

Program tool no 8

BUSINESS INFORMATION COVER SHEET

Business Expansion and Retention (B.E.A.R.) Program

Business name:

Reference No:

Postal Address:

Post code:

Location address:

Telephone number:

Fax number:

E-mail address:

Person interviewed:

Position:

Volunteer visitors:

Program tool no 9

EXAMPLE OF A B.E.A.R. PROGRAM SURVEY QUESTIONNAIRE

Business Reference Number	Survey Date	Input Date

1. Is all information on the cover sheet complete and correct?

Yes No (if no make the necessary corrections)

2. Describe the main activities of your business?

3. Which of the following categories best describes your business activities (please tick appropriate boxes)?

- | | | | |
|--|--------------------------|-----------------------|--------------------------|
| agriculture, forestry, fishing, hunting | <input type="checkbox"/> | communications | <input type="checkbox"/> |
| manufacturing | <input type="checkbox"/> | community service | <input type="checkbox"/> |
| finance, property, business services | <input type="checkbox"/> | wholesale and retail | <input type="checkbox"/> |
| building and construction | <input type="checkbox"/> | transport and storage | <input type="checkbox"/> |
| recreation, hospitality, tourism,
personal and other services | <input type="checkbox"/> | | |

4. Is your business locally owned?

Yes

No

If not locally owned, is your business?

State company branch

National company branch

International company branch

Other (please explain)

5. Which of the following categories applies to your business?

Sole trader

Partnership

Company

Cooperative

6. How long has your business been operating in this community:

Less than 1 year

2 to 5 years

6 to 10 years

Longer than 10 years

7. What are the major products or services offered by your business and what percentage of your sales comes from each area? (just a guesstimate)

	Major Product or service	Percentage sales	Current market (local, regional, state, national, international)
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

8. What is special or unique about your products or services (Community Volunteer Interviewer please take detailed notes here)

9. How many people do you employ (including yourself, directors and partners)?

	Total	Male	Female
Number full time	_____	_____	_____
Number part time	_____	_____	_____
Number casual/contractor	_____	_____	_____
TOTAL	_____	_____	_____

10. Over the next two years, do you expect any change in the number of people you employ?

Increase employees

Decrease employees (tick one box)

No change

Could you explain your choice:

11. What do you perceive as being the main **advantages** of running a business in our community? (Please tick up to five (5) advantages)

- | | | | |
|--|--------------------------|---------------------------------------|--------------------------|
| Local customer loyalty | <input type="checkbox"/> | Close to key markets | <input type="checkbox"/> |
| Quality & supply of local labour | <input type="checkbox"/> | Reliable transport & freight services | <input type="checkbox"/> |
| Employee housing available | <input type="checkbox"/> | Close to markets | <input type="checkbox"/> |
| Positive image of the community | <input type="checkbox"/> | Quality of life the area has to offer | <input type="checkbox"/> |
| Reliable support businesses and other local services | <input type="checkbox"/> | Good car parking | <input type="checkbox"/> |
| Communication networks | <input type="checkbox"/> | Low crime rates | <input type="checkbox"/> |

Other Advantages:

12. What do you perceive as the main **disadvantages** of operating a business in our community (Please tick up to five (5) disadvantages)

- | | | | |
|----------------------------------|--------------------------|--|--------------------------|
| Time/distance from other markets | <input type="checkbox"/> | Lack of local support & loyalty | <input type="checkbox"/> |
| Time/distance from suppliers | <input type="checkbox"/> | Poor service of other local businesses | <input type="checkbox"/> |
| Transport costs | <input type="checkbox"/> | Slow growth of local market | <input type="checkbox"/> |
| Negative image of the community | <input type="checkbox"/> | Small size of local market | <input type="checkbox"/> |
| Quality of infrastructure | <input type="checkbox"/> | Lack of employee housing | <input type="checkbox"/> |
| Crime rate | <input type="checkbox"/> | Lack of support by Council | <input type="checkbox"/> |
| Shortage of skilled labour | <input type="checkbox"/> | Planning restrictions | <input type="checkbox"/> |
| Road networks | <input type="checkbox"/> | Poor car parking | <input type="checkbox"/> |
| Communication costs | <input type="checkbox"/> | Cost of rates and services | <input type="checkbox"/> |

Other Disadvantages:

13. How would you rate the outlook for your business over the next 12 months?

- | | | | |
|-----------|--------------------------|------------|--------------------------|
| very good | <input type="checkbox"/> | poor | <input type="checkbox"/> |
| good | <input type="checkbox"/> | very poor | <input type="checkbox"/> |
| fair | <input type="checkbox"/> | don't know | <input type="checkbox"/> |

Please explain your choice:

14. What are the major constraints to expanding your business? (Please tick up to four (4) reasons)

- | | | | |
|--|--------------------------|--|--------------------------|
| Availability of finance | <input type="checkbox"/> | Small size of local market | <input type="checkbox"/> |
| Limited product range | <input type="checkbox"/> | Lack of space | <input type="checkbox"/> |
| Market share is too small | <input type="checkbox"/> | Too much competition | <input type="checkbox"/> |
| Franchise restrictions | <input type="checkbox"/> | Too few customers | <input type="checkbox"/> |
| Lack of skilled employees | <input type="checkbox"/> | Federal government attitudes & practices | <input type="checkbox"/> |
| Achieving recognised quality standards | <input type="checkbox"/> | State government attitudes & practices | <input type="checkbox"/> |
| Uncertainty of customer loyalty | <input type="checkbox"/> | Local government attitudes & practices | <input type="checkbox"/> |
| Cost of raw materials | <input type="checkbox"/> | Small catchment area | <input type="checkbox"/> |

