



## **Business Retention and Expansion Program Survey**

Thankyou for participating in the Business Retention and Expansion Program which is being undertaken in Bowral.

The aims of the program are as follows:

- to formulate an up-to-date profile of the local economy,
- to identify issues and concerns about the local business environment,
- to assist local business with solving problems and exploring new opportunities, and
- to create employment opportunities for this town.

The success of the program depends on as many businesses as possible taking part in the survey. Your co-operation in this regard would be most appreciated.

A copy of the survey is following for you to complete. Once completed you may wish to fax or mail it back to the contact below. If you prefer, or if you have any questions relating to the survey, the survey can be collected by a volunteer who has been briefed on the program. If you have not returned the survey by 23rd February 2005, one of our volunteers will contact you. All information provided in the survey is **strictly confidential**.

A report covering the findings and recommendations from the survey will be presented to a community meeting.

Once again, we believe it is important to achieve a very high participation rate in the survey if the results are to be of value to our community. We hope you will spare the time to complete the form. If you have any questions, please contact the project manager, Bruce Nichols on 4861 7100 or email [chamber@campaignmarketing.com.au](mailto:chamber@campaignmarketing.com.au).

Thankyou for taking the time to participate in this survey. Please print a copy of this PDF and fax a completed copy to 4861 7199 or mail it FREE to "Reply paid, Bowral Chamber of Commerce Survey, PO Box 900, Bowral NSW 2576.

Yours sincerely

Terry Oakes-Ash  
President  
Bowral Chamber of Commerce

**Q1 (a) Which category does your business fit into?**

- Independent business
- Franchise
- Part of a national network or retail/marketing group
- Associated with another business eg. retail outlet for manufacturer

**(b) What business structure do you have?**

Sole trader  Partnership  Company  Trust

**Q2 (a) In what year did you start or take over this business? \_\_\_\_\_**

**(b) Was the business established in this town or relocated from elsewhere? Please specify if relocated.**

\_\_\_\_\_

**Q3 What are the main products or services you provide? Please list up to 4 in order of importance.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*Office use only*

ANZIC code \_\_\_\_\_

**Q4 (a) Where do you sell these products/services?**

Locally \_\_\_\_\_% Elsewhere in NSW \_\_\_\_\_% Elsewhere in Australia \_\_\_\_\_% Overseas \_\_\_\_\_%

**(b) Do you expect the demand for your services/products to increase, stay the same, or decrease over the next 2 years?**

Increase  Stay the same  Decrease

**(c) Please explain your answer to this question.**

\_\_\_\_\_

**Q5 Where do you source the raw materials which you use in your business?**

Locally \_\_\_\_\_% Elsewhere in NSW \_\_\_\_\_% Elsewhere in Australia \_\_\_\_\_% Overseas \_\_\_\_\_%

**PART B: EMPLOYEES**

Note: In this section we need to know the number of “full time equivalent” employees. For example, 1 full-time person plus 1 part-time person working half-time equals 1.5 full-time equivalents. **Owners are counted as employees for this question.**

**Q6 (a) How many people does the business employ, including owners?**

\_\_\_\_\_ full-time (plus) \_\_\_\_\_ part-time (=) \_\_\_\_\_ total full-time equivalents

**(b) How many people did the business employ 2 years ago, including owners?**

\_\_\_\_\_ full-time (plus) \_\_\_\_\_ part-time (=) \_\_\_\_\_ total full-time equivalents

**(c) How many people is the business likely to employ 2 years from now, including owners?**

\_\_\_\_\_ full-time (plus) \_\_\_\_\_ part-time (=) \_\_\_\_\_ total full-time equivalents

**(d) How do you account for the changes to employment in your business?**

\_\_\_\_\_

\_\_\_\_\_

**Q7 (a) Does your company have problems recruiting employees in any of the following groups?**

Unskilled   
Semi-skilled   
Skilled

Clerical   
Professional/management   
No problems (*go to Q8*)

**(b) If yes, which of the following best describe your recruiting problems? (Tick any that apply)**

Low skill levels   
Low literacy levels   
Poor work attitude   
High competition for skilled employees   
High wage rates for skilled employees   
High costs of training employees   
Skilled employees reluctant to move to this area   
Itinerancy

Other (specify) \_\_\_\_\_

**Q8 What specific skills, training or job qualifications do you need your employees to have?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q9 Overall, how do you rate your employees?**

