yes! just enough
- [ ] No! not enough
- [ ] Not sure

9. (Required) 6. Did the training sessions provide enough theory? (Please tick ONE option)

- [ ] Yes! more than enough
- [ ] even too much
- [ ] Yes ! just enough
- [ ] No ! not enough

- [ ] i would like more
- [ ] Not sure

10. (Required) 7. How would you rate the dynamic of your course? (Please tick ONE option)

- [ ] Excellent
- [ ] Good
- [ ] Exciting
- [ ] Average
- [ ] Poor
- [ ] Very poor! Boring

11. (Required) 8. Do you feel more confident in your sailing skills after completing the course? (Please tick ONE option)

- [ ] Yes! definitely
- [ ] Yes! somewhat
- [ ] Not really
- [ ] Not at all

12. (Required) 9. How would you rate the presentation of your boat ? (Please tick ONE option)

- [ ] Excellent
- [ ] Very clean
- [ ] Clean overall
- [ ] Dirty
- [ ] Very dirty

13. (Required) 10. How would you rate the quality of your boat ? (Please tick ONE option)

- [ ] Fully operational
- [ ] Overall operational
- [ ] Some breakage
- [ ] Unusable

14. (Required) 11. How would you rate the quality of your sails ? (Please tick ONE option)

- [ ] New
- [ ] Good
- [ ] Old
- [ ] Very old

15. 12. What aspects of the course did you enjoy the most?

16. 13. What improvements would you suggest for future sailing training courses ?

17. (Required) 14. How likely are you to recommend this sailing course to others ? (Please circle ONE option)

N/A 0 1 2 3 4 5 6 7 8 9 10