

# Institute of Management Consultants & Trainers: Needs Assessment Survey

*Please take 10-15 minutes to complete the following needs assessment questionnaire as frankly as possible since your input will be used to ensure that the IMC continues to deliver high calibre services.*

## Section (I): Overall Rating

<b>1) Overall the IMC provides good member services (training courses, conferences etc...) :</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>(1=Strongly agree, 2=Agree, 3=Neutral, 4=Disagree, 5=Strongly Disagree)</i>					
<b>2) Overall how satisfied are you with the IMC's member services ?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>(1=Very satisfied, 2=Satisfied, 3=Neutral/Not sure, 4=Dissatisfied, 5=Very dissatisfied)</i>					
<b>3) Please rate the IMC's member support (Administration, Telephone Enquiries etc..) overall :</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>(1=Very satisfied, 2=Satisfied, 3=Neutral/Not sure, 4=Dissatisfied, 5=Very dissatisfied)</i>					
<b>4) Overall how satisfied are you with the IMC's member support?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>(1=Very satisfied, 2=Satisfied, 3=Neutral/Not sure, 4=Dissatisfied, 5=Very dissatisfied)</i>					
<b>5. Please rate the IMC's training courses overall:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>(1= Excellent, 2= Good, 3=Average, 4=Fair, 5=Poor)</i>					
<b>6) Overall, how satisfied are you with IMC's member training courses?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>(1=Very satisfied, 2=Satisfied, 3=Neutral/Not sure, 4=Dissatisfied, 5=Very dissatisfied)</i>					

## Section (II): Evaluation of Member Support

<b>7) How satisfied are you with the leadership provided by IMC Board of Directors &amp; Executive Committees?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>8) How satisfied are you with the member support provided by the IMC Staff?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>(1 = Very satisfied, 2 = satisfied, 3= Neutral, 4= Dissatisfied, 5= Very dissatisfied)</i>						<i>(1 = Very satisfied, 2 = satisfied, 3= Neutral, 4= Dissatisfied, 5= Very dissatisfied)</i>					
Overall Strategy & Vision						Overall Association member service					
Capable of representing the members						Helpfulness / Friendliness					
Proactive at problem solving / workarounds						Proactive at problem solving / workarounds					
Provide effective leadership of members						Provide good support to members					
Competence & Professionalism						Competence / Professionalism					
Responsiveness to member requirements						Responsiveness to member requirements					
Effectiveness of communications						Effectiveness of communications					
Technical capabilities						Technical capabilities					

<b>9) Indicate what type of contact you have ever had with the IMC</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>10) Would you like to have more or less contact with the IMC staff?</b>
<i>(Please select ALL that apply AND rate the communication methods used by the IMC (1= Excellent, 2= Good, 3=Average, 4=Fair, 5=Poor))</i>						
<input type="checkbox"/> One-to-one meeting <input type="checkbox"/> Group Meeting <input type="checkbox"/> One-to-one phone call <input type="checkbox"/> Group / Conference Call <input type="checkbox"/> Direct E-Mail <input type="checkbox"/> Mass Distribution E-Mail <input type="checkbox"/> The IMC Website <input type="checkbox"/> Face to face contact <input type="checkbox"/> Other (Please specify): _____						<input type="checkbox"/> Much less contact <input type="checkbox"/> Less contact <input type="checkbox"/> About the same amount of contact <input type="checkbox"/> More contact <input type="checkbox"/> Much more contact

<b>11) What is the main impact of the Global Economic Crisis on you / your business? (Please tick ONE)</b>	<b>12) What steps can be taken by the IMC to help alleviate the repercussions of the Global Economic Crisis?</b>
<input type="checkbox"/> Loss of revenue <input type="checkbox"/> Downsizing / Making employees redundant <input type="checkbox"/> Streamlining of costs <input type="checkbox"/> Reduction of services offered <input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Provide workshops on Small Business Management / Financial Management <input type="checkbox"/> Share Best Practices / Real Case Studies <input type="checkbox"/> Arrange Social Events for Brainstorming / Experience sharing <input type="checkbox"/> Other (Please specify) _____

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## Section (III): Detailed Evaluation of Services

