

# BR&E SURVEY

## Business Information Cover Sheet

RESPONDENT ID	
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BUSINESS NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_

CELLPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PERSON INTERVIEWED \_\_\_\_\_

POSITION \_\_\_\_\_

INTERVIEWER 1 \_\_\_\_\_

INTERVIEWER 2 \_\_\_\_\_

**Confidentiality:** All your answers to this survey will be kept confidential. The volunteer interviews have signed an undertaking to this effect. The information you provide will be combined with that from other businesses and presented as percentages or averages and you will not be quoted directly. The task team will respond to your requests for information or specific assistance but will not give your name to a third party without your permission.

**“Skip it” Rule:** If you do not wish to answer a particular question, please just say so. No explanation is required.

# BR&E Survey Questionnaire

Respondent ID	Area	Interview Date	Input Date
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**SECTION A: Business structure and history**

A1 Is all the information on the cover sheet complete and correct?

Yes  No  *(If no, please correct the cover sheet.)*

A2 Please describe the main products or services of your business.

A3 Which **one** of the following categories best describes your business activities?  
*(Please tick single most appropriate box.)*

- |   |                          |                                    |                          |
|---|--------------------------|------------------------------------|--------------------------|
| Agriculture, forestry, fishing                    | <input type="checkbox"/> | Mining, quarrying                  | <input type="checkbox"/> |
| Manufacturing                                     | <input type="checkbox"/> | Electricity, water                 | <input type="checkbox"/> |
| Construction, building                            | <input type="checkbox"/> | Wholesale, retail, motor trade     | <input type="checkbox"/> |
| Catering, accommodation                           | <input type="checkbox"/> | Transport, storage, communications | <input type="checkbox"/> |
| Community or personal services                    | <input type="checkbox"/> | Government services                | <input type="checkbox"/> |
| Finance, insurance, property or business services | <input type="checkbox"/> |                                    | <input type="checkbox"/> |

A4 Is your business locally owned?

- |                               |                          |                                  |                          |
|-------------------------------|--------------------------|----------------------------------|--------------------------|
| Yes, locally owned            | <input type="checkbox"/> | No, provincial company branch    | <input type="checkbox"/> |
| No, national company branch   | <input type="checkbox"/> | No, international company branch | <input type="checkbox"/> |
| Other <i>(please explain)</i> | <input type="checkbox"/> |                                  |                          |

A5 How long has your business been operating here in this community?

- |                  |                          |                      |                          |
|------------------|--------------------------|----------------------|--------------------------|
| Less than 1 year | <input type="checkbox"/> | 6 to 10 years        | <input type="checkbox"/> |
| 1-5 years        | <input type="checkbox"/> | Longer than 10 years | <input type="checkbox"/> |

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A6 Where are most of your customers (by sales)? (*Tick one box only.*)

- Local (in or near Mandeni)  Various parts of South Africa   
 Mainly within KZN  Mainly outside SA

A7 Where are most of your suppliers (by value)? (*Tick one box only.*)

- Local (in or near Mandeni)  Various parts of South Africa   
 Mainly within KZN  Mainly outside SA

**SECTION B: Employment**

B1 How many people does the business employ (including yourself, directors and partners)?

	Male	Female
Full time		
Part time		
Casual / contractor		
TOTAL		
Combined total		

B2 Over the **last two years**, was there any change in the number of people you employed? (*Tick one box.*)

- Increase  No change  Decrease

Please give details:

B3 Over the **next two years**, do you expect any change in the number of people you employ? (*Tick one box.*)

- Increase  No change  Decrease

Please give details:

**Business Retention & Expansion Survey**

B4 If you were to take on any new staff in the future, what **skills** would you look for? (*Tick whichever apply.*)

- |  |                          |                              |                          |
|--|--------------------------|------------------------------|--------------------------|
| Business management skills                   | <input type="checkbox"/> | Marketing skills             | <input type="checkbox"/> |
| Financial management skills                  | <input type="checkbox"/> | Production management skills | <input type="checkbox"/> |
| Engineering skills                           | <input type="checkbox"/> | Research skills              | <input type="checkbox"/> |
| Public relations skills                      | <input type="checkbox"/> | Interpersonal skills         | <input type="checkbox"/> |
| Sales skills                                 | <input type="checkbox"/> | Secretarial skills           | <input type="checkbox"/> |
| Clerical skills                              | <input type="checkbox"/> | Functional literacy/numeracy | <input type="checkbox"/> |
| Industry specialist ( <i>specify</i> )       | .....                    |                              |                          |
| Technical skills ( <i>specify</i> )          | .....                    |                              |                          |
| Trade - skilled ( <i>specify</i> )           | .....                    |                              |                          |
| Plant/machinery operator ( <i>specify</i> )  | .....                    |                              |                          |
| Apprenticeship/learnership( <i>specify</i> ) | .....                    |                              |                          |
| Other ( <i>specify</i> )                     | .....                    |                              |                          |

B5 Are there any specific skills that are difficult to recruit locally?

