

Questionnaire number: _____

Locality: _____

Business retention and expansion survey

Part A: Local environment

Q1 What is your overall opinion of this area as a place to conduct business? (1 being poor, 5 being excellent)

1 2 3 4 5

Q2 What do you see as some of the main assets of the community as a place to live and own a business? (eg schools, health services, entertainment facilities)

Q3 What can be done to make the local economy stronger and to create more jobs?

Q4 What main changes would you like to see made to improve this area?

Q5 a) What is your level of satisfaction with each of the following services and infrastructure? (Please rate between 1 and 5 with 1 being poor, 5 being excellent)

	Rating
Access to airport facilities	
Access to highway/roadway	
Access to markets	
Access to suppliers	
Availability of road transport services	
Availability of rail transport	
Availability of warehousing	
Disposal of waste material	
Recycling	
Inspections (eg licensing)	
Development approval process	
Internet	
Telephone	
Availability of appropriately zoned land	
Water and sewerage supply	
Other (please specify)	

b) Do you have any suggestions on how to improve any of the services and infrastructure listed above?

c) In terms of the costs of doing business, how do you rate this community with respect to these factors? (Please rate between 1 and 5 with 1 being poor, 5 being excellent)

	Rating
Labour	
Transportation	
Storage	
Energy	
Development approval	
Raw materials	
Rates	
Land	
Buildings	
Leasing space	
Construction	
Telecommunications	
Other (please specify)	

Part B: Your Business

Q6 a) In what year did you commence operating this business? _____

b) Did you establish this business?

☐ Yes ☐ No

c) If you relocated the business, please indicate where you have moved from:

Another location in this area	<input type="checkbox"/>
Elsewhere in this region	<input type="checkbox"/>
Elsewhere in NSW	<input type="checkbox"/>
Elsewhere in Australia	<input type="checkbox"/>
Overseas	<input type="checkbox"/>

d) Why did you relocate?

Q7 What are the main products or services you provide? Please list up to 4 in order of importance.

1. _____
2. _____
3. _____
4. _____

Part C: Your markets

Q8 What percentage of your products/services do you sell? (If you do not sell products or services overseas, go to Q9)

Locally	%
Elsewhere in NSW	%
Elsewhere in Australia	%
Overseas	%

Q9 a) Are you interested in exporting products or services?
☐ Yes ☐ No ☐ Not sure (if 'No', go to Q11)

b) If 'yes', which products or services are you interested in exporting?

1. _____
2. _____
3. _____
4. _____

Q10 a) Please indicate any products or services you are selling to overseas markets/customers.

b) Which countries do you export to?

Part D: Employees

Q11 How many people are employed in this business (including owners)?

Permanent full time	_____
Permanent part time	_____
Casual	_____

Q12 How did the number of staff change, if at all, in the last 2 years?

	Full time	Part time	Casual
Decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stayed the same	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13 How do you expect the number of staff to change, if at all over the next 2 years

	Full time	Part time	Casual
Decrease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay the same	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14 a) Are you experiencing difficulty in finding suitable employees for your business?

☐ Yes ☐ No

b) Does your company have difficulty recruiting employees in any of the following groups (please tick):

Skilled trades (specify trades):	<input type="checkbox"/>
Plant operators	<input type="checkbox"/>
Machinery operators	<input type="checkbox"/>
Farm labourer	<input type="checkbox"/>
Computer technology/programming	<input type="checkbox"/>
Clerical	<input type="checkbox"/>
Sales	<input type="checkbox"/>
Business Administration	<input type="checkbox"/>
Marketing	<input type="checkbox"/>
Unskilled labour (specify job roles/titles):	<input type="checkbox"/>
Other (specify job roles/titles):	<input type="checkbox"/>

c) Does your business have difficulty retaining employees?
☐ Yes ☐ No

d) Do you currently employ trainees and/or apprentices?
☐ Yes ☐ No

If 'yes', how many? _____ (if 'yes', go to Q15)

e) Are you interested in employing trainees and/or apprentices?
☐ Yes ☐ No

Part E: Business plans and decisions

Q15 During the next 2 years, do you expect your company to increase/decrease/have no significant change in turnover and profit?

