

PEOPLE DATA COLLECTION

Farm Information				
Farm Name and Contact Name				
Email Address				
Phone Number/s				
Season (Year)		Equalising Information for tasks that may be contracted out. Do you?		If yes, how many hours per annum does this task take?
Number of Cows Peak Milked			Circle one	
Milksolids Produced		Raise young stock (calves 3 – 12 months)	Yes / No	
Effective HA		Winter stock on	Yes / No	
Costs for Milk Company Fines / Losses / Insurance Excess		Manage your own feed production outside of standard winter crop	Yes / No	
Costs for Employment Disputes including settlements, legal and advocate costs		Manage the application of capital fertiliser yourselves?	Yes / No	

Farm Information

Please complete information on all employees (Owner, On-farm, Off-Farm Support and Seasonal/Calf Rearers)	Role on farm	Start Date	Total Hours Worked	
Please complete a line for each person you have employed or who has worked on your farm over the last year, including yourself and any people who have left during the season	(choose one from the list below)	Date that Employee started with your business	Enter annual worked hours (enter only those hours associated with this farm e.g. if an Operations Manager only enter proportion of hours allocated to this farm)	How have you collected this information? (choose one from the list below)
	Owner, Operations Mgr, Admin, Farm Mgr, 2IC, Herd Mgr, Assistant Herd Mgr, Farm Assistant, Relief Staff, Calf Rearer			Estimated, Timesheet, Other
Person 1				
Person 2				
Person 3				
Person 4				
Person 5				
Person 6				
Person 7				
Person 8				
Person 9				
Person 10				
Total				

Employee Information

Please complete information on all employees (Owner, On-farm, Off-Farm Support and Seasonal/Calf Rearers)	Rate of Pay (excluding house and any other allowances)		Accommodation		
	Remuneration paid for the year based on year end figures - if employee wasn't employed full time on this farm (e.g. operations manager) enter the remuneration associated with this farm only	Method of payment. (choose one from the list below)	Enter the amount agreed between you and our staff member for rent on the house	Enter the per week value of the accommodation if you were to rent it on the open market	Do you have a Tenancy Agreement in place with the employee? (choose one from the list below)
		Drawings Salary + Drawings, Salary Hourly Rate Other			1. Separate Tenancy Agreement 2. Tenancy Agreement included in Employment Agreement 3. No Tenancy Agreement required as Employee not in farm accommodation 4. No Tenancy Agreement and Employee is in farm accommodation 5. No Tenancy Agreement
Person 1					
Person 2					
Person 3					
Person 4					
Person 5					
Person 6					
Person 7					
Person 8					
Person 9					
Person 10					
Total					

Employee Information

Please complete information on all employees (Owner, On-farm, Off-Farm Support and Seasonal/Calf Rearers)	Other Benefits received - please complete list below with their annual value If more space required - put in comments section at end of line					
	Type of benefit (choose from list below)	Annual Value	Type of benefit (choose from list below)	Annual Value	Type of benefit (choose from list below)	Annual Value
	Wet Weather Gear Bike Meat Firewood Milk Company Car		Wet Weather Gear Bike Meat Firewood Milk Company Car		Wet Weather Gear Bike Meat Firewood Milk Company Car	
Person 1						
Person 2						
Person 3						
Person 4						
Person 5						
Person 6						
Person 7						
Person 8						
Person 9						
Person 10						
Total						

Employee Information

Please complete information on all employees (Owner, On-farm, Off-Farm Support and Seasonal/Calf Rearers)	Non-working days				
	Enter number of Rostered days off. These are days that are off work that are not annual leave, statutory holidays or sick/bereavement leave	Enter number of days employee was off work due to sickness	Enter number of days employee was off work due to bereavement	Enter number of days employee took as Annual Leave	Enter number of working day employee took off for any other reason (e.g. parental leave) and why
Person 1					
Person 2					
Person 3					
Person 4					
Person 5					
Person 6					
Person 7					
Person 8					
Person 9					
Person 10					
Total					

Employee Information

Please complete information on all employees (Owner, On-farm, Off-Farm Support and Seasonal/Calf Rearers)	Commuter time to work <i>We are collecting this data as we want to be able to show the benefit of shorter commuting times when people live close to their employment</i>	Training		IEA
	How long does it take the employee to get to the cowshed? (choose one from list below)	Enter number of training days the employee has received this year including both on-farm & off-farm training	Enter amount you have spent on training for the employee this year	Do you have a signed IEA in place with this employee? (Yes/No)
	3 Minutes or under 10 Minutes or under 20 Minutes or under 30 Minutes or under Over 30 Minutes			
Person 1				
Person 2				
Person 3				
Person 4				
Person 5				
Person 6				
Person 7				
Person 8				
Person 9				
Person 10				
Total				

Employee Information

Please complete information on all employees (Owner, On-farm, Off-Farm Support and Seasonal/Calf Rearers)	Labour Stability and turnover details				
	Is this person still employed? (Yes/No)	If they have left, what date did they leave?	How long had they worked for you in total? (in years and months)	What was their reason for leaving? (choose one from list below)	Did you expect them to leave or was it a surprise? (choose one from list below)
				1.Fixed Term Contact ended 2.Family 3.Career Advancement 4.Health & Medical 5.Didn't Fit with the culture 6. Didn't perform to the required level 7.Dismissed 8. Other – please specify	Expected or Unexpected
Person 1					
Person 2					
Person 3					
Person 4					
Person 5					
Person 6					
Person 7					
Person 8					
Person 9					
Person 10					
Total					

Employee Information

Please complete information on all employees (Owner, On-farm, Off-Farm Support and Seasonal/Calf Rearers)	Comments
	Please comment on any 'other' answers you have entered
Person 1	
Person 2	
Person 3	
Person 4	
Person 5	
Person 6	
Person 7	
Person 8	
Person 9	
Person 10	
Total	

Health and Safety Information

Please complete information on incidents which have occurred over the past season	Employee Involved	Treatment Required	Result of the incident Choose one from the drop down list
	Use person from the list above Enter their number only	(choose one from list below)	<p>Lost Time & Light Duties: Employee was unable to return to work for 1 or more days and when they did return they had to do light duties for 1 or more days.</p> <p>Lost Time: Employee was unable to return to work for 1 or more days.</p> <p>Light Duties: Employee was able to return to work straight away but could only do light/some tasks for 1 or more days.</p> <p>No impact: Employee was able to return to work on the day of the incident with no adverse impact on duties.</p>
		1.No treatment required 2.First Aid given at workplace 3.Medical treatment by Doctor/AE 4.Hospitalisation overnight or more 5.Fatality	
Incident 1			
Incident 2			
Incident 3			
Incident 4			
Incident 5			
Incident 6			
Incident 7			
Incident 8			
Incident 9			
Incident 10			
Total			

Health and Safety Information

Please complete information on incidents which have occurred over the past season	Number of Days Lost	Number of Light Duties Days	Comments
	Enter number of days employee did not work due to injury	Enter number of days employee could only do light duties at work due to injury	Any other information that is relevant
Incident 1			
Incident 2			
Incident 3			
Incident 4			
Incident 5			
Incident 6			
Incident 7			
Incident 8			
Incident 9			
Incident 10			
Total			