

1980 No. 440

CENSUS

Census (Amendment) Regulations (Northern Ireland) 1980

Made 5th December 1980

Coming into operation 7th January 1981

The Department(a) of Finance, in exercise of the powers conferred on it by section 3(1) of the Census Act (Northern Ireland) 1969(b) and of every other power enabling it in that behalf, hereby makes the following regulations:

Citation and commencement

1. These regulations may be cited as the Census (Amendment) Regulations (Northern Ireland) 1980 and shall come into operation on 7th January 1981.

Interpretation

2.—(1) In these regulations a reference to “the principal Regulations” is a reference to the Census Regulations (Northern Ireland) 1980(c).

(2) A reference in these regulations to a numbered Regulation or Schedule is a reference to the Regulation or Schedule so numbered in the principal Regulations.

Amendments to principal regulations

3.—(1) For Regulation 8 (Forms of return) there shall be substituted:

“8. The form of return to be made by a prescribed person who is listed in column (1) of Schedule 2, or by a person making in accordance with Article 5(5) of the Census Order(d) a return on behalf of a prescribed person who is so listed, shall be the form set out in Schedule 3 which bears the identification particulars appropriate to that prescribed person which are shown in column (2) of Schedule 2, and any such prescribed person or person so making a return on behalf of a prescribed person shall comply with the instructions contained in that form”.

(2) For Schedule 3 there shall be substituted the Schedule set out in Schedule 1 to these regulations.

(3) After Schedule 3 there shall be inserted as Schedule 4 the Schedule set out in Schedule 2 to these regulations.

(4) For Regulation 7 (Undertaking) there shall be substituted:

“7.—(1) Every officer shall, before performing any duties under these regulations give, in the presence of a witness, an undertaking in the form set out in Schedule 1 with respect to the performance of his duties.

(2) A person listed in column (2) of Schedule 4 is hereby authorised to witness the execution of an undertaking by a person listed opposite in column (1) of Schedule 4”.

(5) The heading to Schedule 2 shall be deleted.

(a) Formerly Ministry: see 1973 c. 36 s. 40 and Sch. 5 para. 8(1)

(b) 1969 c. 8 (N.I.)

(c) S.R. 1980 No. 315

(d) S.R. 1980 No. 230

Sealed with the Official Seal of the Department of Finance for Northern Ireland on
5th December 1980.

(L.S.)

R. J. Anderson

Assistant Secretary

Census
SCHEDULE 1
"SCHEDULE 3

Forms of return for 1981 Census

IN STRICT CONFIDENCE



1981 CENSUS—NORTHERN IRELAND

H Form for Private Households

A household comprises either one person living alone or a group of persons (who may or may not be related) living at the same address with common housekeeping. Persons staying temporarily with the household are included.

To the Head or Joint Heads or members of the Household.

Please complete this form and have it ready for collection by the Census enumerator who will call on **Monday 6 April 1981** or soon after that day. If you are not sure how to answer any of the questions, the enumerator will be glad to help you when he or she calls. He will also need to make sure that you have filled in all these entries and you should give him any information which he may need for this purpose.

Completion of this form is compulsory under the Census Act (Northern Ireland) 1969, and if you refuse to complete it or give false information you may have to pay a fine of up to £10. There is no penalty for refusing to state religious denomination as this is a voluntary question.

The legal obligation to fill in the form rests on **you** but each person who has to be included is required to give you the information which you need. However, if any member of the household who is aged 16 years or over does not wish to give you his personal information, please ask the enumerator for an individual form and envelope. The completed individual form can then be returned in the official envelope direct to the enumerator or to the local census officer and you need only answer questions 1, 5 and 6 on this form for that person. If the completed individual form is given to you in the envelope, you should pass it unopened to the enumerator.

The information which you give on the form will be treated as **STRICTLY CONFIDENTIAL** and will be used only for compiling statistics. No names and addresses will be fed into the computer and **no information about named individuals will be passed by the Census Office to any other Government Department or to any other Authority or person.** If anyone in the census organisation improperly discloses information which you provide, he will be liable to prosecution. Similarly, you must not disclose any information which anyone (for example, a visitor or boarder) gives you to enable you to complete the form.

