



Making BU better for you

A questionnaire about your experiences in BU

This questionnaire is being conducted by SUBU and Bournemouth University as part of a large study to find out if there are differences in the experience for students from different backgrounds.

We would be very grateful if you could complete the questionnaire as fully as possible. All information is anonymous and no individual will be identified in the results. This study has been approved by Bournemouth University Research Ethics Committee and all responses are strictly confidential and anonymous.

Completion of this questionnaire is entirely voluntary and the findings will contribute to a larger study and will aim to improve the student experience. The combined results from this study may be published and presented by the research team.

Dr Clive Hunt (chunt@bournemouth.ac.uk) is leading this questionnaire. If you have any concerns or issues with the study, please contact Professor Gail Thomas, Head of the Centre for Excellence in Learning (gthomas@bournemouth.ac.uk)

My experience of BU

1 What is your experience of being a student at BU?

We want to find out your perceptions of university life, so thinking about your overall experience, rather than a specific unit, please rate the following questions by ticking the appropriate box.

		Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree
a	I enjoy being a student at BU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Overall, I am satisfied with my experience at BU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	So far, I have achieved the grades that I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	I feel valued in seminars and lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	I feel included in the social aspects of BU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	I feel part of my class/seminar group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	I have made good friends at BU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	I get sufficient academic support and advice with my studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	I get the right kind of personal support when I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	I get sufficient learning needs support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 What works best for you in BU?

a	1.
b	2.
c	3.

3 What changes would you make to BU?

a	1.
b	2.
c	3.

4 Who influenced you to come to university? Please tick the relevant box below.

a	Family	<input type="checkbox"/>	
b	Friends	<input type="checkbox"/>	
c	Teacher	<input type="checkbox"/>	

5 Why did you want to come to university? Please tick the relevant box below.

a	To get a good degree	<input type="checkbox"/>	
b	To build good networks for my future	<input type="checkbox"/>	
c	To get a graduate job	<input type="checkbox"/>	
d	To make friends	<input type="checkbox"/>	
e	I wanted to better myself	<input type="checkbox"/>	
f	To have a good time and enjoy myself	<input type="checkbox"/>	

About You:						
6	We want to find out whether background affects student experience. Please tell us a bit about you.					
a	What year are you in?	1 st (4/C) <input type="checkbox"/>	2 nd (5/I) <input type="checkbox"/>	Placement (P) <input type="checkbox"/>	3 rd (6/H) <input type="checkbox"/>	
b	Did either of your parents/guardians go to university?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
c	How old are you? <i>Please write your age in the box</i>					
d	Do you have an additional learning need or a disability? <i>Please refer to examples on back cover</i>	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>
e	How would you describe your ethnicity? <i>Please refer to examples on back cover and write in the box</i>					
f	What is the job of the main wage earner of your parents/guardians? <i>[Please refer to examples on back cover and enter corresponding number in box]</i>					
g	Do you have any children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>		
h	What kind of secondary school did you attend?	State <input type="checkbox"/>	Private/fee paying <input type="checkbox"/>	Please answer this question even if you are a mature student and did not come directly from school.		
i	Are you the primary carer for someone with a disability or an on-going medical need?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>		
j	Are you a Care Leaver or have you ever been in foster care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>		
k	I identify as:	Man <input type="checkbox"/>	Woman <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Trans <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
l	What was your highest qualification before coming to BU?	Access course <input type="checkbox"/>	A-level <input type="checkbox"/>	BTEC <input type="checkbox"/>	Degree <input type="checkbox"/>	Other <input type="checkbox"/>
7	When did you first think about coming to university? Please rate the following questions by ticking the appropriate box.					
		Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree
a	I always knew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	During Primary/First School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Before I did my GCSEs/Senior School Exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	During my GCSEs/Senior School Exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	When I was taking A levels/BTEC/higher school exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	After I finished school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

And finally, do you think it important that information about background is shared with appropriate people in BU to improve the student experience?

Strongly agree

Agree

Neither agree / disagree

Disagree

Strongly disagree

About You: **These examples will help you answer question 5**

<p>Examples of additional learning needs or disability</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Additional learning need: such as dyslexia, dyspraxia or AD(H)D <input type="checkbox"/> Specific learning disability: such as Down's syndrome <input type="checkbox"/> A social/communication impairment: such as Asperger's syndrome/other autistic spectrum disorder <input type="checkbox"/> A long standing illness or health condition: such as cancer, HIV, diabetes, chronic heart disease, or epilepsy <input type="checkbox"/> A mental health condition: such as depression, schizophrenia or anxiety disorder <input type="checkbox"/> A physical impairment or mobility issues: such as difficulty using arms or using a wheelchair or crutches <input type="checkbox"/> Deaf or serious hearing impairment <input type="checkbox"/> Blind or a serious visual impairment uncorrected by glasses <input type="checkbox"/> A disability, impairment or medical condition that is not listed above 	
<p>How would you describe your ethnicity?</p>	<p>Asian or Asian British:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <p>Black or Black British:</p> <ul style="list-style-type: none"> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background <p>Mixed/Multiple ethnic groups:</p> <ul style="list-style-type: none"> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed / multiple ethnic background <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed / multiple ethnic background 	<p>White:</p> <ul style="list-style-type: none"> <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> Irish <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Gypsy or Traveller <input type="checkbox"/> European <input type="checkbox"/> Any other White background <p>Other ethnic group:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group
<p>What is the job of the main wage earner of your parents?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Higher managerial and professional occupations (e.g. lawyer, doctor, company director) <input type="checkbox"/> Lower managerial and professional occupations (e.g. teacher, nurse, police officer, soldier) <input type="checkbox"/> Intermediate occupations (e.g. secretary, driving instructor, computer operator) <input type="checkbox"/> Small employers and own account workers (e.g. farmer, taxi driver, publican) <input type="checkbox"/> Lower supervisory and technical or craft occupations (e.g. plumber, train driver, butcher) <input type="checkbox"/> Semi-routine occupations (e.g. shop assistant, hairdresser, bus driver) <input type="checkbox"/> Routine occupations (e.g. waiter, cleaner, building labourer) <input type="checkbox"/> Long-Term Unemployed/Never Employed(e.g. out of employment for over 12 months) 	

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