

## MDT-jongerenvragenlijst NL\_ENG

Registratie, T0 & T1

Note: this questionnaire is for reference only and not intended to be printed or completed on paper. For more information, please contact Verian at [mdt@veriangroup.com](mailto:mdt@veriangroup.com).

### MDT-Registratievragenlijst - ENG

1. Would you like to complete this questionnaire in Dutch, English, Arabic, Papiamentu or Spanish? *Kies je taal / لغتك اختيار الرجاء / Skohe bo idioma/ Elige tu idioma*

- Dutch (Nederlands)
- English
- Arabic (العربية)
- Papiamentu (Papiamentu)
- Spanish (Español)

2. Please note: it is not possible in this questionnaire – once you have given an answer – to return to a previous question.

If you would like to read more about the terms and conditions for participants, please click [here](#).

Select "Continue" to complete the questionnaire in English.

- Continue
- Kies een andere taal / أخرى لغة اختر / Skohe un otro idioma / Elige otro idioma

3. Please enter your project name or project number here:

\_\_\_\_\_

4. Great that you are going to participate in MDT! This form is for the participant registration of your project [xxx]

What is your name?

a. First name: \_\_\_\_\_

b. Surname prefix(es) (such as 'van' of 'de'): \_\_\_\_\_

c. Surname: \_\_\_\_\_

5. Do you have a permanent residential address?

- Yes
- No *(proceed to question 7)*
- I don't want to say *(proceed to question 7)*

6. What is your address?

a. Street name: \_\_\_\_\_

b. House number (without suffix): \_\_\_\_\_

c. House number suffix (such as 'A' of '1'): \_\_\_\_\_

d. Postcode (such as 1234AB): \_\_\_\_\_

e. Town/City: \_\_\_\_\_

7. What is your date of birth?

Please select date

8. What is your age (if no date of birth given)

Please enter age

9. We need your email address or mobile number to send you a questionnaire about your MDT. You can choose whether to provide your email address, your mobile number or both.

• Email address: \_\_\_\_\_

• Mobile number: \_\_\_\_\_

10. You are a...

- Man
- Woman
- Other

11. What is the highest education level you have achieved?

*You do not need to have obtained a degree.*

- Primary education
- Vocational training
- Special secondary education
- Vmbo b/k
- Vmbo g/t
- Mbo 1
- Mbo 2/3/4
- Havo/vwo lower years of secondary education
- Havo/vwo upper years of secondary education
- Hbo
- University education
- Don't know

12. On what date did you start your MDT?

*This is the day you actually started or will start an activity in your MDT trajectory*

Please select date

13. On what date will you complete your MDT?

*if you don't know your end date yet, you can leave this field blank and continue.*

Please select date

14. What is the postcode of the place where you carry out your MDT?

*If you don't know, you can proceed to the next question using the arrow*

Please enter postcode of your MDT

15. In which municipality are you carrying out your MDT activities?

Please enter the name of the municipality

Once your MDT ends, you will receive another short questionnaire about your experience of MDT. Select the arrow below to complete registration.

**MDT-Jongerenvragenlijst – T0 – ENG**

1. Would you like to complete this questionnaire in Dutch, English, Arabic, Papiamentu or Spanish? *Kies je taal / لغتك اختيار الرجاء / Skohe bo idioma/ Elige tu idioma*

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- English
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- Continue
- Kies een andere taal / أخرى لغة اختر / Skohe un otro idioma / / Elige otro idioma

3. For your MDT trajectory, you volunteer for the benefit of others while discovering your own talents and interests.

Research is an important component of MDT (Maatschappelijke Diensttijd). By conducting research, we gain insight into the value of MDT and understand what is going well and what could be improved. This way, we learn together how we can further improve MDT.

Anonymous reports will be made based on this survey. We ensure to keep your data safe.

Completing the survey will take approximately 3 minutes.

4. Are you volunteering at present (in addition to MDT) or have you done so in the past year? *Volunteering means doing something for someone else or for society **without being paid** for it*

- Yes, less than 1 hour a week
- Yes, 1-3 hours a week
- Yes, 3 hours or more a week
- No
- I don't know

5. Imagine that you weren't participating in an MDT trajectory. Would you be doing any volunteering in that case? Please select an answer.

