Please use this COVID-19 Vaccination Employee Survey Template to help create a survey for your employees. This will assist you, as an employer, to start the consultation process for your COVID-19 Vaccination Policy.

Guidance

We recommend that the survey be presented to employees as voluntary and anonymous with a guarantee that you will not collect or record any identifying details as part of the process.

The results of the survey may help you identify what actions you may need to take to create your COVID-19 workplace vaccination policy.

Reporting Survey Finding to LPA

In order to gain an overview of the industry’s position on COVID-19 vaccination in the workplace, LPA invites Members to share some results of their survey. The results of your survey should be provided in a way that does not identify an individual employee.

**If you wish to share your organisation’s survey results with us, please complete and return this page to Shay Minster,** **SMinster@liveperformance.com.au** **by 17 September 2021**.

1. How many people does your organisation employ? \_\_\_\_
2. How many employees responded to your survey? \_\_\_\_\_\_\_\_\_
3. How many employees stated that:
	1. They are fully vaccinated (had 2 vaccines) \_\_\_\_\_\_\_\_
	2. They have received 1 dose of the vaccine\_\_\_\_\_
	3. Yes, they plan to get vaccinated\_\_\_\_\_\_\_
	4. Unsure right now about getting vaccinated\_\_\_\_\_\_
	5. Do not intend to get vaccinated \_\_\_\_\_\_\_
4. How many employees stated that it should be a requirement for all employees to be vaccinated?
	1. Yes ­­­­­­\_\_\_\_\_
	2. No \_\_\_\_\_\_
	3. Undecided \_\_\_\_\_\_
5. How many employees stated that it should be a requirement for all guests/patrons to vaccinated to attend productions/events/venues?
	1. Yes ­­­­­­\_\_\_\_\_
	2. No \_\_\_\_\_\_
	3. Undecided \_\_\_\_\_\_

**COVID-19 Vaccination Employee Survey**

As Australia gets closer to reaching its COVID-19 vaccination targets, we can look forward to the re-opening of productions, cinemas and events in Australia.

[insert name of company] is responsible for, and committed to, providing a safe working environment for all our people.

To do so, we would like to be sure that our people have adequate access to information and advice regarding vaccinations. We also believe that it is important that your voice is heard, so that we can develop policies that may be in place in the future.

We are asking all team members to take a couple of minutes to complete this survey about COVID-19 vaccinations.

This **voluntary** and **anonymous** survey will help us understand your thoughts around receiving the vaccination.

We will not collect or record any identifying details as part of this process.

If you have any questions or concerns regarding this survey, please contact [insert name and contact details].

Thank you for your support and participation.

**Survey Questions**

1. Do you feel you are adequately informed about COVID-19 vaccination options and outcomes?
* Yes
* Somewhat
* No
1. From the list below, which would you say are your main source/s of information on the COVID-19 vaccine and the national vaccination program?
	* Government sources
	* Your GP/Doctor
	* Friends and/or family
	* News/television
	* Internet/social media
	* Other. Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you received a COVID-19 vaccine?
	* Yes, I am already fully vaccinated (had 2 vaccines) (go to q.7)
	* Yes, I have received my first dose (go to q.7)
	* No (go to q.4)
3. Are you planning to get a COVID-19 vaccine?
	* Yes, I plan to (go toq.5)
	* Unsure right now (go to q.6)
	* No (go to q.6)
	* Prefer not to say
4. If you are planning to get a vaccine, when do you expect to be fully vaccinated?
	* Within the next month
	* Within the next three months
	* Within the next six months
	* Other. Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. If you do not plan on getting vaccinated, or are unsure, please answer the following:
	1. Would an incentive change your mind? If so, please select one of the following
	[Note: q.6a may not be relevant to your organisation – delete this question if required]
		* Monetary incentive
		* Paid time off
		* Gift voucher
		* No, an incentive would not change my mind
	2. What is you reason for not getting, or being unsure about getting vaccinated?
		* Medical reason
		* Religion or religious belief
		* Other. Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Have you consulted with your GP about getting a COVID-19 vaccination?
	* Yes
	* No
	* I don’t feel I need to
7. Do you require assistance to make a booking or to be vaccinated?
	* Yes
	* No
8. Are there any workplace activities you engage in at work, which you believe would be safer if restricted only to those who are vaccinated?
	* No
	* Yes. Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Do you think it should be a requirement for all employees to be vaccinated?
	* No
	* Yes, please specify­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Not sure
10. Do you think it should be a requirement for all guests/patrons to be vaccinated to attend our productions/events/venue?
	* Yes
	* No
	* Undecided
11. Would you find it helpful if we provided you with resources on the COVID-19 vaccine, such as educational information, vaccination schedules and timelines for eligibility?
	* Yes
	* No
12. Do you have any specific questions or comments about the COVID-19 vaccine?

Thank you for taking the time to answer these questions.
Your input and comments are appreciated.