Other Constraints:

15. Do you expect the sales for your products/services to increase, stay the same or decrease over the next 3 years?

- | | | | |
|----------|--------------------------|----------------|--------------------------|
| Increase | <input type="checkbox"/> | Stay the same | <input type="checkbox"/> |
| Decrease | <input type="checkbox"/> | (tick one box) | |

Please explain your choice:

16. Who are your main competitors?

17. Would you say that your competitors are:

Losing ground to you

Making significant inroads on your market share

No impact either way

A future threat

Can you explain your choice more fully?

18. What do you consider to be useful in helping your business improve its performance over the next 12 months? (tick whichever apply)

Improved management skills Improved labour relations

Improved staff skills Better industry information

More staff New products

Reduced staff information on
Incentive schemes for staff Greater community support

New machinery/equipment

Other factors:

22. Are there any industries/businesses/services which you think could be successfully relocated to this area?

23. If you were to take on any new staff in the future, what skills would you be looking for? (tick which ever apply)

- | | | | |
|---------------------------|--------------------------|----------------------------|--------------------------|
| Research skills | <input type="checkbox"/> | Data entry skills | <input type="checkbox"/> |
| Word processing skills | <input type="checkbox"/> | Spreadsheet skills | <input type="checkbox"/> |
| Typing/clerical skills | <input type="checkbox"/> | Engineering skills | <input type="checkbox"/> |
| Strategic skills | <input type="checkbox"/> | Business management skills | <input type="checkbox"/> |
| Finance management skills | <input type="checkbox"/> | Design/graphic skills | <input type="checkbox"/> |
| Interpersonal skills | <input type="checkbox"/> | Marketing skills | <input type="checkbox"/> |
| Negotiation skills | <input type="checkbox"/> | Customer service skills | <input type="checkbox"/> |
| Public relations skills | <input type="checkbox"/> | | |

Technical skills (describe)

Trade skills (describe)

Others (describe)

24. If you were to take on new staff in the future, what occupations would you be looking for? (tick which ever apply)

- | | | | |
|--|--------------------------|----------------------------------|--------------------------|
| Manager/administrator | <input type="checkbox"/> | Plant/machine operator or driver | <input type="checkbox"/> |
| Professional | <input type="checkbox"/> | Labourer/farm hand | <input type="checkbox"/> |
| Para-professionals
i.e. technicians | <input type="checkbox"/> | Waiter/waitress | <input type="checkbox"/> |
| | | Apprentice/trainee | <input type="checkbox"/> |
| Trades person | <input type="checkbox"/> | Sales person | <input type="checkbox"/> |

25. Clerical Other (specify):
How did you recruit your last staff member? (tick which ever apply)
- Word of mouth Local advertisement
- Advertisement in state newspaper Employment agency
- Other (please specify):

26. Are there any occupational skills you find difficult to find in the community when looking for staff? (tick one box only)

Yes No

If yes, please indicate which:

27. Have you considered: (tick any appropriate box)

Moving your business out of the community

Selling your business

Closing your business

If yes to any of the above, are you willing to share reasons?

28. Do you have plans to change, modernise or expand your operation?

Expand No change

Modernise facilities Change mix of goods/
services

Add product line

Change production technology Add services

29. If changes are planned, are you willing to describe what is planned, and when work will begin?

30. Would you like additional information concerning the following subjects, (tick whichever apply).

Business planning Business management

Taxation Marketing strategies

Council by laws R+D incentives

Merchandising Finance

Exporting E-commerce

Other:

If no proceed to question 34.

31. Do you have any specific questions or special needs on any of the topics ticked in question 30?

32. With your permission can we share your firm's name with the local, state or federal agencies that provide this information?

Yes No

33. What avenue is most helpful to receive this information? (tick all appropriate)

By post workshops

By email individual consultation

DVD Other

34. Is your business experiencing any problems with any section or department of Local, State or Federal Government?

Yes No

If yes, what problems:

35. While the B.E.A.R. Program Taskforce can not promise to solve any issues, they are willing to look in to it. Would you like our Task Force to assist you with any particular problems/issues?

Yes No

If yes, what do you suggest?

36. Does you business have:

Internet access & email A domain name

A website Online shopping facility

(If your business has none of the above, proceed to question 39)

37. If yes, please indicate the main on-line activity of your business: (tick one only)

internal communications (ie: e-mail to staff, head office)

external communications (ie: e-mail from customers and suppliers)

banking/finance

research

other (please explain)

38. What percentage of your sales comes from your website web-site?

_____ %

39. Our local Business Association / Chamber, - do you feel your business receives any direct or indirect benefit from the existence of it?

Yes No

Please explain your answer more fully:

40. Would your business be interested in being involved in a “shop local” campaign?

Yes No

If yes, what suggestions do you have?

41. What do you believe is the simple most important factor in ensuring a viable future for businesses in our community?

42. Do you have any other ideas or suggestions about making our community a better place to operate a business?

43. Finally, have you found this questionnaire and the B.E.A.R. Program helpful in expressing your views about operating a business in our community?

Yes No Not sure

Thank you for your time!