<b>13) Are you an active member (i.e. paid 2009 fees) of the IMC?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>14) What is the <u>main reason</u> that attracted you to become a member of the IMC? (Tick ONE only)</b>	<b>15) What keeps you interested / involved &amp;/or committed to the IMC? (Tick ONE only)</b>	<b>16) In your opinion what causes members to leave the IMC? (Tick ONE only)</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Professional reputation</li> <li><input type="checkbox"/> Initiatives undertaken are always done professionally &amp; to a high standard</li> <li><input type="checkbox"/> Anyone joining the IMC realizes a direct return on the fees invested</li> <li><input type="checkbox"/> "Political" effectiveness of being represented by a professional body</li> <li><input type="checkbox"/> Training &amp; Development Programs</li> <li><input type="checkbox"/> Ability to become Certified</li> <li><input type="checkbox"/> Other (Please specify): _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Involvement on committees and in association offices</li> <li><input type="checkbox"/> Being kept up to date on new developments within the industry</li> <li><input type="checkbox"/> Quality of the educational and professional seminars</li> <li><input type="checkbox"/> Other (Please specify): _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No added-value</li> <li><input type="checkbox"/> Cost of membership</li> <li><input type="checkbox"/> Association politics</li> <li><input type="checkbox"/> The IMC is not responsive to member needs</li> <li><input type="checkbox"/> The IMC is unable to address member needs &amp; concerns</li> <li><input type="checkbox"/> Other (Please specify): _____</li> </ul>

<b>17) How effective is the IMC in providing the following services?</b>	1	2	3	4	5
<i>(1=Excellent 2=Good 3=Average 4=Poor 5=Very Poor)</i>					
a) Regulating & standardizing the Consulting & Training profession in Jordan.					
b) Providing internationally recognised certification of members to become (CMC's)					
c) Offering high quality training at discounted prices based on member & market needs that concentrate on issues directly linked to management consulting & training.					
d) Developing a full range of networking & partner search services with other international institutes, consultants, trainers & consulting/training firms					
e) Representing the interests of the management consultants & trainers via traditional lobbying activities in close coordination with other representative business associations.					
f) Facilitating business connections inc. the organization of consultant's missions & conferences & offering a referral service.					
g) Developing or actively supporting activities linked to strengthening social relations between management consultants and trainers in Jordan.					
h) Reductions on conferences attendance / workshops & seminar attendance fees					
i) Providing access to the Institute's library of business books					
j) Notification of all local and international business opportunities directed to IMC					

<b>18) What do you like about the IMC's member services?</b>	1	2	3	4	5
<i>(1= Excellent, 2= Good, 3=Average, 4=Fair, 5=Poor)</i>					
(a) Relevant					
(b) Professional					
(c) Value for money					

<b>19) How often does the IMC member service exceed expectations?</b>	1	2	3	4	5
<i>(1=Very frequently, 2=Frequently, 3= Not Sure, 4=Infrequently, 5=Very Infrequently)</i>					

<b>20) How likely would you be to use the IMC's member services again?</b>	1	2	3	4	5
<i>(1=Very likely 2=Likely 3=Neutral / Indifferent 4=Not Likely 5=Never)</i>					

<b>21) In your opinion, what are the IMC's <u>most valued</u> programs / services? (Tick ONE only)</b>	<b>22) Which services do you <u>actually use</u>? (Please tick ALL that apply)</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Providing cutting edge Training Courses</li> <li><input type="checkbox"/> Certification programs</li> <li><input type="checkbox"/> Networking</li> <li><input type="checkbox"/> Establishing &amp; regulating standards</li> <li><input type="checkbox"/> Providing guidance</li> <li><input type="checkbox"/> Forwarding of Consulting &amp; Training Opportunities</li> <li><input type="checkbox"/> Other (Please specify) _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Invitations to members networking events</li> <li><input type="checkbox"/> Access to the Institute's library of business books</li> <li><input type="checkbox"/> Reduction on workshops and seminars attendance fees</li> <li><input type="checkbox"/> Unlimited access to IMC-Jordan website</li> <li><input type="checkbox"/> The free IMC-Jordan bi-annual newsletter</li> <li><input type="checkbox"/> Notification of all local &amp; international business opportunities directed to IMC</li> <li><input type="checkbox"/> The Management Consultants' Directory on the IMC website</li> </ul>

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<b>23) Overall the IMC provides professional training courses</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>(1=Strongly agree, 2=Agree, 3=Neutral, 4=Disagree, 5=Strongly Disagree)</i>					
<b>24) IMC Training Courses are a good educational investment</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>(1=Strongly agree, 2=Agree, 3=Neutral, 4=Disagree, 5=Strongly Disagree)</i>					
<b>25) IMC Trainers are highly qualified</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>(1=Strongly agree, 2=Agree, 3=Neutral, 4=Disagree, 5=Strongly Disagree)</i>					
<b>26) Skills gained have had a direct &amp; positive impact on my / my business's performance</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>(1=Strongly agree, 2=Agree, 3=Neutral, 4=Disagree, 5=Strongly Disagree)</i>					