- 1 No, probably not
- 2
- 3
- 4
- 5 Yes, probably

6. How did you first hear about your MDT project?

- The MDT organization asked me
- Through someone who did an MDT before
- Through a friend, acquaintance of family member
- Through my parents
- Through my college/school
- Through my job
- Through a club, organisation or society I am a member of
- Through youth work
- Through social media, like Instagram, Facebook, or X
- Through the MDT website
- Through Google
- Through an advert
- Through an event that MDT was involved in
- On the radio
- Other, please specify:  
\_\_\_\_\_

7. You are now taking part in MDT. Have you done an MDT project before?

- Yes
- No
- I don't know

8. Which of the following describes your current situation?

*Select all that apply.*

- I am in education/internship
- I have a paid part-time job: less than 12 hours a week
- I work part-time: 12-30 hours a week
- I work full-time: more than 30 hours a week
- I am doing an apprenticeship (BBL: work-based training)
- I am not employed and am looking for a job
- I am not employed and am not looking for a job
- I am on a gap year
- I am looking for a school/education
- I have left school and didn't complete it
- None of the above

9. The following questions are about you, now that you are at the start of your MDT.

- a. I think it is important to do something for others
  - Star review 1-5
  - Not applicable
- b. I feel it is important to improve my town or neighborhood
  - Star review 1-5
  - Not applicable
- c. I know how I can help others
  - Star review 1-5
  - Not applicable
- d. I enjoy meeting people who are different to me
  - Star review 1-5
  - Not applicable
- e. I know what job I would like to do in the future
  - Star review 1-5
  - Not applicable
- f. I believe that I can decide myself what happens in my life
  - Star review 1-5
  - Not applicable
- g. I am confident about the future
  - Star review 1-5
  - Not applicable

10. It was easy to complete the survey

- Star review 1-5

**MDT-Jongerenvragenlijst – T1 – ENG**

1. Would you like to complete this questionnaire in Dutch, English, Arabic, Papiamentu or Spanish? *Kies je taal / لغتك اختيار الرجاء / Skohe bo idioma/ Elige tu idioma*

- Dutch (Nederlands)
- English
- Arabic (العربية)
- Papiamentu (Papiamentu)
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2. Please note: it is not possible in this questionnaire – once you have given an answer – to return to a previous question.

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- Continue
- Kies een andere taal / أخرى لغة اختر / Skohe un otro idioma / / Elige otro idioma

3. This questionnaire is about your MDT. It takes approximately 5 minutes to fill in and is completely anonymous.

4. What did you do during your MDT?

*Select up to 3 answers.*

- Something social, e.g. helping the elderly or children
- Something creative, such as making theatre, movies or music
- Something active and practical such as sports or sprucing up something in the neighbourhood
- Pitching or executing your own idea, like an event or venture
- Carrying out research and advising organisations
- Something else, namely...

\_\_\_\_\_

5. Did you attend workshops or receive training during your MDT?

*By this, we mean someone teaching you something or practicing something with you.*

- Yes, several times
- Yes, a few times
- No

6. Did you feel you were able to practice your talents and skills during your MDT?

- Yes, always
- Yes, often
- Yes, sometimes
- Yes, very occasionally
- No

7. Was there a supervisor to help you?

- Yes, always
- Yes, sometimes
- Yes, very occasionally
- No

8. The following questions are about you, now that you are (almost) finished with your MDT.

a. I think it is important to do something for others

- Star review 1-5
- Not applicable

b. I know how I can help others

- Star review 1-5
- Not applicable

c. I enjoy meeting people who are different to me

- Star review 1-5
- Not applicable

d. I am confident about the future

- Star review 1-5
- Not applicable

e. I know what job I would like to do in the future

- Star review 1-5
- Not applicable

f. I feel that it is important to improve my town or neighbourhood

- Star review 1-5
- Not applicable

g. I believe that I can decide myself what happens in my life

- Star review 1-5
- Not applicable

9. What did MDT bring you?

a. Because of MDT I have a better understanding of what I enjoy

- Star review 1-5

b. Through MDT, I helped others

- Star review 1-5

c. Due to my MDT, I now can do new things

- Star review 1-5



- d. During MDT, I met people who can help me with my future
  - Star review 1-5
- e. Thanks to MDT, I know the things I do are important
  - Star review 1-5
- f. Because of MDT, I have a better idea of what I can do
  - Star review 1-5

