

**2e. Contractor Activities** (X all that apply)

In the past 12 months, for which of the following activities were **contractors** employed

- |   |                          |                            |                          |
|---|--------------------------|----------------------------|--------------------------|
| Silage / Hay Making                           | <input type="checkbox"/> | Hedge Cutting              | <input type="checkbox"/> |
| Crop Harvesting                               | <input type="checkbox"/> | Other Livestock Work       | <input type="checkbox"/> |
| Spreading Slurry / Manure / Fertiliser / Lime | <input type="checkbox"/> | Drainage Work              | <input type="checkbox"/> |
| Farm Advisory Service / Accountant            | <input type="checkbox"/> | Other Field / Tillage Work | <input type="checkbox"/> |

**2f. Farm Relief Services & Other Labour**

Please give the number of days worked on your farm in the past 12 months by:

<b>Farm Relief Services</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Casual &amp; Other Labour</b> <i>(For example, you employed 2 workers for 4 days = 8 days worked on your farm)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2g. Contribution to Household** (select one box only)

What percentage of your overall household income comes from farming?

- 0-10%     11-50%     51-100%

**Section 3: Farm Safety Plan**

**Farm Safety** (please X)

Does the farm / holding have a Farm Safety Plan?    Yes     No

**Section 4: Farm Succession**

**Farm Successor** (please X)

Have you identified a Farm Successor?    Yes     No

If Yes, is the individual

Male     Female

If Yes, is the individual

A member of your family     A non-family member

**Section 5: Measuring Response Burden**

In order to measure the burden on respondents completing CSO surveys, please state approximately how many minutes it took you to complete this questionnaire?

  

**Section 6: Declaration**

I certify that the information given on this form is correct to the best of my knowledge.

Signature  
*(Please keep within the white box)*

Date    Day  / Month  / Year

Day-time contact telephone number   

Eircode       

E-mail

Thank you for taking the time to complete this survey



**CONFIDENTIAL**

Please quote reference number on all correspondence

**CENTRAL STATISTICS OFFICE**  
South City Delivery Office  
PO BOX 13146  
CORK  
www.cso.ie

**Enquiries to:**  
LoCall 1890 924 990  
or 021 453 5364

**Agricultural Labour Force Survey 2020**

The purpose of this survey is to compile statistics on the labour force on Irish farms. The data is required to meet national and EU needs for structural statistics on agriculture as outlined in Annex IV of Regulation (EU) 2018/1091.

This questionnaire is being sent to a sample of farms who took part in the September 2020 Census of Agriculture. The CSO appreciated your cooperation in the Census of Agriculture and asks you to complete this survey on agricultural labour on your farm in the past 12 months.

The completed questionnaire should be returned by **Monday, 11 January 2021** using the freepost pre-addressed envelope provided. If there are any changes or corrections to the contact details above, please amend these accordingly.

If you require further information or would like to give the information by telephone please contact the CSO on:

**LoCall: 1890 924 990**

**Email: agri@cso.ie**

Please refer to the accompanying information booklet while you are completing this questionnaire.

**Tá leagan Gaeilge den fhoirm seo ar fáil.**

**Thank you for your co-operation.**

Pádraig Dalton  
Director General

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## Section 1: Farm Diversification

### Farm Diversification Activities (X all that apply)

Please indicate which of the following commercial enterprises, if any, you run on this farm.  
(Exclude activities run by persons who are not part of your farm business.)

Farm Tourism (B & B, Farm Holidays etc.)	<input type="checkbox"/>	Fish Farming / Aquaculture	<input type="checkbox"/>
Recreational Activities (Horse Riding, Pitch & Putt, Fishing etc.)	<input type="checkbox"/>	Processing of Farm Products	<input type="checkbox"/>
Health, Social or Educational Services	<input type="checkbox"/>	Forestry	<input type="checkbox"/>
Social Farming	<input type="checkbox"/>	Wood Processing	<input type="checkbox"/>
Agricultural Contracting (using equipment of the holding)	<input type="checkbox"/>	Home Arts & Crafts	<input type="checkbox"/>
Other Contracting	<input type="checkbox"/>	Beehives (Bees kept for the production and sale of honey)	<input type="checkbox"/>

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Other (please specify)



What percentage of your **overall business turnover** comes from farm diversification activities?  
(select one box only)

0-10%  11-50%  51-100%

## Section 2: Labour Input on the Farm in the past 12 months

### 2a. Holder, Spouse and / or Manager

Complete the following for Holder, Holder's Spouse and / or Manager, if applicable.

**You, the Holder**      **Your Spouse / Partner**      **Manager**  
(if not the holder or spouse)

<b>Gender (please X)</b>	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Age</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Time spent on Farm Work</b> (average hours per week over the year) (please X appropriate box)	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Less than 9 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9 hours or more but less than 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	18 hours or more but less than 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	27 hours or more but less than 36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	36 hours or more but less than 72	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Time spent on Other Paid Work</b> (please X appropriate box)	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Less than on farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	More than on farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was this <b>Other Paid Work</b> directly related to farm diversification activities? <b>Diversification activities are those mentioned in Section 1 above.</b>	Yes No	<input type="checkbox"/> <input type="checkbox"/>	Yes No	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>

## 2b. Other Family Members

Please complete for family members (15 years of age and over) not recorded in Section 2a who spent time on Farm Work in the past 12 months

If there were more than 4 other family members, please enter details on a separate page and enclose with the questionnaire.

		1st	2nd	3rd	4th	
<b>Gender (please X)</b>	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Age</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Time spent on Farm Work</b> (average hours per week over the year) (please X appropriate box)	Less than 9 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	9 hours or more but less than 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	18 hours or more but less than 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	27 hours or more but less than 36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	36 hours and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Time spent on Other Paid Work</b> (please X appropriate box)	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Less than on farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	More than on farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was this <b>Other Paid Work</b> directly related to farm diversification activities? <b>Diversification activities are those mentioned in Section 1 on page 2.</b>	Yes No	<input type="checkbox"/> <input type="checkbox"/>	Yes No	<input type="checkbox"/> <input type="checkbox"/>	Yes No	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>

## 2c. Regular Non-Family Workers

Please complete for regular, non-family workers employed to work on the farm in the last 12 months

If there were more than 6 employees, please enter details on a separate page and enclose with the questionnaire.

		1st	2nd	3rd	4th	5th	6th
<b>Gender (please X)</b>	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Time spent on Farm Work</b> (average hours per week over the year) (please X appropriate box)	Less than 9 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9 hours or more but less than 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	18 hours or more but less than 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	27 hours or more but less than 36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	36 hours and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Time spent on Farm Diversification Activities</b> (please X appropriate box)	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Less than on farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	More than on farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Diversification activities are those mentioned in Section 1 on page 2.</b>							

## 2d. Agricultural Contractors and their Employees

Please give the total number of days worked by **Agricultural Contractors** & their employees on your farm in the past 12 months.

(For example, you employed 3 workers for 4 days = 12 days worked on your farm)

Days