

CONFIDENTIAL

TO BE COMPLETED AND RETURNED TO THE CENTRAL STATISTICAL OFFICE, PLAZA 47 FREDERICK STREET, POS (NEXT TO ROYAL CASTLE)
MAILING ADDRESS: CENTRAL STATISTICAL OFFICE, BUSINESS SURVEY SECTION, PO BAG 98 POS



Serial No.

Industry No.

**REPUBLIC OF TRINIDAD AND TOBAGO
MINISTRY OF PLANNING & DEVELOPMENT
CENTRAL STATISTICAL OFFICE
BUSINESS SURVEYS SECTION
SURVEY OF ESTABLISHMENTS 201....
PRIVATE EDUCATIONAL INSTITUTIONS FORM**

Date due for submission to C.S.O.

This survey is conducted in accordance with the Statistics Act, Chapter 19:02 of the Revised Laws of the Republic of Trinidad and Tobago. Information on this survey and instructions for the completion of this form can also be accessed from our website: www.cso.gov.tt For enquires, please call 627-3183, 623-7044 or 625-3891

SECTION 1 - CHARACTERISTICS OF ESTABLISHMENT	FOR OFFICE USE ONLY																				
<p>1.1 Name of School</p> <p>1.2 Address</p> <p>Phone Number Fax</p> <p>Email Website</p> <p>1.3 Type of education (<i>see instruction 1.3</i>)</p> <p><input type="checkbox"/> Pre-Primary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p> <p><input type="checkbox"/> Technical/Commercial/Vocational <input type="checkbox"/> Other (<i>Specify</i>):</p> <p>1.4 Year began operation</p> <p>1.5 Type of Ownership (<i>Please Tick one</i>)</p> <p><input type="radio"/> Sole Proprietorship <input type="radio"/> Government</p> <p><input type="radio"/> Partnership <input type="radio"/> Co-operative</p> <p><input type="radio"/> Private Limited Company <input type="radio"/> Non-Profit Institution</p> <p><input type="radio"/> Public Limited Company <input type="radio"/> Other (<i>Specify</i>)</p> <p>1.6 Ownership of Equity</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="text"/></td> <td style="width:15%;">% National</td> <td style="width:35%;"></td> <td style="width:35%;">% Foreign</td> <td style="width:15%;">Country</td> </tr> <tr> <td><input type="text"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="text"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="text"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>*1.7 Reference period for data supplied (see below)</p>	<input type="text"/>	% National		% Foreign	Country	<input type="text"/>					<input type="text"/>					<input type="text"/>					<p align="center">TTSIC</p> <p align="center"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">EMPLOYMENT YEAR</p> <p align="center"><input type="text"/> <input type="text"/></p> <p align="center">EMPLOYMENT FIGURE</p> <p align="center"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">ISIC REV.4</p> <p align="center"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">YEAR BEGAN OPERATION</p> <p align="center"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">YEAR OF DATA</p> <p align="center"><input type="text"/> <input type="text"/></p> <p align="center">COUNTY/WARD</p> <p align="center"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">LEGAL CODE</p> <p align="center"><input type="text"/></p> <p align="center">OWNERSHIP CODE</p> <p align="center"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">COMMUNITY CODE</p> <p align="center"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">REGIONAL CORPORATION CODE</p> <p align="center"><input type="text"/> <input type="text"/></p>
<input type="text"/>	% National		% Foreign	Country																	
<input type="text"/>																					
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<input type="text"/>																					
SECTION 2 - ENROLMENT AND EMPLOYMENT																					
<p>2.1 Students enrolled</p> <p>2.2 Staff employed May November</p>																					
<p>*Reference period is normally the institution's financial year.(e.g. 1st April 2017 to 31 March 2018)</p> <p>In order for data submitted to be classified as survey data, the period to which it pertains should be either of the following:-</p> <p>(1) the calendar year under survey e.g. January to December;</p> <p>(2) any 12-month period in which at least six (6) of those months fell within the year being surveyed.</p>	<p align="center"><input type="checkbox"/></p> <p align="center">Type of Form</p>																				

Figures should be rounded to the nearest \$TT

SECTION 3 - CURRENT EXPENDITURE			
	For Office Use Only	Total	Of which: Paid to Non-residents
		\$T.T.	
3.1 Total labour payments	03001		
3.2 Materials and supplies	03010		
3.3 Electricity, telephone, postage	03079		
3.4 Insurance (buildings, vehicles etc.)	03082		
3.5 Bank charges (excluding interest payments)	03141		
3.6 Rental of buildings, office space and parking facilities	03139		
3.7 Depreciation	07026		
3.8 All other current expenses	03132		
3.0 TOTAL CURRENT EXPENDITURE	03000		
SECTION 4 - RECEIPTS			
	For Office Use Only	Total	Of which: Paid to Non-residents
		\$T.T.	
4.1 Receipts from Student Fees	04001		
4.2 All other receipts (<i>Please specify</i>)	04024		
4.0 TOTAL RECEIPTS	04000		
SECTION 5 - STOCKS			
	For Office Use Only	As at the beginning of	As at the end of
		201...	201...
5.0 TOTAL STOCKS	05000		
SECTION 6 - CAPITAL EXPENDITURE			
Amount spent during the reference period, on the following fixed assets:	For Office Use Only	New assets	Alterations, renovations, improvements
6.1 Buildings (New buildings, renovations, extensions)	06002		
6.2 Motor Vehicles	06018		
6.3 Plant, machinery and equipment	06017		
6.4 Furniture and office equipment	06020		
6.5 All other capital expenditure	06019		
6.0 TOTAL CAPITAL EXPENDITURE	06000		

Signature of Person completing Form: _____ Position: _____

Name (**Block Letters**): _____ Date Completed: _____

Remarks from FIRM: _____

Signature of CSO Field Officer: _____ CSO Editor: _____

DO NOT WRITE BELOW LINE - FOR CSO OFFICE USE ONLY

Contact Person: _____ Phone No: _____ Date: _____

Query: _____

Response: _____