

In correspondence, please quote this number ▼

Australian Business Number

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Please correct  
any errors

### Purpose of Collection

Results of the Accommodation Survey are used by organisations in the public and private sectors to analyse trends in the availability and use of accommodation facilities.

### Collection Authority

The information asked for is collected under the authority of the *Census and Statistics Act 1905*. Your co-operation is sought in completing and returning this form by the due date. The Act provides me with the power, if needed, to direct you to provide the information sought.

### Confidentiality

Your completed form remains confidential to the Australian Bureau of Statistics.

### Due Date

Please complete this form and return it in the reply paid envelope to the Australian Bureau of Statistics by

### Help Available

If you have problems in completing this form, or feel that you may have difficulties meeting the due date, please contact the Australian Bureau of Statistics by:

#### Telephone

1800 304 488  
Freecall (excluding  
mobile phones)

#### Facsimile

1300 303 813

#### Mail

Reply Paid 76746  
Sydney NSW 2000

Brian Pink  
Australian Statistician

Person we should contact if any queries arise regarding this form

Name		Telephone Number					
Signature		Facsimile Number					
		Date		/	/		

Name of legal owner of this establishment	
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## Please read this first

- **Important:** This form will be read using electronic equipment.
- Use **black** pen when completing this form.
- Keep each number or tick within the data entry boxes provided, for example

2 8 5 or

- Leave answer boxes blank where you have no response or data to enter.
- Do not use 'nil', 'n/a' or draw a line in the data entry boxes.
- If a mistake is made, cross out the incorrect answer and either write the answer in the remaining boxes, for example

\$   , 7 3 , ~~8 6~~ .00

or if not enough space is left, write next to the relevant item, for example

3 5 2 7 \$   , ~~2 8 4 5~~ .00

- You will need to report an estimate of time taken when you have completed this form.
- The worksheet sent to you at the beginning of the quarter will help you to complete the questions in this form.
- If exact figures are not available, please provide careful estimates.
- Please report all monetary values in *whole Australian dollars (A\$)*.
- The items listed under *Including* and *Excluding* are examples and should not be taken as a complete list of items to be included or excluded.

### 1 Number of persons working for this establishment during the last pay period ending in June 2008

#### Definitions

- Full-time - those working 35 hours or more a week.
- Part-time - those usually working a standard week of less than 35 hours and are entitled to paid holiday or sick leave.
- Casual - those generally required on an as-needs basis, and who are not usually entitled to paid holiday or sick leave.

#### Including

- Persons paid a retainer, wage or salary
- Working proprietors and partners
- Permanent, temporary and casual employees

#### Excluding

- Persons paid by commission only
- Non-salaried directors
- Self employed persons such as consultants and contractors
- Volunteers

Number

Full-time .....    ,

Part-time .....    ,

Casual .....    ,

Total .....    ,

### 2 Were there any significant changes to the establishment named on the front of this form?

#### Including

- Change of ownership
- Change of name
- Change of postal address

No

Yes  Please specify the change(s)

### 3 Were there any significant factors that affected occupancy rates this quarter?

#### Including

- Seasonal or weather variations
- Special events e.g. conferences
- Capacity variations e.g. refurbishment, extensions

No

Yes  Please specify the factor(s)



**10 Please provide comments**

(Please use BLOCK letters)

- on any reporting problems or information unrelated to specific data you have supplied on this form or worksheet
- on any data you have supplied on this form or worksheet (e.g. related to unusual movements or other factors)
- on any questions which caused problems, or suggested improvements to this form or worksheet


**11 Please provide an estimate of the time taken to complete this form*****Including***

- The time actually spent reading the instructions, working on the questions and obtaining the information
- The time spent by all employees in collecting and providing this information
- The time spent by all employees to complete the worksheet sent to you at the beginning of the quarter

hrs mins

<input type="text"/>	<input type="text"/>
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**Thank you for completing this form**