- Yes  No  If yes, please indicate which:

B6 Do any of your employees need to improve skills in areas such as the following? (*Tick whichever apply.*)

- |                          |                          |                                |                          |
|--------------------------|--------------------------|--------------------------------|--------------------------|
| Basic literacy (iSiZulu) | <input type="checkbox"/> | Basic Communication in English | <input type="checkbox"/> |
| Basic numeracy           | <input type="checkbox"/> | Computer literacy              | <input type="checkbox"/> |
| Sales skills             | <input type="checkbox"/> | Customer service               | <input type="checkbox"/> |
| Telephone skills         | <input type="checkbox"/> | Basic business skills          | <input type="checkbox"/> |
| Health and safety        | <input type="checkbox"/> | Supervisory skills             | <input type="checkbox"/> |
| Life skills              | <input type="checkbox"/> | Other ( <i>specify</i> )       | <input type="checkbox"/> |

**SECTION C: Business Environment**

C1 What are the main **advantages** of running a business in this community?  
(Tick no more than **FIVE** advantages.)

- |                                   |                          |   |                          |
|-----------------------------------|--------------------------|---|--------------------------|
| Strength of local market          | <input type="checkbox"/> | Access to customers                     | <input type="checkbox"/> |
| Access to suppliers               | <input type="checkbox"/> | Availability of business services       | <input type="checkbox"/> |
| Local maintenance/repair services | <input type="checkbox"/> | Quality of internet access/services     | <input type="checkbox"/> |
| Cost/reliability of transport     | <input type="checkbox"/> | Road networks                           | <input type="checkbox"/> |
| Relative cost of rates & services | <input type="checkbox"/> | Reliability of electricity/water supply | <input type="checkbox"/> |
| Availability of housing           | <input type="checkbox"/> | Availability of public transport        | <input type="checkbox"/> |
| Quality of life locally           | <input type="checkbox"/> | Crime rate                              | <input type="checkbox"/> |
| Image of the area                 | <input type="checkbox"/> | Support by municipality                 | <input type="checkbox"/> |
| Availability of skills locally    | <input type="checkbox"/> | Relative cost of land/property          | <input type="checkbox"/> |
| Other ( <i>specify</i> ):         | <input type="checkbox"/> |   |                          |

C2 What are the main **disadvantages** of operating a business in our community? (Tick no more than **FIVE** disadvantages.)

- |                                   |                          |   |                          |
|-----------------------------------|--------------------------|---|--------------------------|
| Strength of local market          | <input type="checkbox"/> | Access to customers                     | <input type="checkbox"/> |
| Access to suppliers               | <input type="checkbox"/> | Availability of business services       | <input type="checkbox"/> |
| Local maintenance/repair services | <input type="checkbox"/> | Quality of internet access/services     | <input type="checkbox"/> |
| Cost/reliability of transport     | <input type="checkbox"/> | Road networks                           | <input type="checkbox"/> |
| Relative cost of rates & services | <input type="checkbox"/> | Reliability of electricity/water supply | <input type="checkbox"/> |
| Availability of housing           | <input type="checkbox"/> | Availability of public transport        | <input type="checkbox"/> |
| Quality of life locally           | <input type="checkbox"/> | Crime rate                              | <input type="checkbox"/> |
| Image of the area                 | <input type="checkbox"/> | Support by municipality                 | <input type="checkbox"/> |
| Availability of skills locally    | <input type="checkbox"/> | Relative cost of land/property          | <input type="checkbox"/> |
| Other ( <i>specify</i> ):         | <input type="checkbox"/> |   |                          |

C3 Over the **past two years** did your sales:

- Increase  Stay the same  Decrease

Please explain your choice:

C4 Over the **next two years** do you expect your sales will:

- Increase  Stay the same  Decrease

Please explain your choice:

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**SECTION D: Business Opportunities**

D1 What products or services would you like to buy for your business locally, but currently purchase from outside Mandeni? *Please list products/services for each heading.*

Not available here	
Local price too high	
Local quality poor	
Local service poor	

D2 Are there any new businesses/Industry that you think could be located successfully in this area?

**SECTION E: Future Plans**

E1 Over the **past two years** did you ever consider: (*Tick whichever apply.*)

- Moving your business out of Mandeni?
  - Selling your business?
  - Closing your business?
  - None of the above?
- If yes to any of the above, are you willing to share reasons?

E2 Do you have plans to expand or change your business in the next two years?

- Expand  Change  Neither
- Are you willing to provide details of your plans to expand or change?