	Excellent	Good	Fair	Poor	Very Poor
Skill levels	1	2	3	4	5
Attitude towards work	1	2	3	4	5
Productivity	1	2	3	4	5

**PART C: EXTERNAL FACTORS**

**Q10 Which 3 factors are likely to have a major impact on your business' profits during the next 2 years? Rank the factors from 1 to 3 with 1 being most important.**

- |                               |                          |                        |                          |
|-------------------------------|--------------------------|------------------------|--------------------------|
| New products                  | <input type="checkbox"/> | Wage rates             | <input type="checkbox"/> |
| Changing consumer tastes      | <input type="checkbox"/> | Raw material costs     | <input type="checkbox"/> |
| Population changes            | <input type="checkbox"/> | Raw material shortages | <input type="checkbox"/> |
| Economic climate              | <input type="checkbox"/> | New technology         | <input type="checkbox"/> |
| Foreign competition           | <input type="checkbox"/> | Finance availability   | <input type="checkbox"/> |
| Local/domestic competition    | <input type="checkbox"/> | Interest rates         | <input type="checkbox"/> |
| Energy costs                  | <input type="checkbox"/> | Taxes                  | <input type="checkbox"/> |
| Transportation costs          | <input type="checkbox"/> | Government policies    | <input type="checkbox"/> |
| Other factors (specify) _____ |                          |                        |                          |

**Q11 (a) Are there any major innovations/changes looming in your industry, which might affect your business?**

Yes  Not sure  No  (go to Q12)

**(b) What are these innovations or changes?**

---



---



---

**PART D: INTERNATIONAL TRADE**

**Q12 (a) Is this business currently involved in international trade?**

Yes  No  (go to Q13)

**(b) If yes, how are you involved?**

- |  |                          |
|--|--------------------------|
| by direct sales outside Australia        | <input type="checkbox"/> |
| by work with foreign agents/distributors | <input type="checkbox"/> |
| by importing products and parts          | <input type="checkbox"/> |

**(c) Which countries do you trade with?**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

*Go to Q14*

**Q13 (a) Are you interested in becoming involved in international trade?**

Yes  Not sure  No  (*go to Q14*)

**(b) If yes, which countries are you interested in?**

1. \_\_\_\_\_  
2. \_\_\_\_\_

**PART E: LOCAL ENVIRONMENT**

**Q14 (a) Generally, is being located in this town a help or a hindrance to your business?**

Help  Hindrance  50/50

**(b) From this list of local services, tick any you find inadequate for running your business efficiently.**

Airport facilities	<input type="checkbox"/>	Street signage	<input type="checkbox"/>
Access to highway/roadway	<input type="checkbox"/>	Street lighting	<input type="checkbox"/>
Adequacy of highway/roads	<input type="checkbox"/>	Street cleaning	<input type="checkbox"/>
Disposal of processed waste material	<input type="checkbox"/>	Street repair	<input type="checkbox"/>
Recycling	<input type="checkbox"/>	Development approval process	<input type="checkbox"/>
Fire protection	<input type="checkbox"/>	Telecommunications	<input type="checkbox"/>
Inspections (licensing, etc)	<input type="checkbox"/>	Waste water treatment	<input type="checkbox"/>
Public parking	<input type="checkbox"/>	Water supply	<input type="checkbox"/>
Public transport	<input type="checkbox"/>	Natural gas	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	None	<input type="checkbox"/>
Other _____			

**(c) Please explain any problems you have experienced with these services.**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Q15** If you were asked to recommend this town as a place to live and own a business, how would you score it using the following categories?

	Excellent	Good	Fair	Poor	Very Poor
Schools	1	2	3	4	5
Other education & training providers	1	2	3	4	5
Sporting and recreation facilities	1	2	3	4	5
Health services	1	2	3	4	5
Housing	1	2	3	4	5
Cultural facilities ( eg galleries, theatres, cinemas, libraries etc)	1	2	3	4	5
Climate	1	2	3	4	5
Freedom from social problems (eg crime, drugs etc)	1	2	3	4	5
Labour costs	1	2	3	4	5
Transportation costs	1	2	3	4	5
Energy costs	1	2	3	4	5
Local rates	1	2	3	4	5
Land costs	1	2	3	4	5
Building costs	1	2	3	4	5

**Q16** What is your overall opinion of this town as a place to conduct business?

- Excellent
- Good
- Fair
- Poor
- No opinion

**Q17** What main changes would you like to see made to improve this town?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Q18** What opportunities do you see for this town in terms of making the local economy stronger and creating more jobs?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART F: BUSINESS PLANS AND DECISIONS**

**Q19** *Optional-confidential*

Which range does the annual turnover of your business fall into?