Turnover: ☐ Increase ☐ Decrease ☐ No significant change
 Profit: ☐ Increase ☐ Decrease ☐ No significant change

Q16 How do you expect the demand for your services/products to change over the next 2 years?

☐ Increase ☐ Decrease ☐ No significant change

Q17 a) Is your company considering expanding within the next 2 years?

☐ Yes ☐ No ☐ Not sure (if 'No', go to Q18)

b) What is the nature of this expansion?
 (Please tick which are applicable)

An increase in floor space ☐
 Additional product lines ☐
 Additional services for customers ☐
 Additional investment in equipment and technology ☐
 Process improvements ☐
 An increase in staff ☐
 Other (please specify) ☐

c) What, if any, are the major constraints on your expansion?
 (Please tick which are applicable)

Finance ☐
 Lack of suitable premises ☐
 Warehousing ☐
 Transport/freight ☐
 Problems with DAs ☐
 Local regulations eg zoning ☐
 Roads ☐
 Energy costs ☐
 Energy reliability ☐
 Lack of skilled staff ☐
 Identifying and accessing new markets ☐
 Broadband access ☐
 Other (please specify) ☐

d) Have you approached anybody in local/State/Commonwealth government or business development organisations to discuss your expansion plans?

☐ Yes ☐ No

e) If 'yes', which have you approached?
 (Please tick which are applicable)

NSW Dept. of State and Regional Development ☐
 Local Council (please specify) ☐
 Chamber of Commerce ☐
 Business Advisory Service ☐
 Innovation Advisory Service ☐
 AusIndustry ☐
 AusTrade ☐
 Area Consultative Committee ☐
 Other (please specify) ☐

Q18 a) Do you or could you work in a co-operative way with other businesses? (Please tick any which are applicable)

Co-operative marketing ☐
 Joint tendering ☐
 Referral of work ☐
 Joint participation in business management learning activities ☐
 Discussion groups ☐
 Group purchasing of inputs ☐
 Staff sharing ☐
 Joint training of staff ☐
 Buying and/or sharing equipment ☐
 Sharing distribution services ☐
 Other ☐

b) Do you have any comments on the success or feasibility of these activities?

Q19 What business inputs, including raw materials and services, would you like to purchase locally (within the area or Local Government Area) that you currently purchase from outside the area?

Q20 a) Are you currently considering changing the location of your business?

☐ Yes ☐ No ☐ Not sure (if 'No', go to Q21)

b) If 'yes' please give reasons for considering relocation

c) Where are you considering relocating to?

Another location in this area ☐
 Elsewhere in this region ☐
 Elsewhere in NSW ☐
 Elsewhere in Australia ☐
 Overseas ☐

d) If relocating out of area/region, what major benefits would the new location offer?

e) If you haven't yet approached the NSW Department of State and Regional Development, would you be interested in being contacted by them to discuss your expansion and/or relocation plans?

☐ Yes ☐ No

Part F: You and business support services

Q21 How would you rate your current business management skills and, in 2 years, how far would you like to progress those skills in relation to:

	Where I am now	Where I want to be
	Rating 1-5 (1 being poor, 5 excellent)	Rating 1-5 (1 being poor, 5 excellent)
Managing people		
Time management		
Balancing work and life		
Succession planning		
Planning and organising work and business systems		
Planning and organising production and service processes		
Improving production or service processes		
Quality assurance/accreditation		
Risk identification and management		
Business strategy		
Financial Management		
Legal/regulatory requirements		
Marketing		
Developing and commercialising new products and services		
Information technology applications		
Sustainable business practices		
Other (please specify)		

Q22 Are you interested in receiving information/training on any of the above?

☐ Yes ☐ No

Q23 If so, how would you like the information delivered?

Business breakfasts	<input type="checkbox"/>
2-3 hour workshops (please indicate favoured timing eg morning, afternoon, evening)	<input type="checkbox"/>
Full day workshops	<input type="checkbox"/>
Conferences	<input type="checkbox"/>
Networking events	<input type="checkbox"/>
Field days	<input type="checkbox"/>
Mentoring/coaching	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Your business contact details

Name: _____

Position: _____

Business name: _____

Postal address: _____

Telephone: _____

Fax: _____

Email: _____