

*Statutory Instrument No. 35 of 1984*

**STATISTICS ACT  
(Cap. 17:01)**

**STATISTICS (TRAINING NEEDS AND CONDITIONS OF WORK)  
REGULATIONS, 1984**

*(Published on 19th April, 1984)*

**ARRANGEMENT OF REGULATIONS**

**REGULATIONS**

1. Citation
2. Interpretation
3. Questionnaires to be answered by employers
4. Offence

**SCHEDULE**

IN EXERCISE of the powers conferred on the Minister of Finance and Development Planning by section 15 of the Statistics Act, the following Regulations are hereby made —

1. These Regulations may be cited as the Statistics (Training Needs and Conditions of Work) Regulations, 1984. Citation

2. In these Regulations "employer" means any person who employs any other person in any undertaking in terms of section 2 of the Statistics Act. Inter-  
pretation

3. Any employer on whom is served by the Government Statistician a questionnaire in the form in the Schedule together with an envelope addressed to the Government Statistician, Private Bag 0024, Gaborone and marked "Statistics" and "On Botswana Government Service" shall complete such questionnaire within 30 days of receiving it and return it by post in such envelope to the Government Statistician at the said address: Question-  
naire to be  
answered by  
employers

Provided that any person who is unable for any reason to complete the questionnaire shall furnish verbally the particulars and information sought in such questionnaire when required so to do by an authorized officer.

4. Any employer, not being a person unable to complete the questionnaire referred to in regulation 3, who after such a questionnaire together with the prescribed envelope has been served upon him by the Government Statistician fails to return the questionnaire to the Government Statistician in the manner and within the time prescribed by the said regulation shall be guilty of an offence and liable to a fine of P50 and, in the case of continuing failure, to a fine of P2 for every day during which such failure continues. Offence

SCHEDULE

STATISTICS ACT 1967  
(Cap. 17:01)

STATISTICS (TRAINING NEEDS AND CONDITIONS OF WORK) REGULATIONS 1984  
(Regulation 3)



Central Statistics Office  
Private Bag 0024  
Gaborone BOTSWANA  
Telephone: Gaborone 2521

**SURVEY OF TRAINING NEEDS AND CONDITIONS OF WORK**

You should complete both Part A (below) and Part B (overleaf) in respect of your business as a whole, and also Part C (attached) in respect of selected employees. The selected employees are named at the top of each column in Part C. The employee should *not* complete Part C; however you may wish to check your answers to Questions 8, 9 and 14 with the employee. Please return the completed forms in the enclosed reply-paid envelope before 30 April 1984.

| PART A. DETAILS ABOUT THE BUSINESS   |   | Office Use |  |   |
|--|---|------------|--|---|
| 1  | Please amend the name or postal address shown above if these are incorrect. |            |  | 1 |
| 2.   | What is the main activity carried out by this business in Botswana?         |            |  |   |
| 3. As at the end of February 1984, how many people were employed by this business in Botswana?<br><br>(Include employment at all locations of the business in Botswana.) | Working proprietors and unpaid family workers: .....                        |            |  | 2 |
|  | Paid employees —  |            |  |   |
|  | (a) Earning P150 or less per month: .....                                   |            |  | 3 |
|  | (b) Earning P151 to P300 per month: .....                                   |            |  | 4 |
|  | (c) Earning P301 or more per month: .....                                   |            |  | 5 |
|  | Total paid employees: .....   |            |  | 6 |

\*\*\*\*\* PLEASE COMPLETE PART B (VACANCIES) ON THE REVERSE OF THIS PAGE \*\*\*\*\*



SURVEY OF TRAINING NEEDS AND CONDITIONS OF WORK – PART C (Details about selected employees)

Business No: .....

|   |  |  |  |  |
|---|--|--|--|--|
| 1 Name of selected employee   |  |  |  |  |
| 2a Was this person a paid employee in your business as at the end of February 1984?   | Yes No   | Yes No   | Yes No   | Yes No   |
| 2b. If NO, please explain. (e.g. person not known employee who left before end February 1984) If the person was not an employee at end February, leave the rest of the column blank |  |  |  |  |
| 3 At end February 1984, where did this person mainly work for you? (Town or village District)   |  |  |  |  |
| 4 Sex   | Male Female  | Male Female  | Male Female  | Male Female  |
| 5 Age last birthday (completed years)   |  |  |  |  |
| 6 Botswana citizen?   | Yes No   | Yes No   | Yes No   | Yes No   |
| 7a Job title of position held at end February 1984  |  |  |  |  |
| 7b. Major duties and functions of this position   |  |  |  |  |
| 8 Highest academic qualifications (State highest Standard or Form passed or highest diploma obtained. State "NII" if no schooling.)   |  |  |  |  |
| 9 What other certificates relevant to his job has the person got? (e.g. typing, motor vehicle mechanic City and Guilds driving licence)   |  |  |  |  |
| 10 How long ago was the most recent qualification obtained? (Tick one box for each person)  | Less than 1 year<br>1 to under 5 years<br>5 to under 10 years<br>10 or more years                                    | Less than 1 year<br>1 to under 5 years<br>5 to under 10 years<br>10 or more years                                    | Less than 1 year<br>1 to under 5 years<br>5 to under 10 years<br>10 or more years                                    | Less than 1 year<br>1 to under 5 years<br>5 to under 10 years<br>10 or more years                                    |
| 11a In your opinion, do you think that the employee requires more study or training towards a certificate?  | Yes No   | Yes No   | Yes No   | Yes No   |
| 11b If more certifiable training is recommended, what sort of training is required?   |  |  |  |  |
| 12 Is the person available to be trained if a suitable course were found?   | Yes No   | Yes No   | Yes No   | Yes No   |
| Alternatives  |  |  |  |  |
| 13a Would the duties of the position be better carried out by someone else with different certificates?   | Yes No   | Yes No   | Yes No   | Yes No   |
| 13b If YES, what sort of certificates would this other person have?   |  |  |  |  |
| Work experience   |  |  |  |  |
| 14 How many years relevant work experience does your employee have for this job?  | None<br>Some but under 1 year<br>1 to under 2 years<br>2 to under 5 years<br>5 to under 10 years<br>10 years or more | None<br>Some but under 1 year<br>1 to under 2 years<br>2 to under 5 years<br>5 to under 10 years<br>10 years or more | None<br>Some but under 1 year<br>1 to under 2 years<br>2 to under 5 years<br>5 to under 10 years<br>10 years or more | None<br>Some but under 1 year<br>1 to under 2 years<br>2 to under 5 years<br>5 to under 10 years<br>10 years or more |

