

# Beekeeping Training Information Survey

1. **Approximately how many years have you been beekeeping?**

0 -1

2 - 4

5 - 7

8 -10

1+

2. **Did you do a beginners' course?**

Yes

No

3. **Are you aware of the BBKA's practical assessments?**

Yes

No

4. **If yes, have you taken the Basic Assessment?**

Yes

No

5. **If yes, did you find it..... tick all that apply**

Useful

Difficult

Encouraging

A confirmation of your skills

Highlighted areas to revisit or work on

6. **If no ...tick all that apply**

No time

Anxious about the format of the assessment

Fear of failure

Not sure what it entails

Too expensive

Feel I know enough/don't need it

Not kept bees for a year

7. If another reason please give it:

8. **Would you consider taking the assessment if... tick all that apply**

You had training at the association apiary

There was a video of an example assessment to watch

The fee was paid for you

You could attend a study group online

You had a mentor

9. **How do you improve your skills and knowledge at the moment?**

10. **Have you heard of the BBKA Bee Health Certificate?**

Yes

No

11. **Do you think you know enough about Pests and Diseases to keep your bees healthy?**

Yes

No

12. **How often do you attend apiary training sessions?**

Regularly

Occasionally

Never

13. **If occasionally or never please state why.**

14. **What training would you like to see offered by your association or the county?**