Royal Melbourne Yacht Squadron

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Rmsta Full Day Holiday Program 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 main Instructor (Tick all that apply)

- ☐ Luka
- ☐ Ethan
- ☐ Leonard
- ☐ Ruben
- ☐ Sam
- ☐ Aristotle
- ☐ Harry
- ☐ Ross
- ☐ Tomasz
- ☐ Other

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

- ☐ Tackers 1
- ☐ Tackers 2
- ☐ Tackers 3

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- [ ] Junior 1
- [ ] Junior 2
- [ ] Junior 3

5. (Required) 2. On a scale of 1–10, how would you rate your child’s experience with our program? (Please circle ONE option)

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

6. (Required) 3. How much do you feel your child’s sailing/nautical skills improved during the program (Please tick ONE option)

- [ ] Significantly
- [ ] Moderately
- [ ] A little
- [ ] Not at all

7. (Required) 4. Did your child enjoy the afternoon activities and feel engaged throughout the program? (Please tick ONE option)

- [ ] Very exciting
- [ ] Exciting
- [ ] Neutral
- [ ] Boring
- [ ] Very boring

8. (Required) 5. How would you rate the quality and approachability of our instructors? (Poor / Fair / Good / Excellent) (Please tick ONE option)

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor

9. (Required) 6. Did you feel our safety measures and supervision were effective and appropriate? (Please tick ONE option)

- [ ] Yes! more than enough
- [ ] 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

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

11. (Required) 8.Were you kept well-informed about program updates, schedules, and your child’s progress? (Please tick ONE option)

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

12. (Required) 9. Were the facilities, boats, and equipment well-maintained and suitable for the activities? (Please tick ONE option)

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

13. (Required) 10. Do you feel the program provided good value for the cost? (Please tick ONE option)

- [ ] Very good value
- [ ] Good value
- [ ] Normal
- [ ] A bit expensive
- [ ] Too expensive

14. (Required) 11. What was your child’s favorite part of the program?

15. 12. What improvements would you suggest for future sailing training courses?

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16. (Required) 13. 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

17. (Required) Thank you for sharing your feedback, are you interested in receiving a free sailing pass? (This gives you the chance to join us on a big boat during our weekly social races, Wednesdays or Saturdays.) If yes, we'll transfer your request to our racing department.

18. (Required) If yes, to receive your free sailing pass, please submit your email address (if you're not interested, please write 'no')

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