**Consultation Response Form**

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| Your name: |
| Organisation (if applicable): |
| email / telephone number: |
| Your address: |

**Questions**

**Q1** Do you agree with the proposed minimum wage rates and allowances?

**Yes**

**No**

**Q2** Do you agree with the inclusion of Rest Breaks within the Agricultural Wages Order?

**Yes**

**No**

**Q3** If not, please explain why and do you have any further comments to make in relation to the Agricultural Wages Order?

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**Q4** Please provide information about yourself or your organisation. If possible, include details about the occupation or sector you are involved in, your workforce if you are an employer (including number of AMW workers, their grades and rates), and anything else you think is relevant.

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