When you have completed the form, please sign the declaration at the foot of the last page.

Census Office
Management Services Building II
Stoney Road
Stormont.
BELFAST BT4 3UP
Telephone: Belfast 760711

ERIC BOSTON
Registrar General

Where boxes are provided please answer by putting a tick in the box against the answer which applies. For example, if the answer to the marital status question is 'single', tick box 1 thus: 1 single. **Please use ink or ballpoint pen**

FOR ENUMERATOR'S USE ONLY					
E.D. No.	1	Form No.	Grid Reference	Males	Females
Local Authority		Ward		Townland	
Town or Village					
Street etc. with No. or name of house					
Name of head of household					

FOR OFFICIAL USE
Family-type
Dwelling type
Planning code

PLEASE TURN OVER →

Where boxes are provided please tick the appropriate box (Please use ink or ballpoint pen)

	1st person	21	2nd person	22
<p>1-2 Beginning with the head or joint head of the household include on this form:</p> <p>(a) each person alive at midnight on 5 April 1981 who spends the night of 5-6 April in this household.</p> <p>(b) each person who usually lives in this household but spends the night of 5-6 April elsewhere—include those in hospital, on holiday, at school or university even if they are being put on another census form elsewhere.</p> <p>(c) all visitors, anyone on night work or travelling overnight to arrive in your household on 6 April.</p> <p>(d) a new baby still in hospital—if not yet named enter 'BABY' in Forename column.</p>	Surname		Surname	
	Forename(s)		Forename(s)	
	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
3. Date of birth	Day Month Year		Day Month Year	
<p>4. Marital Status</p> <p>Please tick the box showing the present marital status. If separated but not divorced please tick 'Married (1st marriage)' or 'Re-married' as appropriate.</p>	<p>1 <input type="checkbox"/> Single (never married)</p> <p>2 <input type="checkbox"/> Married (1st marriage)</p> <p>3 <input type="checkbox"/> Re-married</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Widowed</p>		<p>1 <input type="checkbox"/> Single (never married)</p> <p>2 <input type="checkbox"/> Married (1st marriage)</p> <p>3 <input type="checkbox"/> Re-married</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Widowed</p>	
<p>5. Relationship in Household</p> <p>Please tick the box which shows the relationship of each person to the person entered in the first column.</p> <p>Please write in relationship of 'other relative'—for example, father, daughter-in-law, brother-in-law, niece, uncle, cousin, grandchild.</p> <p>Please write in position in household of unrelated person—for example, boarder, housekeeper, friend, flatmate, foster child etc.</p>	Relationship to 1st person		Relationship to 1st person	
	<p>1 <input type="checkbox"/> Husband or wife of first person</p> <p>2 <input type="checkbox"/> Son or daughter of first person</p> <p>3 <input type="checkbox"/> Other relative—please state:</p> <p>.....</p> <p>4 <input type="checkbox"/> Unrelated, please state:</p> <p>.....</p>		<p>1 <input type="checkbox"/> Husband or wife of first person</p> <p>2 <input type="checkbox"/> Son or daughter of first person</p> <p>3 <input type="checkbox"/> Other relative—please state:</p> <p>.....</p> <p>4 <input type="checkbox"/> Unrelated, please state:</p> <p>.....</p>	