<b>27) Do you intend to become certified in any of the following within the next year? (Please tick ALL that apply)</b>	<b>If NONE then why?</b>
<input type="checkbox"/> CMC <input type="checkbox"/> CVA <input type="checkbox"/> CMP <input type="checkbox"/> None of the above <input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Not relevant to my work <input type="checkbox"/> Too much effort <input type="checkbox"/> Complicated Process <input type="checkbox"/> Not interested in further qualifications <input type="checkbox"/> Other (Please specify) _____

<b>28) Which of the IMC's existing programs and services need to be improved? How?</b>	
<i>Program / Service</i>	<i>How can it be improved?</i>

<b>29) What new programs and services should the IMC develop? Why?</b>	
<i>Program / Service</i>	<i>Why should the IMC offer this service?</i>

<b>30) Do you attend any IMC events / activities / training / committee meetings?</b>	<b>31) If YES then how many IMC activities / training / events / committee meetings have you attended over the past 12 months?</b>	<b>32) Overall, how satisfied have you been with IMC events?</b>	<b>33) How does the cost of the annual IMC membership compare with the value that you derive from it?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> >10	<input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Some what <input type="checkbox"/> Very much <input type="checkbox"/> Extremely	<input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Some what <input type="checkbox"/> Very much <input type="checkbox"/> Extremely

<b>34) How can the IMC make events more valuable to you? Please feel free to share any suggestions regarding future topics, formats, locations, speakers, duration, or any other event component that is important to you.</b>

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<b>35) To what extent have you been able to develop professional relationships with other organizations due to your IMC membership?</b>	<b>36) To what extent have these professional relationships contributed to your <u>business activities</u> e.g. by generating leads?</b>	<b>37) What would be your ONE preferred method for getting to know the other IMC members?</b>
<input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Some what <input type="checkbox"/> Very much <input type="checkbox"/> Extremely	<input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Some what <input type="checkbox"/> Very much <input type="checkbox"/> Extremely	<input type="checkbox"/> In-person networking events <input type="checkbox"/> Virtual networking events <input type="checkbox"/> IMC website <input type="checkbox"/> IMC membership directory <input type="checkbox"/> An e-newsletter <input type="checkbox"/> Social / Cultural events

<b>38) How likely would you be to <u>recommend</u> membership of the IMC to a colleague?</b> <i>(1=Very likely 2=Likely 3=Neutral/Not Choose 4=Not Likely 5=Never)</i>	1	2	3	4	5

### Section (IV) : Demographics

<b>39) How did you find out about the IMC? (Tick ONE only)</b>	<b>40) What <u>primary benefit</u> did you most hope to gain from your IMC membership? (Tick ONE only)</b>	<b>41) As best as you can estimate right now, will you renew your IMC membership next year?</b>
<input type="checkbox"/> Advertisement <input type="checkbox"/> Attendance of a course <input type="checkbox"/> Colleague recommendation <input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Professional Development <input type="checkbox"/> Personal Development <input type="checkbox"/> Networking <input type="checkbox"/> New Job Opportunity <input type="checkbox"/> Meeting potential clients <input type="checkbox"/> Other (Please specify)_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>42) How long have you been a member of the IMC?</b>	<b>43) What type of membership do you have? (Please tick)</b>		
		<b>Corporate</b>	<b>Individual</b>
<input type="checkbox"/> Not a member	Honorary Member		
<input type="checkbox"/> Less than 1 year	Fellow Member		
<input type="checkbox"/> 1-3 years	Full Member		
<input type="checkbox"/> 4-6 years	Associate Member		
<input type="checkbox"/> More than 6 years	Supporting Member		
	Potential Member		

<b>44) What is your gender?</b>	<b>45) How old are you?</b>	<b>46) What is your Highest education level?</b>	<b>47) Are you a fulltime employee?</b>	<b>48) What business sector do you work in?</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> > 60	<input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> PHD Degree <input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Financial services / Banking <input type="checkbox"/> Manufacturing <input type="checkbox"/> Services <input type="checkbox"/> Professional Services / Consultancy <input type="checkbox"/> Other (Please Specify) _____

<b>49) What is your <u>main</u> job function? (Tick ONE only)</b>	<b>50) What is your position?</b>
<input type="checkbox"/> Management <input type="checkbox"/> Consulting <input type="checkbox"/> Training <input type="checkbox"/> Administration <input type="checkbox"/> Other (Please Specify) _____	<input type="checkbox"/> Board Member <input type="checkbox"/> Senior Management (>15years experience) <input type="checkbox"/> Middle Management (7-15years experience) <input type="checkbox"/> Junior Management (<7 years experience) <input type="checkbox"/> Business Owner <input type="checkbox"/> Freelance Consultant <input type="checkbox"/> Other (Please specify)_____

<b>51) Name:</b>	<b>52) E-Mail:</b>	<b>53) Mobile #:</b>