COMPANY NAME:

TRADING NAME(S):

ACN: ABN:

DIVISION OR SITE: FTE:

STREET ADDRESS:

SUBURB: STATE/TERRITORY:

ADDITIONAL SITES: FTE:

POSTAL ADDRESS: STATE/TERRITORY: POSTCODE:

## MAIN CONTACT

CONTACT NAME: POSITION:

PHONE: (L/L) (MOB):

E-MAIL:

##

## VISION AND MISSION

VISION:

MISSION:

##

## KEY CHARACTERISTICS

APPROXIMATE ANNUAL TURNOVER:

INDUSTRY SECTOR:

PRODUCTS:

CUSTOMERS:

COMPETITORS:

CORE CAPABILITIES:

MAIN PROCESSES:

TECHNOLOGIES USED:

DEPARTMENTS/FUNCTIONS:

##

## LEGISLATIVE AND OTHER REQUIREMENTS

Is there any specific legislative or other regulatory requirements that apply to the business? Please list all that apply.

Does the organisation have a management system, or systems, in place to meet international, industry or customer standards? Please list all Standards that apply.

Are management systems accredited or certified by an external third party? If so, please list accreditations and certifying bodies.

##

##

## BUSINESS PERFORMANCE

Please indicate which of the below are measured (YES/NO or N/A) and provide data, if available.

TYPICAL LEAD TIMES:

DELIVERY ON TIME PERFORMANCE:

INVENTORY TURNS PER ANNUM:

QUALITY PERFORMANCE:

SAFETY PERFORMANCE:

ENVIRONMENTAL PERFORMANCE:

EMPLOYEE TURNOVER:

Are there any other indicators the Company uses to measure business performance?

## IMPROVEMENT GOALS

What performance targets has the business set for the next 12 months, 2 years, 5 years?

##

## BENEFITS SOUGHT THROUGH ACTION LEARNING

What do you hope to achieve during the Business Resource Efficiency Program?