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E3 What are the major constraints to expanding your business?  
(Please tick up to 4)

- |                             |                          |  |                          |
|-----------------------------|--------------------------|--|--------------------------|
| Availability of finance     | <input type="checkbox"/> | Franchise restrictions                 | <input type="checkbox"/> |
| Small size of local market  | <input type="checkbox"/> | Cannot find suitably skilled employees | <input type="checkbox"/> |
| Too much competition        | <input type="checkbox"/> | Labour laws and regulations            | <input type="checkbox"/> |
| Limited product range       | <input type="checkbox"/> | Infrastructure/services (give details) | <input type="checkbox"/> |
| Lack of space               | <input type="checkbox"/> | Red tape (give details)                | <input type="checkbox"/> |
| Commodity prices            | <input type="checkbox"/> | Government policy (give details)       | <input type="checkbox"/> |
| Achieving quality standards | <input type="checkbox"/> | Other constraints (give details)       | <input type="checkbox"/> |

**SECTION F: Supporting Environment**

F1 What do you think would help to improve the performance of your business over the next 12 months? (Tick whichever apply.)

- |                                |                          |                             |                          |
|--------------------------------|--------------------------|-----------------------------|--------------------------|
| Improved management skills     | <input type="checkbox"/> | Improved staff skills       | <input type="checkbox"/> |
| More staff                     | <input type="checkbox"/> | Reduced staff               | <input type="checkbox"/> |
| Improved labour relations      | <input type="checkbox"/> | Better industry information | <input type="checkbox"/> |
| New products                   | <input type="checkbox"/> | New machinery/equipment     | <input type="checkbox"/> |
| Local and regional information | <input type="checkbox"/> | Trade/export opportunities  | <input type="checkbox"/> |
| Other (please specify below)   | <input type="checkbox"/> |                             |                          |

F2 Would you like to receive information on any of the following subjects?  
(Tick whichever apply.)

- |                              |                          |                                |                          |
|------------------------------|--------------------------|--------------------------------|--------------------------|
| Business management          | <input type="checkbox"/> | Marketing                      | <input type="checkbox"/> |
| How to write a business plan | <input type="checkbox"/> | Merchandising                  | <input type="checkbox"/> |
| Access to finance            | <input type="checkbox"/> | Legislation affecting business | <input type="checkbox"/> |
| Municipal bylaws             | <input type="checkbox"/> | Labour relations               | <input type="checkbox"/> |
| Exporting                    | <input type="checkbox"/> | BEE certification              | <input type="checkbox"/> |
| Incentives                   | <input type="checkbox"/> | Skills Development Levy        | <input type="checkbox"/> |
| Tender opportunities         | <input type="checkbox"/> | E-commerce                     | <input type="checkbox"/> |
| How to tender                | <input type="checkbox"/> | Other (please give details)    | <input type="checkbox"/> |

F3 Is your business experiencing any particular problems with any section or department of local, provincial or national government?

- Yes  No  If yes please give details.

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F4 Would your business be interested in making use of Broadband (possibly at a higher rate) in Isithebe?

Yes  No

F5 Would your business be willing to contribute BEE scorecard points to a joint CSI-type programme?

Yes  No

### **SECTION H: Local Business Organisations**

H1 Are you a member of any business organisation, e.g., one of the following?

*(Tick whichever apply.)*

- |  |                          |
|--|--------------------------|
| iLembe Chamber of Commerce, Industry & Tourism         | <input type="checkbox"/> |
| Durban Chamber of Commerce & Industry                  | <input type="checkbox"/> |
| Afrikaanse Handelsinstituut <i>(specify sakekamer)</i> | <input type="checkbox"/> |
| National African Chamber of Commerce & Industry        | <input type="checkbox"/> |
| Businesswomen's Association of SA                      | <input type="checkbox"/> |
| National Small Business Chamber                        | <input type="checkbox"/> |
| Other <i>(please specify)</i>                          | <input type="checkbox"/> |

H2 Would you attend any of their regular events?

Yes  No  Please explain your choice:

H3 What, in your opinion, is the single most important thing that would make Mandeni a better place to do business?

### **SECTION I: Overall**

I1 Finally, have you found this questionnaire helpful in expressing your views about operating a business in our community?

Yes  Not sure  No

*Additional comments not mentioned elsewhere may be added below. Thank you for participating in this survey. The BR&E Task Team welcomes your input and looks forward to sharing the results with you at the Feedback Event.*



## Follow Up Suggestions and Red Flags Sheet

RESPONDENT ID	
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*To be completed immediately after the interview*

1. Is the business facing any serious difficulty at present?

Yes  No  If yes, please give details:

2. Did the person interviewed highlight any especially important issues?

Yes  No  If yes, please give details:

3. Did the person interviewed ask for follow up from the task team?

Yes  No  If yes, please give details:

4. Are there any issues requiring the urgent attention of the task team (**RED FLAG**)

Yes  No  If yes, please give details:

5. Were there any requests for information?

Yes  No  If yes, please give details:

6. How did the interview go? Would you do anything different next time??

Yes  No  If yes, please give details:

*Please put the completed form and questionnaire in the envelope provided  
and return it to the co-ordinator*