<p>6. Whereabouts on night of 5-6 April 1981</p> <p>Please tick the appropriate box to indicate where the person was on the night of 5-6 April 1981.</p>	<p>1 <input type="checkbox"/> At this address, out on night work or travelling to this address</p> <p>2 <input type="checkbox"/> Elsewhere in N. Ireland</p> <p>3 <input type="checkbox"/> Outside N. Ireland</p>		<p>1 <input type="checkbox"/> At this address, out on night work or travelling to this address</p> <p>2 <input type="checkbox"/> Elsewhere in N. Ireland,</p> <p>3 <input type="checkbox"/> Outside N. Ireland</p>	
<p>7. Usual Address</p> <p>If the person usually lives here tick 'this address' box. If not then tick 'elsewhere' box and enter the person's usual address.</p> <p>Students and children away from home during term-time should regard their home address as their usual address.</p> <p>Boarders should decide if they consider this their usual address.</p> <p>The home address should be taken as the usual address for a head of household who lives away from home for part of the week.</p>	<p><input type="checkbox"/> This address</p> <p><input type="checkbox"/> Elsewhere—please state below</p> <p><i>Block capitals please</i></p> <p>Address</p> <p>.....</p> <p>.....</p>		<p><input type="checkbox"/> This address</p> <p><input type="checkbox"/> Elsewhere—please state below</p> <p><i>Block capitals please</i></p> <p>Address</p> <p>.....</p> <p>.....</p>	
<p>8. Usual Address one year ago</p> <p>If the person's usual address one year ago (i.e. on 5 April 1980) was the same as that given in answer to question 7 please tick 'same' if not, please tick 'different' and write in the usual address.</p> <p>If everyone on the form has moved from the same address, please write the address in full for the first person and indicate with an arrow that this applies to the other people on the form.</p> <p>For a child born since 5 April 1980 write 'UNDER ONE'.</p>	<p><input type="checkbox"/> Same as Question 7</p> <p><input type="checkbox"/> Different—write the person's address on 5 April 1980</p> <p><i>Block capitals please</i></p> <p>Address</p> <p>.....</p> <p>.....</p>		<p><input type="checkbox"/> Same as Question 7</p> <p><input type="checkbox"/> Different—write the person's address on 5 April 1980</p> <p><i>Block capitals please</i></p> <p>Address</p> <p>.....</p> <p>.....</p>	
<p>9. Country of birth</p> <p>If the person was born in Northern Ireland, Wales, Scotland, England or the Republic of Ireland please tick the appropriate box. If the person was born in another country tick box 6 'Elsewhere' and write the present name of that country.</p>	<p>1 <input type="checkbox"/> Northern Ireland</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> England</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Elsewhere Please write the present name of the country</p> <p>.....</p> <p>.....</p>		<p>1 <input type="checkbox"/> Northern Ireland</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> England</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Elsewhere Please write the present name of the country</p> <p>.....</p> <p>.....</p>	
<p>10. Religion</p> <p>Please state the Religion, Religious Denomination or Body to which the person belongs. The general term 'Protestant' should not be used alone and the denomination should be given as precisely as possible.</p>	Religion		Religion	
	