10. What applies to you?

*You can select multiple answers*

- Through MDT, I found a job with the MDT project
- Through MDT, I found a job with another organisation
- Through MDT, I will partake in a training or a course
- Through MDT, I am going to volunteer on the MDT project
- Through MDT, I am going to volunteer with another organisation
- Through MDT, I found an internship with the MDT project
- Through MDT, I found an internship with another organisation
- None of these

11. Did you feel that your contribution was valued?

- 1 Not at all
- 2
- 3
- 4
- 5 Very much

The following questions are about the support you received during your MDT, about your own input, and whether you felt taken seriously.

12. Were you able to decide for yourself what you did in your MDT?

- 1: Not at all
- 2
- 3
- 4
- 5: Completely

13. How important was it to you that you could decide for yourself what you did in your MDT?

- 1: Not important at all
- 2
- 3
- 4
- 5: Very important

14. Did the supervisors make an effort to involve you in their thinking? For example, about improvements to the MDT program?
- 1: Not at all
  - 2
  - 3
  - 4
  - 5: Completely
- Not applicable
15. Suppose you or someone in your group had an idea for the program. Did you feel you could share that idea with the supervisors?
- 1: Not at all
  - 2
  - 3
  - 4
  - 5: Completely
- Not applicable
16. Did you get the feeling that the supervisors considered your ideas and the ideas of other participants important?
- 1: Not at all
  - 2
  - 3
  - 4
  - 5: Completely
- Not applicable
17. Did you feel that the supervisors were taking your ideas into account?
- 1: Not at all
  - 2
  - 3
  - 4
  - 5: Completely
- Not applicable
18. Did you feel you could trust someone during your MDT?
- Always
  - Often
  - Sometimes
  - Very occasionally
  - No
19. Did you know who to turn to if something happened that didn't feel right? For example, if there was something that didn't feel fair or safe.
- Always
  - Often
  - Sometimes
  - Very occasionally
  - No

20. During your MDT project, did you spend time with...

- a. ...people of a different age to yourself?
  - Yes
  - No
- b. ...people with a different backgrounds to yours?
  - Yes
  - No
- c. ...people with a different school level to yours?
  - Yes
  - No

21. Did MDT put too much pressure on you?

- Yes
- No

22. Were you properly supported when you experienced too much pressure during MDT?

- Yes
- No
- Don't know

23. What was good about your MDT?

- a. I developed my skills
  - Star review 1-5
  - Not applicable
- b. I learned a lot
  - Star review 1-5
  - Not applicable
- c. I felt part of a team
  - Star review 1-5
  - Not applicable
- d. I had a lot of fun
  - Star review 1-5
  - Not applicable
- e. I got a nice reward
  - Star review 1-5
  - Not applicable
- f. I was able to choose which activities I did
  - Star review 1-5
  - Not applicable

g. There was a lot of variety in the work

- Star review 1-5
- Not applicable

h. I received proper support

- Star review 1-5
- Not applicable

i. I could set my own hours

- Star review 1-5
- Not applicable

j. I knew what was expected of me

- Star review 1-5
- Not applicable

24. How would you rate your experience of MDT?

*Select a score between 0 and 10*

\_\_\_\_\_

25. How likely are you to recommend MDT to a friend?

- 1 Very unlikely
- 2
- 3 *(proceed to question 28)*
- 4 *(proceed to question 28)*
- 5 *(proceed to question 28)*
- 6 *(proceed to question 27)*
- 7 Very likely *(proceed to question 27)*

26. Why would you not recommend it?

- \_\_\_\_\_ *(proceed to question 28)*
- Don't know *(proceed to question 28)*

27. Why would you recommend it?

- \_\_\_\_\_
- Don't know

28. Do you have any tips or comments you would like to share so that we or the national MDT organization can improve MDT?

- \_\_\_\_\_
- Don't know

29. Completing the questionnaire was easy

- Star review 1-5