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COMPLETE

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Page 1: Questions about your LGA

Q1

Enter your contact information

Your Name	Jerome Parot
Your Position	Manager, Strategic Operations
Your Email Address	jparot@aquaticsandrecreation.org.au
Your Phone Number	0000 000 000

Q2

Monash City

Select your local government area

Q3

In a few words, describe any notable achievements, success stories or 'big wins' for your facilities (and the local communities they serve) from FY24

ARV created a brilliant survey for assessing the value, impact and performance of the Victorian Aquatics & Recreation industry

Q4

Please indicate your level of agreement / disagreement with the following statements describing recent challenges in our industry

Staff recruitment is a concern for our facilities	Neutral
Staff retention is a concern for our facilities	Neutral
Our facilities have adequate staff numbers	Neutral
Occupational violence and aggression are issues at our facilities	Neutral
Rising operating costs / budget constraints are a concern for our facilities	Neutral
Ageing infrastructure is a concern for some, or all, of our facilities	Neutral
Victoria's cost of living crisis is impacting facility operations and consumer behaviour	Neutral
Current participation levels are a concern for our facilities	Neutral
Impact of climate change / extreme weather events are a concern for our facilities	Neutral

Q5

List any other challenges (not listed above) currently facing your facilities

N/A

Q6

Rank your priorities for the next 12 months

Community engagement	5
Environmental sustainability	6
Alignment of service delivery with council plan and policies	4
Capital works projects	9
Staff recruitment and retention	1
Membership acquisition and retention	7
Diversity, equity and inclusion	8
Financial sustainability	3
Staff training	2

Q7

List any other priorities (not listed above) for your LGA over the next 12 months

N/A

Q8

Yes

Do your facilities have a system to assess the social impact / value of their programs and services?

Q9

If yes, what data do your facilities collect to assess the social impact / value of their programs and services? Do you engage anyone externally to support them in this work?

We survey participants before they join our facilities, and every 6 months after that, to determine the impact of our programs and services on their overall health & wellbeing

Q10

If no, why aren't your facilities currently collecting data to assess the social impact / value of your programs and services?

N/A

Q11

Please indicate your level of agreement or disagreement with the following statements regarding the social value / impact of your facilities.

Facility users improve their physical health	Neutral
Facility users achieve the recommended physical activity and exercise guidelines	Neutral
We conduct pre- and post-program assessments of facility users physical health	Neutral
Facility users improve their mental health	Neutral
Facility users make friends / gain social connection	Neutral
Facility users gain a sense of belonging	Neutral
We implement initiatives to embrace diversity, equity and inclusion	Neutral
Our facilities contribute to drowning prevention	Neutral

Q12

Looking ahead, how can ARV best support the industry? What should we be prioritising / focusing on?

ARV should continue it's advocacy to State and Federal government, especially around the following issues: A, B & C

Q13

Yes

In future years, to circumvent the process of providing your facility data to ARV manually, are you happy for your POS software provider (i.e. PerfectGym) to share your facility data directly with ARV via a custom report?

Page 2: Facility Information (Facility 1)

Q14

Enter your facility's details

Facility Name	Aquatics & Recreation Victoria
Facility Address	195 Wellington Rd
Facility Suburb	Clayton
Facility Post Code	3168

Q15

Council-managed

Select your facility's management model

Q16

If managed under contract, which organisation manages your facility?

N/A

Q17

Facility size in square metres (m2)

356

Q18

Yes

Does your facility operate year round?

Q19

No

Does your facility engage volunteers to support its operations?

Q20

As at 30 June 2024, what was the gender breakdown of your facility team (i.e. # of staff members by gender)

Male	0
Female	0
Other	0

Q21

Please indicate your level of agreement / disagreement with the following statements regarding staff diversity, equity and inclusion

We implement diversity, equity and inclusion principles at our facility **Neutral**

We have staff living with a disability working at our facility **Neutral**

We have staff from non-English speaking backgrounds working at our facility **Neutral**

We welcome and embrace staff from diverse backgrounds at our facility **Neutral**

Q22

If your facility currently has a learn to swim (LTS) wait list, please enter the total number of people on the wait list below:

000

Q23

Please enter the total # of visits (paying and non-paying) at your facility across FY24

000000

Q24

As at 30 June 2024, please enter the total # of members (excluding visit pass holders) at your facility. Note: Include all members across your facility regardless of membership type - aquatic members, health club members, swim squad members, etc. Note: Include both active and suspended members.

0000

Q25

Please enter the total # of learn to swim (LTS) enrolments at your facility across FY24

00000

Q26

If known, please enter the total # of children who participated in a learn to swim (LTS) class for the first time at your facility across FY24

0000

Q27

Please enter the total # of school/carnival attendees at your facility across FY24

00000

Q28

As at 30 June 2024, please enter the total # of staff employed at your facility

Casual	0
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Permanent	0
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Q29

Please enter the total # of staff who left your organisation (i.e. due to resignation or termination) in FY24

0

Q30

Please enter your facility's total revenue (\$) for FY24Note: Enter numbers only (e.g. 123456). Do not include symbols, commas or spaces.

0000000

Q31

Please enter your facility's total expenditure (\$) for FY24Note: Enter numbers only (e.g. 123456). Do not include symbols, commas or spaces.

0000000

Q32

Please enter your facility's gas, electricity and water usage in FY24

Total gas usage (MJ)	000000
Total gas costs	000000
Total electricity usage (kWh)	000000
Total electricity costs	000000
Total water usage (kL)	000000
Total water costs	000000

Q33

Please indicate which of the following ESD initiatives have been implemented at your centre (select all that apply)

- Solar panels have been installed,**
 - We use pool blankets,**
 - Lighting timers have been installed,**
 - Variable speed drive (VSD) pumps have been installed**
-

Q34

Have you implemented any other ESD initiatives not listed above, or do you have any planned for 2024-25?

N/A

Q35

No

Do you need to enter this information for another facility?
