

Insurer: _____

EMPLOYER QUESTIONNAIRE

Employee Number: _____	Date interview conducted: _____
Date of injury: _____	Male or Female: _____
Injury: _____	Location of business : Regional <input type="checkbox"/> or Metropolitan <input type="checkbox"/>
Total Number of days off work (non consecutive) due to injury : <input type="checkbox"/> 0-59 days <input type="checkbox"/> 60 days +	
Industry employed in: _____	
Occupation: _____	
Length of tenure: _____	
How long employed as Manager/Supervisor: _____	Position: _____
No of employees: <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251 -500 <input type="checkbox"/> 501-1000 <input type="checkbox"/> 1001+	

Information regarding Organisation:

Question	Response	Explanation or Comment
1. Does the company have Human Resource personnel?	Yes / No	
2. Does your company have a mission statement? (If so, please provide a copy)	Yes / No	
3. Does the company have a formal induction-training program?	Yes / No	
4. Does the company engage contractors? (If yes are contractors inducted?)	Yes / No Yes / No	
5. Ongoing training and education was provided to the employee?	Yes / No	
6. Are you satisfied with the formal performance management process?	Yes / No	
7. Was a medical conducted prior to the employee commencing employment?	Yes / No	
8. Was the doctor provided a detailed job description including the physical demands of the job?	Yes / No	
9. How many days has the worker missed due to sick leave in the last 12 months? (State number of days)		
10. How many days has the worker taken as annual leave in the last 12 months? (State number of days)		

Please circle the correct rating to the statements below

<i>Scale</i>	<i>1 = Strongly Disagree</i>	<i>2 = Disagree</i>	<i>3 = Don't know</i>	<i>4 = Agree</i>	<i>5 = Strongly Agree</i>
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Question		Rating	Explanation or Comment
11.	The worker always completes the duties specified in their job description	1, 2, 3, 4, 5	
12.	The worker fulfils all responsibilities required by their job.	1, 2, 3, 4, 5	
13.	The worker generates original solutions to problems.	1, 2, 3, 4, 5	
14.	My working relationship with my employee is effective	1, 2, 3, 4, 5	
15.	The worker would be personally inclined to help me solve problems at work	1, 2, 3, 4, 5	
16.	The worker is motivated to learn new skills	1, 2, 3, 4, 5	
17.	The worker always does their best	1, 2, 3, 4, 5	
18.	The worker often fails to perform essential duties.	1, 2, 3, 4, 5	
19.	The worker always follow instructions and direction well from managers and supervisors	1, 2, 3, 4, 5	
20.	The worker is well respected by their team	1, 2, 3, 4, 5	

Question		Response	Explanation or Comment
21.	Has/had the employee attempted a return to work on alternative or restricted duties.	Yes / No	
22.	Did the Return To Work continue for less than 10 days	Yes / No	
23.	Please advise whether any of the following variables were evident prior to the employee's injury		
a.	Job dissatisfaction	Yes / No	
b.	Performance Management	Yes / No	
c.	Reviewing fitness to perform the work	Yes / No	
d.	Problems or conflict with another employee(s) or supervisor	Yes / No	

Other Comments:

I agree to the independent researcher contacting me in the event that there is missing information. I can be contacted on the following number: _____