- |                     |                          |                          |                          |
|---------------------|--------------------------|--------------------------|--------------------------|
| Less than \$50,000  | <input type="checkbox"/> | \$501,000-\$1,000,000    | <input type="checkbox"/> |
| \$51,000-\$100,000  | <input type="checkbox"/> | \$1,000,000-\$5,000,000  | <input type="checkbox"/> |
| \$101,000-\$250,000 | <input type="checkbox"/> | Over \$5,000,000         | <input type="checkbox"/> |
| \$251,000-\$500,000 | <input type="checkbox"/> | Information not provided | <input type="checkbox"/> |

**Q20** (a) Is your company considering expanding at all within the next 2 years?

- Yes  Not sure  No  (go to Q21)

(b) If yes or not sure, how would your business activities change?

---

---

---

---

**(c) Does your company currently own or lease sufficient property to allow for the expansion you would like to make?**

Yes  No  Not sure

**(d) Are there any factors which could prevent your going ahead with expansion plans?**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**(e) Have you approached anybody in local government or business development organisations to discuss your expansion plans?**

Yes  No

**(f) If yes, which have you approached?**

1. \_\_\_\_\_  
2. \_\_\_\_\_

**Q21 (a) Do you or could you work in a co-operative way with other businesses? (eg cross-referral of work, co-operative advertising, shared purchasing).**

Yes  Not sure  No  (go to Q22)

**(b) If yes, how does/could this work?**

---

---

---

**Q22 (a) Are you currently considering changing the location of your business?**

Yes  Not sure  No  (go to Q23)

**(b) Please give reasons**

---

---

---

**(c) Where are you considering relocating to?**

- Another location in this town
- Elsewhere in this region
- Elsewhere in NSW
- Elsewhere in Australia
- Overseas

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

---



---



---

**PART G: YOU AND BUSINESS SUPPORT SERVICES**

**Q23** Thinking about your personal attitudes to your business, how would you rate yourself regarding: (1 being low and 10 high).

	Low									High
<b>1. Interest in innovation and new opportunities</b>	1	2	3	4	5	6	7	8	9	10
<b>2. Willingness to accept risk</b>	1	2	3	4	5	6	7	8	9	10
<b>3. Ability to plan and organise work and business systems</b>	1	2	3	4	5	6	7	8	9	10
<b>4. Willingness to seek professional advice about your business (other than tax work done by your accountant?)</b>	1	2	3	4	5	6	7	8	9	10

**Q24** Is there any aspect of your business on which you would like to have more information, training or advice?

- Labour training
- Labour/management relations
- Industry regulations
- Consumer affairs
- Marketing
- Management training
- Finance applications
- Export markets
- Quality assurance/accreditation
- Other (specify) \_\_\_\_\_



**PART H: LOCAL INFRASTRUCTURE ISSUES**

**Q25 Overall, how do you rate these local facilities / services?**

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very Poor</b>
<b>Car Parking</b>					
<b>Traffic Control</b>					
<b>Toilets</b>					
<b>Street Cleanliness</b>					
<b>Garbage Services</b>					
<b>Signage / streetscape / street appeal</b>					

**Q26 In your opinion, place the following facilities / services in order of the priority you think Council should place them (1 being the greatest priority)**

- Car Parking
- Traffic Control
- Toilets
- Street Cleanliness
- Garbage Services
- Signage / streetscape / street appeal

**Q27 Do you have any suggestions that Council could implement to improve the quality of public infrastructure or facilities on the CBD?**

---



---



---



---



---



---



---



---



**“Bowral on the Move – Revitalising Economic Development”**

**CONFIDENTIALITY:**

**Your individual answers to this survey are confidential and will not be released. Your response will be summarised and aggregated with those of others to form an overall result in percentage or averages.**

If you wish, please complete the following information:

Business / Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

I give the Bowral Chamber of Commerce permission to contact me by post, phone or email, with information that can assist me to grow my business.  Tick Yes

---

**OFFICE USE ONLY**

Questionnaire Number \_\_\_\_\_

Region \_\_\_\_\_

Record checked by Co-ordinator

Signature: \_\_\_\_\_ Date: \_\_\_\_\_