<p>1 <input type="checkbox"/> Single (never married)</p> <p>2 <input type="checkbox"/> Married (1st marriage)</p> <p>3 <input type="checkbox"/> Re-married</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Widowed</p>	<p>1 <input type="checkbox"/> Single (never married)</p> <p>2 <input type="checkbox"/> Married (1st marriage)</p> <p>3 <input type="checkbox"/> Re-married</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Widowed</p>	<p>1 <input type="checkbox"/> Single (never married)</p> <p>2 <input type="checkbox"/> Married (1st marriage)</p> <p>3 <input type="checkbox"/> Re-married</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Widowed</p>	<p>1 <input type="checkbox"/> Single (never married)</p> <p>2 <input type="checkbox"/> Married (1st marriage)</p> <p>3 <input type="checkbox"/> Re-married</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Widowed</p>
<p>Relationship to 1st person</p> <p>1 <input type="checkbox"/> Husband or wife of first person</p> <p>2 <input type="checkbox"/> Son or daughter of first person</p> <p>3 <input type="checkbox"/> Other relative—please state:</p> <p>.....</p> <p>4 <input type="checkbox"/> Unrelated, please state:</p> <p>.....</p>	<p>Relationship to 1st person</p> <p>1 <input type="checkbox"/> Husband or wife of first person</p> <p>2 <input type="checkbox"/> Son or daughter of first person</p> <p>3 <input type="checkbox"/> Other relative—please state:</p> <p>.....</p> <p>4 <input type="checkbox"/> Unrelated, please state:</p> <p>.....</p>	<p>Relationship to 1st person</p> <p>1 <input type="checkbox"/> Husband or wife of first person</p> <p>2 <input type="checkbox"/> Son or daughter of first person</p> <p>3 <input type="checkbox"/> Other relative—please state:</p> <p>.....</p> <p>4 <input type="checkbox"/> Unrelated, please state:</p> <p>.....</p>	<p>Relationship to 1st person</p> <p>1 <input type="checkbox"/> Husband or wife of first person</p> <p>2 <input type="checkbox"/> Son or daughter of first person</p> <p>3 <input type="checkbox"/> Other relative—please state:</p> <p>.....</p> <p>4 <input type="checkbox"/> Unrelated, please state:</p> <p>.....</p>
<p>1 <input type="checkbox"/> At this address, out on night work or travelling to this address.</p> <p>2 <input type="checkbox"/> Elsewhere in N. Ireland</p> <p>3 <input type="checkbox"/> Outside N. Ireland</p>	<p>1 <input type="checkbox"/> At this address, out on night work or travelling to this address</p> <p>2 <input type="checkbox"/> Elsewhere in N. Ireland</p> <p>3 <input type="checkbox"/> Outside N. Ireland</p>	<p>1 <input type="checkbox"/> At this address, out on night work or travelling to this address</p> <p>2 <input type="checkbox"/> Elsewhere in N. Ireland</p> <p>3 <input type="checkbox"/> Outside N. Ireland</p>	<p>1 <input type="checkbox"/> At this address, out on night work or travelling to this address</p> <p>2 <input type="checkbox"/> Elsewhere in N. Ireland</p> <p>3 <input type="checkbox"/> Outside N. Ireland</p>
<p><input type="checkbox"/> This address</p> <p><input type="checkbox"/> Elsewhere—please state below</p> <p><i>Block capitals please</i></p> <p>Address</p> <p>.....</p>	<p><input type="checkbox"/> This address</p> <p><input type="checkbox"/> Elsewhere—please state below</p> <p><i>Block capitals please</i></p> <p>Address</p> <p>.....</p>	<p><input type="checkbox"/> This address</p> <p><input type="checkbox"/> Elsewhere—please state below</p> <p><i>Block capitals please</i></p> <p>Address</p> <p>.....</p>	<p><input type="checkbox"/> This address</p> <p><input type="checkbox"/> Elsewhere—please state below</p> <p><i>Block capitals please</i></p> <p>Address</p> <p>.....</p>
<p><input type="checkbox"/> Same as Question 7</p> <p><input type="checkbox"/> Different—write the person's address on 5 April 1980</p> <p><i>Block capitals please</i></p> <p>Address</p> <p>.....</p>	<p><input type="checkbox"/> Same as Question 7</p> <p><input type="checkbox"/> Different—write the person's address on 5 April 1980</p> <p><i>Block capitals please</i></p> <p>Address</p> <p>.....</p>	<p><input type="checkbox"/> Same as Question 7</p> <p><input type="checkbox"/> Different—write the person's address on 5 April 1980</p> <p><i>Block capitals please</i></p> <p>Address</p> <p>.....</p>	<p><input type="checkbox"/> Same as Question 7</p> <p><input type="checkbox"/> Different—write the person's address on 5 April 1980</p> <p><i>Block capitals please</i></p> <p>Address</p> <p>.....</p>
<p>1 <input type="checkbox"/> Northern Ireland</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> England</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Elsewhere</p> <p>Please write the present name of the country</p> <p>.....</p>	<p>1 <input type="checkbox"/> Northern Ireland</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> England</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Elsewhere</p> <p>Please write the present name of the country</p> <p>.....</p>	<p>1 <input type="checkbox"/> Northern Ireland</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> England</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Elsewhere</p> <p>Please write the present name of the country</p> <p>.....</p>	<p>1 <input type="checkbox"/> Northern Ireland</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> England</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Elsewhere</p> <p>Please write the present name of the country</p> <p>.....</p>
<p>Religion</p> <p>.....</p>	<p>Religion</p> <p>.....</p>	<p>Religion</p> <p>.....</p>	<p>Religion</p> <p>.....</p>

