



CONFIDENTIAL

EMPLOYMENT SURVEY 2009 FORM A/2009

Form A - ESTABLISHMENT QUESTIONNAIRE

	<p align="center"><u>Please correct any address errors in this panel</u></p>
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FOR OFFICIAL USE	FIRM CODE	FSIC	LOCATION	TYPE ORG	NO. OF FORM B's FILLED	
	ENT. NO					
	GEO. NO					

1. Street address of this branch/location: Please **DO NOT** give us the PO Box Number:

Location Description
(building name, level number, etc)

Street name and lot number:

City/Town /Suburb/ Settlement

2. Type of Organisation [tick as applicable]

1. Individual Ownership <input type="checkbox"/>	6. Public or Statutory Body <input type="checkbox"/>
2. Partnership <input type="checkbox"/>	7. Non-Profit Organisation <input type="checkbox"/>
3. Co-operative <input type="checkbox"/>	8. Central Government <input type="checkbox"/>
4. Private Limited Company <input type="checkbox"/>	9. Local Government <input type="checkbox"/>
5. Public Limited Company <input type="checkbox"/>	10. Other [specify] <input type="checkbox"/>

3. Main activity carried out by this branch/location:



4. List in order of importance, as a source of gross income, the principal commodities produced or sold, kinds of work done, or services rendered.

1		2		3	
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5. **PAID EMPLOYMENT** - State the **total number of workers in the last pay week in June**. Please also include paid casual or paid part-timers employed at the last pay week of June.

	males	females	total		males	females	total
Wage				Salary			

6. How many **working proprietors not paid** on a regular basis in this branch/location are:

Full time-usually working 30 hours or more per week?	males	females
Part time-usually working less than 30 hours per week?	males	females

7. Please list the occupations of the working proprietors in Question 6 (if there are more than 3 working proprietors, please attach your own list).
Please ensure the occupation titles given reflect the specific duties or work performed by the working proprietors.

Office Use (Occupation Code)

8. How many **family/home workers not paid on a regular basis** in this business or enterprise are:

Full time-usually working 30 hours or more per week?	males	females
Part time-usually working less than 30 hours per week?	males	females

9. Who should we contact if we have any queries about this questionnaire?

Name: Telephone:
[please print]

Position: Fax No.

E-mail Address:

10. **DECLARATION:** I certify that the information contained herewith is correct.

Name:

Signature: Date:

Thank you for your time and effort