

GIP FEEDBACK FORM

NAME: _____

OFFICE OF ASSIGNMENT: _____

DATE HIRED: _____

DATE OF SEPARATION: _____

IMMEDIATE SUPERVISOR: _____

We would appreciate if you can openly answer the following questions in relation to your experiences as a GIP beneficiary during your stay with the Agency. Your responses will be treated with confidentiality and will not form part of your personnel file.

We believe that the information is of vital importance and will assist us in analyzing the factors that will guide the Bureau in improving/enhancing its programs, policies and systems.

1. Please indicate the kind of work that was given to you at the office or agency.

- | | | |
|--|--|---|
| <input type="checkbox"/> Clerical work | <input type="checkbox"/> Administrative work | <input type="checkbox"/> Technical work |
| <input type="checkbox"/> Photocopying | <input type="checkbox"/> Coordinating with other offices | <input type="checkbox"/> Drafting communications |
| <input type="checkbox"/> Encoding | <input type="checkbox"/> Handling logistical matters | <input type="checkbox"/> Dealing with IT concerns |
| <input type="checkbox"/> Answering phone calls | <input type="checkbox"/> Data gathering | <input type="checkbox"/> Others, please specify: |
| <input type="checkbox"/> Receiving and transmitting of documents | | _____ |

2. What competencies have you acquired that you can present in your future employment?

- | | |
|---|--|
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Interpersonal skills |
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Organizational skills |
| <input type="checkbox"/> Research skills | <input type="checkbox"/> Others, please specify: |
| | _____ |

3. What had been frustrating/difficult/upsetting to you during your stay at the office or agency?

- | | |
|---|--|
| <input type="checkbox"/> Dealing with supervisors | <input type="checkbox"/> Delayed salary |
| <input type="checkbox"/> Dealing with peers | <input type="checkbox"/> Additional transportation expense |
| <input type="checkbox"/> Volume of workload | <input type="checkbox"/> Government system |
| <input type="checkbox"/> Work environment | <input type="checkbox"/> Others, please specify: |
| | _____ |

4. How did the GIP program help you in terms of personal or professional growth?

- | | |
|---|---|
| <input type="checkbox"/> Improved my communication skills | <input type="checkbox"/> Increased my knowledge in government processes |
| <input type="checkbox"/> Increased my confidence | <input type="checkbox"/> Improved my interpersonal skills |
| <input type="checkbox"/> Gave exposure in the world of work | <input type="checkbox"/> Others, please specify: |
| <input type="checkbox"/> Provided training and experience relevant to my field of study | _____ |

5. What are your immediate plans after your stint with the office or agency?

- | | |
|--|--|
| <input type="checkbox"/> Continue work in the government service | <input type="checkbox"/> Pursue further studies |
| <input type="checkbox"/> Search job in the private sector | <input type="checkbox"/> Others, please specify: |
| | _____ |

6. What are some of your expectations which the office or agency failed to address?