PLEASE TURN OVER →

11. Whether working, retired, housewife, etc. last week

Please tick all boxes appropriate to the person's activity last week. A job (box 1 and box 2) means any work for pay or profit but not unpaid work. It includes:
 casual or temporary work
 work on a person's own account
 work in a family business
 part-time work even if only for a few hours
 A part-time job (box 2) is a job in which the hours worked, excluding any overtime are usually 30 hours or less per week.
 Tick box 1 or box 2, as appropriate, if the person had a job but was not at work for all or part of the week because he or she was:

- on holiday temporarily laid off on strike sick
- For a full-time student tick box 9 as well as any other appropriate boxes.
- Do not count as a full-time student, a person in a paid occupation in which training is also given, such as a student nurse, an apprentice or a management trainee.

<p>1 <input type="checkbox"/> In a full-time job at any time last week</p> <p>2 <input type="checkbox"/> In a part-time job at any time last week</p> <p>3 <input type="checkbox"/> Waiting to take up a job already accepted</p> <p>4 <input type="checkbox"/> Seeking work</p> <p>5 <input type="checkbox"/> Prevented by temporary sickness from seeking work</p> <p>6 <input type="checkbox"/> Permanently sick or disabled</p> <p>7 <input type="checkbox"/> Housewife</p> <p>8 <input type="checkbox"/> Wholly retired from employment</p> <p>9 <input type="checkbox"/> At school or a full time student at an educational establishment not provided by an employer</p> <p>0 <input type="checkbox"/> Other, please specify</p>	31	<p>1 <input type="checkbox"/> In a full-time job at any time last week</p> <p>2 <input type="checkbox"/> In a part-time job at any time last week</p> <p>3 <input type="checkbox"/> Waiting to take up a job already accepted</p> <p>4 <input type="checkbox"/> Seeking work</p> <p>5 <input type="checkbox"/> Prevented by temporary sickness from seeking work</p> <p>6 <input type="checkbox"/> Permanently sick or disabled</p> <p>7 <input type="checkbox"/> Housewife</p> <p>8 <input type="checkbox"/> Wholly retired from employment</p> <p>9 <input type="checkbox"/> At school or a full time student at an educational establishment not provided by an employer</p> <p>0 <input type="checkbox"/> Other, please specify</p>	32
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Questions about present or previous employment

- For persons in a job last week — please answer questions 12–16 in respect of the main job during the week.
- For persons wholly retired
 For persons out of work last week
 For persons prevented from working because of permanent sickness or disablement — please answer questions 12–14 in respect of the most recent full-time job, if any.
- For other persons including those with no previous job — please write 'Not applicable' at question 12 and leave questions 13–16 blank.

12. Name and Business of Employer (if self-employed the name and nature of the person's business)

At (a) give the trading name if one is used and avoid abbreviations or initials. At (b) please describe clearly what the employer (or self-employed person) makes or does.
 For members of the Armed Forces, civil servants and local government officers—see note 1 on back page before answering this question.
 For a person employed in private domestic service please write 'Domestic Service'.

<p>a Name of Employer</p> <p>b Nature of business</p>	<p>a Name of Employer</p> <p>b Nature of business</p>
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13. Occupation

At (a) please give full and precise details of the person's occupation. Terms such as fitter or engineer should not be used by themselves. Greater detail is required, for example, tool-room fitter, electrical engineer etc. If unemployed or retired state the usual occupation when working.
 At (b) describe the actual work done.
 Civil Servants: At (a) civil servants should write 'Civil Servant' and at (b) non-industrial civil servants should state their rank or grade and industrial civil servants should give the job title only, for example, radio mechanic or wood working machinist.
 Other Public Officials: Local Government and other public officials should give their rank or grade at (a) and complete (b).
 Armed Forces: Members should give their rank or rating at (a) and leave (b) blank.

<p>a Occupation</p> <p>b Description of work</p>	<p>a Occupation</p> <p>b Description of work</p>
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14. Employment Status

Please tick one box only.
 Members of the Armed Forces should not answer this question.

