

# Workplace Employment Relations Study 2011

Carried out for the Department for Business, Innovation and Skills\*

## SURVEY OF EMPLOYEES

### Completing this questionnaire

This is a national survey of people at work. We are interested in your views about your job and your workplace.



You can also complete the questionnaire online. Please see the accompanying letter for information on how to do this.

**Everything that you say in this questionnaire will remain confidential.**

The questionnaire should take no more than 15 minutes to fill in.

Please use a blue or black pen to complete the questionnaire, and try to answer every question.

**Please try to return the completed questionnaire within the next two weeks.**

**Thank you for your help.**

## A. ABOUT YOUR JOB

**A1** How many years in total have you been working at this workplace? By workplace we mean the site or location at, or from, which you work.

Less than 1 year	1 to less than 2 years	2 to less than 5 years	5 to less than 10 years	10 years or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A2** Which of the phrases below best describes your job here?

*Tick one box only*

Permanent

Temporary – with no agreed end date

Fixed period – with an agreed end date

**A3** What are your basic or contractual hours each week in your job at this workplace, excluding any paid or unpaid overtime?

Contracted hours (to nearest hour)

**A4** How many hours do you usually work in your job each week, including overtime or extra hours? *Exclude meal breaks and time taken to travel to work.*

Usual hours per week (to nearest hour)

**A5** Do you agree or disagree with the following statements about your job?

*Tick one box in each row*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
My job requires that I work very hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I never seem to have enough time to get my work done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my job is secure in this workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A6** Think about how people in your kind of job progress – for example get a promotion. Do you agree or disagree that people in this workplace who want to progress usually have to put in long hours?

*Tick one box only*

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A7** In general, how much influence do you have over the following?*Tick one box in each row*

	A lot	Some	A little	None	Don't know
The tasks you do in your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pace at which you work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you do your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The order in which you carry out tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The time you start or finish your working day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A8** How satisfied are you with the following aspects of your job?*Tick one box in each row*

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know
The sense of achievement you get from your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The scope for using your own initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of influence you have over your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training you receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The opportunity to develop your skills in your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of pay you receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The work itself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A9** Thinking of the past few weeks, how much of the time has your job made you feel each of the following?*Tick one box in each row*

	All of the time	Most of the time	Some of the time	Occasionally	Never
Tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uneasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miserable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## B. ABOUT YOUR WORKPLACE

**B1** In the last 12 months, have you made use of any of the following arrangements, and if not, are they available to you if you needed them?

*Tick one box in each row*

	I have used this arrangement	Available to me but I do not use	Not available to me	Don't know
Flexi-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job sharing (sharing a full-time job with someone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The chance to reduce your working hours (e.g. full-time to part-time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working the same number of hours per week across fewer days (e.g. 37 hours in four days instead of five)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working at or from home in normal working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working only during school term times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid leave to care for dependents in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B2** Now thinking about both your commitments at this workplace and outside of work, do you agree or disagree with the following?

*Tick one box in each row*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I often find it difficult to fulfil my commitments outside of work because of the amount of time I spend on my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often find it difficult to do my job properly because of my commitments outside of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B3** Apart from health and safety training, how much training have you had during the last 12 months, either paid for or organised by your employer? *Please only include training where you have been given time off from your normal daily work duties to undertake the training.*

*Tick one box only*

None	Less than 1 day	1 to less than 2 days	2 to less than 5 days	5 to less than 10 days	10 days or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B4** How well do the work skills you personally have match the skills you need to do your present job?