\*\*\*\*\*PLEASE CONTINUE DETAILS FOR EACH EMPLOYEE ON THE REVERSE OF THIS PAGE \*\*\*\*\*

PART C. — (continued) (Please repeat names at top of each column)

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| 15. For how many years has the person been employed by you?  |   | Under 1 year <input type="checkbox"/><br>1 to under 2 years <input type="checkbox"/><br>2 to under 5 years <input type="checkbox"/><br>5 to under 10 years <input type="checkbox"/><br>10 years or more <input type="checkbox"/> | Under 1 year <input type="checkbox"/><br>1 to under 2 years <input type="checkbox"/><br>2 to under 5 years <input type="checkbox"/><br>5 to under 10 years <input type="checkbox"/><br>10 years or more <input type="checkbox"/> | Under 1 year <input type="checkbox"/><br>1 to under 2 years <input type="checkbox"/><br>2 to under 5 years <input type="checkbox"/><br>5 to under 10 years <input type="checkbox"/><br>10 years or more <input type="checkbox"/> | Under 1 year <input type="checkbox"/><br>1 to under 2 years <input type="checkbox"/><br>2 to under 5 years <input type="checkbox"/><br>5 to under 10 years <input type="checkbox"/><br>10 years or more <input type="checkbox"/> |
| <i>Wage: Salary</i>  |   | Normal gross pay: P .....  | Normal gross pay P .....   | Normal gross pay: P .....  | Normal gross pay: P .....  |
| 16a At the last pay-day in February 1984, how much was the person paid? (Show gross pay only — before tax or any other deductions and excluding payments in kind. Show whole pula only. Do not show thirds.) |   | Overtime (if any): P .....   |
|  |   | Special adjustments this pay: P .....  |
|  |   | TOTAL GROSS PAY: P .....   |
| 16b What period did this pay cover?  |   | One week <input type="checkbox"/><br>One month <input type="checkbox"/><br>Other (specify) .....   | One week <input type="checkbox"/><br>One month <input type="checkbox"/><br>Other (specify) .....   | One week <input type="checkbox"/><br>One month <input type="checkbox"/><br>Other (specify) .....   | One week <input type="checkbox"/><br>One month <input type="checkbox"/><br>Other (specify) .....   |
| <i>Hours worked</i>  |   |  |  |  |  |
| 17. How many hours does the person ordinarily work (without overtime) each week? (i.e. what are the standard ordinary time hours for this job?)  |   | ..... hours per week   |
| 18. If overtime payments are recorded in 16a above for this person, how many overtime hours are covered by these overtime payments?  |   | ..... overtime hours   | ..... overtime hours   | ..... overtime hours   | ..... overtime hours   |
| <i>Payments-in-kind</i>  | 19. Do you provide the employee with any of these items free or at less than market prices? | Tick if YES <input type="checkbox"/>   |
|  | Housing   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
|  | Furniture   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
|  | Food  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
|  | Clothing  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Car or other transport   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| Education for family of employee   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| Any other item   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| <i>Cash bonuses</i>  |   |  |  |  |  |
| 20a Do you provide the employee with any periodic (e.g. annual) cash bonus?  |   | Yes/No .....   | Yes/No .....   | Yes/No .....   | Yes/No .....   |
| 20b If YES, how much total cash bonus did the employee get during 1983?  |   | Pula .....   | Pula .....   | Pula .....   | Pula .....   |
| <i>Other work conditions</i>   |   |  |  |  |  |
| 21. Excluding public holidays, how many working days each year is the employee given for:  |   |  |  |  |  |
| (a) paid annual vacation/recreation leave (For expatriates, include non-local leave.)  |   | ..... days per year  |
| (b) paid sick leave (full pay)   |   | ..... days per year  |

THANK YOU FOR YOUR CO-OPERATION

NAME OF PERSON COMPLETING THIS FORM ..... DATE .....

MADE this 10th day of April 1984

P. S. MMUSL  
Minister of Finance and Development Planning.