EMPLOYEE

SELF EMPLOYED

<p>1 <input type="checkbox"/> Apprentice or articulated trainee</p> <p>2 <input type="checkbox"/> Employee not supervising other employees</p> <p>3 <input type="checkbox"/> Employee supervising other employees</p> <p>4 <input type="checkbox"/> Self-employed, not employing others</p> <p>5 <input type="checkbox"/> Self-employed, employing others</p>	<p>1 <input type="checkbox"/> Apprentice or articulated trainee</p> <p>2 <input type="checkbox"/> Employee not supervising other employees</p> <p>3 <input type="checkbox"/> Employee supervising other employees</p> <p>4 <input type="checkbox"/> Self-employed, not employing others</p> <p>5 <input type="checkbox"/> Self-employed, employing others</p>
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NOTE: Questions 11 to 17 do not apply to person under 16 years of age (born after 5 April 1965)

<input type="checkbox"/> 1 In a full-time job at any time last week <input type="checkbox"/> 2 In a part-time job at any time last week <input type="checkbox"/> 3 Waiting to take up a job already accepted <input type="checkbox"/> 4 Seeking work <input type="checkbox"/> 5 Prevented by temporary sickness from seeking work <input type="checkbox"/> 6 Permanently sick or disabled <input type="checkbox"/> 7 Housewife <input type="checkbox"/> 8 Wholly retired from employment <input type="checkbox"/> 9 At school or a full time student at an educational establishment not provided by an employer <input type="checkbox"/> 0 Other, please specify	33	<input type="checkbox"/> 1 In a full-time job at any time last week <input type="checkbox"/> 2 In a part-time job at any time last week <input type="checkbox"/> 3 Waiting to take up a job already accepted <input type="checkbox"/> 4 Seeking work <input type="checkbox"/> 5 Prevented by temporary sickness from seeking work <input type="checkbox"/> 6 Permanently sick or disabled <input type="checkbox"/> 7 Housewife <input type="checkbox"/> 8 Wholly retired from employment <input type="checkbox"/> 9 At school or a full time student at an educational establishment not provided by an employer <input type="checkbox"/> 0 Other, please specify	34	<input type="checkbox"/> 1 In a full-time job at any time last week <input type="checkbox"/> 2 In a part-time job at any time last week <input type="checkbox"/> 3 Waiting to take up a job already accepted <input type="checkbox"/> 4 Seeking work <input type="checkbox"/> 5 Prevented by temporary sickness from seeking work <input type="checkbox"/> 6 Permanently sick or disabled <input type="checkbox"/> 7 Housewife <input type="checkbox"/> 8 Wholly retired from employment <input type="checkbox"/> 9 At school or a full time student at an educational establishment not provided by an employer <input type="checkbox"/> 0 Other, please specify	35	<input type="checkbox"/> 1 In a full-time job at any time last week <input type="checkbox"/> 2 In a part-time job at any time last week <input type="checkbox"/> 3 Waiting to take up a job already accepted <input type="checkbox"/> 4 Seeking work <input type="checkbox"/> 5 Prevented by temporary sickness from seeking work <input type="checkbox"/> 6 Permanently sick or disabled <input type="checkbox"/> 7 Housewife <input type="checkbox"/> 8 Wholly retired from employment <input type="checkbox"/> 9 At school or a full time student at an educational establishment not provided by an employer <input type="checkbox"/> 0 Other, please specify	36
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Leave questions 15 and 16 blank.

a Name of Employer b Nature of business	a Name of Employer b Nature of business	a Name of Employer b Nature of business	a Name of Employer b Nature of business
a Occupation b Description of work	a Occupation b Description of work	a Occupation b Description of work	a Occupation b Description of work
<input type="checkbox"/> 1 Apprentice or articled trainee <input type="checkbox"/> 2 Employee not supervising other employees <input type="checkbox"/> 3 Employee supervising other employees <input type="checkbox"/> 4 Self-employed, not employing others <input type="checkbox"/> 5 Self-employed, employing others	<input type="checkbox"/> 1 Apprentice or articled trainee <input type="checkbox"/> 2 Employee not supervising other employees <input type="checkbox"/> 3 Employee supervising other employees <input type="checkbox"/> 4 Self-employed, not employing others <input type="checkbox"/> 5 Self-employed, employing others	<input type="checkbox"/> 1 Apprentice or articled trainee <input type="checkbox"/> 2 Employee not supervising other employees <input type="checkbox"/> 3 Employee supervising other employees <input type="checkbox"/> 4 Self-employed, not employing others <input type="checkbox"/> 5 Self-employed, employing others	<input type="checkbox"/> 1 Apprentice or articled trainee <input type="checkbox"/> 2 Employee not supervising other employees <input type="checkbox"/> 3 Employee supervising other employees <input type="checkbox"/> 4 Self-employed, not employing others <input type="checkbox"/> 5 Self-employed, employing others

15. Address of place of work

Please give the full address of the person's place of work. If the work is carried out mainly at home please tick box 2.