*Tick one box only*

	Much higher	A bit higher	About the same	A bit lower	Much lower
<b>My own skills are</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B5****Did any of the following happen to you as a result of the most recent recession, whilst working at this workplace?***Tick all that apply*

- I was not working at this workplace during the recession  → Go to **B6**
- My workload increased
- My work was reorganised
- I was moved to another job
- My wages were frozen or cut
- My non-wage benefits (e.g. vehicles or meals) were reduced
- My contracted working hours were reduced
- Access to paid overtime was restricted
- I was required to take unpaid leave
- Access to training was restricted
- None of the above

**B6****In general, how good would you say managers at this workplace are at keeping employees informed about the following?***Tick one box in each row*

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know
Changes to the way the organisation is being run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in the way you do your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial matters, including budgets or profits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B7****Overall, how good would you say managers at this workplace are at...***Tick one box in each row*

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know
Seeking the views of employees or employee representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to suggestions from employees or employee representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allowing employees or employee representatives to influence final decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B8****Overall, how satisfied are you with the amount of involvement you have in decision-making at this workplace?** *Tick one box only*

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. YOUR VIEWS ABOUT WORKING HERE

**C1** To what extent do you agree or disagree with the following statements about working here?

*Tick one box in each row*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Using my own initiative I carry out tasks that are not required as part of my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I share many of the values of my organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel loyal to my organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am proud to tell people who I work for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C2** Now thinking about the managers at this workplace, to what extent do you agree or disagree with the following?

*Tick one box in each row*

Managers here...	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Can be relied upon to keep to their promises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are sincere in attempting to understand employees' views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deal with employees honestly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand about employees having to meet responsibilities outside work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage people to develop their skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treat employees fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C3** In general, how would you describe relations between managers and employees here?

*Tick one box only*

Very good	Good	Neither good nor poor	Poor	Very poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. REPRESENTATION AT WORK

**D1**

**Are you a member of a trade union or staff association?**

*Tick one box only*

Yes	No, but have been in the past	No, have never been a member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D2**

**Ideally, who do you think would best represent you in dealing with managers here about the following?**

*Tick one box in each row*

	Myself	Trade Union	Employee representative (non-union)	Line manager	Another employee
Getting increases in your pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your employer wanted to reduce your hours or pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you wanted to make a complaint about working here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a manager wanted to discipline you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D3**

**How would you describe management's general attitude towards trade union membership among employees here?**

*Tick one box only*

**Management is....**

In favour of trade union membership	<input type="checkbox"/>
Not in favour of trade union membership	<input type="checkbox"/>
Neutral about it	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**D4**

**Is there a trade union or staff association at this workplace?**

*Tick one box only*

Yes	<input type="checkbox"/>	→	Go to	<b>D5</b>
No	<input type="checkbox"/>	}	Go to	<b>E1</b>
Don't know	<input type="checkbox"/>	}		

**D5**

**Do you agree or disagree with the following statements about unions or staff associations at this workplace?**

*Tick one box in each row*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
...take notice of members' problems and complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are taken seriously by management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...make a difference to what it is like to work here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. FINALLY, ABOUT YOURSELF

**E1** Are you male or female?

Male

Female

**E2** How old are you?

*Tick one box only*

16-17

22-29

50-59

18-19

30-39

60-64

20-21

40-49

65 and above

**E3** Which of the following describes your current status?

*Tick one box only*

Single

Married or living  
with a partner

Divorced/separated

Widowed

**E4** How many dependent children do you have, if any, in the following age groups?

*Enter number  
of children*

*Enter number  
of children*

*Tick if  
applies*

0 – 2 years

8 – 11 years

No dependent  
children

3 – 4 years

12 – 15 years

5 – 7 years

16 – 18 years

**E5** Do you look after or give help or support to any family members or friends who have a long-term physical or mental illness or disability, or who have problems related to old age?

*Tick one box only*

No

Yes, 0 – 4  
hours a  
week

Yes, 5 – 9  
hours a  
week

Yes, 10 – 19  
hours a  
week

Yes, 20 – 34  
hours a  
week

Yes, 35 or  
more hours a  
week

**E6** Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? *Please include problems related to old age.*

*Tick one box only*

No

Yes, limited a little

Yes, limited a lot



**E7**

**Which, if any, of the following academic, vocational or professional qualifications have you obtained?** *Tick all that apply*

GCSE grades D-G/CSE grades 2-5,  
SCE O grades D-E/SCE Standard  
grades 4-7

GCSE grades A-C, GCE 'O'-level  
passes, CSE grade 1, SCE O grades  
A-C, SCE Standard grades 1-3

