

EXIT QUESTIONNAIRE – CONFIDENTIAL

This questionnaire is provided to all employees at the time of their departure from the (Name of school). The aim is to enable you to share with the, the school and Governing Body your employment experience and provide valuable source of information, which will be used to make the School a better place to work.

Headteacher /Member of Governing Body should complete Parts 1, 2 & 5 of this questionnaire before handing on the form to the employee.

The employee is encouraged to complete Part 3 and 4 and return it to the Headteacher/ Chair of Governors.

The comment(s) in part 3 & 4 will be treated in confidence a member of the Governing Body, if requested.

PART 1 – DETAILS OF EMPLOYEE LEAVING

Interview to be carried out by Head teacher/ Governing Body member when a member of staff is leaving

Name of Employee	
Teaching/ Support	
Job title	
School	
Head teacher	
Date of Exit interview	
Continuous start date	
Start date at school	
Last day of service with school	

PART 2 – RETURN OF WORK EQUIPMENT

To be completed by the interviewer and member of staff together

- ▶ Return of office / desk / filing cabinet keys
- ▶ Return of computer equipment / laptop / software discs etc.
- ▶ Relinquish security passwords
- ▶ Return ID card
- ▶ Return any other equipment

PART 3 – EMPLOYEE FEEDBACK

Sections 1 to 4 to be completed by employee. The information collected may be used to compile an anonymous survey of reasons for staff leaving the school.

Name of Employee	
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Section 1:

If you are taking up another job on leaving please provide details below:

Employer:		Grade:	
Post Title:		Salary:	

Section 2:

Please detail your reason(s) for leaving (please continue on separate sheet if required):

Section 3:

How would you rate the following in relation to your employment with the school?

	(Please tick as appropriate)			
	Good	Satisfactory	Unsatisfactory	Poor
Training Opportunities				
Promotional opportunities				
Management style / supervision				
Job satisfaction				
Salary				
Terms and conditions				
Working environment				
Staff facilities				

PART 4 – EQUALITIES MONITORING

Monitoring Ethnicity

Please indicate which of the following describes your ethnic origin

White

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Other Please specify below

Black or Black British

<input type="checkbox"/>	African
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Other Please specify below

Dual/Multiple Heritage

<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	Other Please specify below

Asian or Asian British

<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Other Please specify below

Chinese or other ethnic group

<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Other Please specify below

Monitoring Religion

What is your Religion?

<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	Christian	<input type="checkbox"/>	None
<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Atheist
<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Other (Please specify)		

Monitoring Disability

Do you consider yourself to have a disability as defined in the Equality Act 2010?

The Act and its subsequent amendments (2003/2005) defines disability as a physical or mental impairment, which has substantial and long-term effect on a person ability to carry out normal day to day activities.”

Yes No

If you answered 'Yes' to the above, please identify which type of disability from the options below

<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Visual
<input type="checkbox"/>	Physical	<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Learning	<input type="checkbox"/>	Other – please specify below
(e.g. Neurological)			

Monitoring Gender - Are you

Male Female Transgender

What is your sexual orientation?

<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Heterosexual
<input type="checkbox"/>	Gay Man	<input type="checkbox"/>	Lesbian

PART 5 – HEADTEACHER/GOVERNING BODY MEMBER TO COMPLETE THIS PART

SECTION 1

- | | | | |
|-------------------|--------------------------|--------------------------|--------------------------|
| Career Break | <input type="checkbox"/> | End Fixed Term Contract: | <input type="checkbox"/> |
| End Temp Contract | <input type="checkbox"/> | Resignation | <input type="checkbox"/> |
| End Temp Funding | <input type="checkbox"/> | Resignation: To Other LA | <input type="checkbox"/> |
| | | Retirement: | <input type="checkbox"/> |

SECTION 2

[Head teacher/ Governing Body Member COMMENTS]

(These should include actions and recommendations following interview, if applicable)

Signed: _____ **Date:** _____

Print Name: _____