1 GCE 'A'-level grades A-E, 1-2 SCE  
Higher grades A-C, AS levels

2 or more GCE 'A'-levels grades A-E,  
3 or more SCE Higher grades A-C

First degree, eg BSc, BA, BEd, HND,  
HNC, MA at first degree level

Higher degree, eg MSc, MA, MBA,  
PGCE, PhD

Other academic qualifications

No academic qualifications

Level 1 NVQ or SVQ,  
Foundation GNVQ or GSVQ

Level 2 NVQ or SVQ, Intermediate  
GNVQ or GSVQ, City and Guilds Craft,  
BTEC First/General Diploma,  
RSA Diploma

Level 3 NVQ or SVQ, Advanced GNVQ  
or GSVQ, City and Guilds Advanced  
Craft, BTEC National, RSA Advanced  
Diploma

Level 4 NVQ or SVQ, RSA Higher  
Diploma, BTEC Higher level

Level 5 NVQ or SVQ

Completion of trade apprenticeship

Other vocational or pre-vocational  
qualifications, e.g. OCR

Other professional qualifications, e.g.  
qualified teacher, accountant, nurse

No vocational or professional  
qualifications

**E8**

**What is the full title of your main job?**

*e.g. Primary School Teacher, State Registered Nurse, Car Mechanic, Benefits Assistant.  
If you are a civil servant or local government officer, please give your job title, not your  
grade or pay band.*

**E9**

**Describe what you do in your main job. Please describe as fully as possible.**

**E10**

**Do you supervise any other employees?** *A supervisor, foreman or line manager is  
responsible for overseeing the work of other employees on a day-to-day basis.*

Yes

No

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**E11**

**How much do you get paid for your job here, before tax and other deductions are taken out?** *If your pay before tax changes from week to week because of overtime, or because you work different hours each week, think about what you earn on average.*

*Tick one box only*

- £60 or less per week (£3,120 or less per year)
- £61 - £100 per week (£3,121 - £5,200 per year)
- £101 - £130 per week (£5,201 - £6,760 per year)
- £131 - £170 per week (£6,761 - £8,840 per year)
- £171 - £220 per week (£8,841 - £11,440 per year)
- £221 - £260 per week (£11,441 - £13,520 per year)
- £261 - £310 per week (£13,521 - £16,120 per year)
- £311 - £370 per week (£16,121 - £19,240 per year)
- £371 - £430 per week (£19,241 - £22,360 per year)
- £431 - £520 per week (£22,361 - £27,040 per year)
- £521 - £650 per week (£27,041 - £33,800 per year)
- £651 - £820 per week (£33,801 - £42,640 per year)
- £821 - £1,050 per week (£42,641 - £54,600 per year)
- £1,051 or more per week (£54,601 or more per year)

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**E12**

**Which of the following do you receive in your job here?**

*Tick all that apply*

- Basic fixed salary/wage
- Payments based on your individual performance or output
- Payments based on the overall performance of a group or a team
- Payments based on the overall performance of your workplace or organisation (e.g. profit-sharing scheme)
- Extra payments for additional hours of work or overtime
- Contributions to a pension scheme

**E13** To which of these groups do you consider you belong?

*Tick one box only*

<b>White</b>	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Any other white background	<input type="checkbox"/>
<b>Mixed</b>	White and Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other mixed background	<input type="checkbox"/>
<b>Asian or Asian British</b>	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
<b>Black or Black British</b>	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>
<b>Other ethnic group</b>	Arab	<input type="checkbox"/>
	Any other ethnic group	<input type="checkbox"/>

**E14** What is your religion?

*Tick one box only*

No religion	<input type="checkbox"/>
Christian (including Church of England, Church of Scotland, Catholic, Protestant, and all other Christian denominations)	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Another religion	<input type="checkbox"/>

**E15** Which of the following options best describes how you think of yourself?

2020

*Tick one box only*

Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**E16**

**Do you have any final comments you would like to make about your workplace, or about this questionnaire?**

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**Thank you for taking the time to complete this questionnaire.**

**Please now return the questionnaire by using the freepost envelope provided.**

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