For a person not working regularly at one place or who travels during work (a) give the address of the depot or office to which the person reports daily or (b) if the person does not report to a fixed address please tick box 1.

If employed on site work for a long period give the address of the site.

Full address of workplace	41	Full address of workplace	42
.....		
.....		
.....		
or please tick 1 <input type="checkbox"/> No fixed place		or please tick 1 <input type="checkbox"/> No fixed place	
2 <input type="checkbox"/> Mainly at home		2 <input type="checkbox"/> Mainly at home	

16. Daily journey to work and time journey starts

Please tick the appropriate box to show how the longest part, by distance, of the person's daily journey to work is normally made.

For a person using different means of transport on different days show the means most often used.

Car or van includes three-wheeled cars and motor caravans.

<p>1 <input type="checkbox"/> Train</p> <p>2 <input type="checkbox"/> Public service bus</p> <p>3 <input type="checkbox"/> Employer's bus</p> <p>4 <input type="checkbox"/> Motor cycle, moped, scooter,</p> <p>5 <input type="checkbox"/> Car or van—pool, sharing driving</p> <p>6 <input type="checkbox"/> Car or van—driver</p> <p>7 <input type="checkbox"/> Car or van—passenger</p> <p>8 <input type="checkbox"/> Pedal cycle</p> <p>9 <input type="checkbox"/> On foot</p> <p>10 <input type="checkbox"/> Other (please specify)</p>	<p>1 <input type="checkbox"/> Train</p> <p>2 <input type="checkbox"/> Public service bus</p> <p>3 <input type="checkbox"/> Employer's bus</p> <p>4 <input type="checkbox"/> Motor cycle, moped, scooter,</p> <p>5 <input type="checkbox"/> Car or van—pool, sharing driving</p> <p>6 <input type="checkbox"/> Car or van—driver</p> <p>7 <input type="checkbox"/> Car or van—passenger</p> <p>8 <input type="checkbox"/> Pedal cycle</p> <p>9 <input type="checkbox"/> On foot</p> <p>10 <input type="checkbox"/> Other (please specify)</p>
<p>11 <input type="checkbox"/> Works mainly at home</p>	<p>11 <input type="checkbox"/> Works mainly at home</p>
<p>Please state below the time the journey to work usually starts</p> <p style="text-align: right;">* am/pm</p>	<p>Please state below the time the journey to work usually starts</p> <p style="text-align: right;">* am/pm</p>

* Delete am or pm

17. Degrees, professional and vocational qualifications

Has the person obtained any qualifications after the age of 18 such as:

- Degrees, Diplomas, HNC, HND,
- Nursing qualifications, Teaching qualifications,
- Graduate or corporate membership of professional institutions,
- Other professional, educational or vocational qualifications?

Exclude qualifications normally obtained at school such as GCE, CSE and School Certificates.

If box 2 is ticked write in all qualifications even if they are not relevant to the person's present job or if the person is not working.

Please list the qualifications in the order in which they were obtained.

Write for each qualification:

- the title
- the major subject or subjects
- the year obtained and
- the awarding institution

If more than three, please enter in a spare column and link with an arrow.

<p>1 <input type="checkbox"/> No—none of these</p> <p>2 <input type="checkbox"/> Yes—give details</p>	<p>1 <input type="checkbox"/> No—none of these</p> <p>2 <input type="checkbox"/> Yes—give details</p>
Title	Title
Subject(s)	Subject(s)
Year	Year
Institution	Institution
Title	Title
Subject(s)	Subject(s)
Year	Year
Institution	Institution
Title	Title
Subject(s)	Subject(s)
Year	Year
Institution	Institution

1st person	23	4th person	24	5th person	25	6th person	26
Surname		Surname		Surname		Surname	
Forename(s)		Forename(s)		Forename(s)		Forename(s)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Day Month Year		Day Month Year		Day Month Year		Day Month Year	
Full address of workplace	43	Full address of workplace	44	Full address of workplace	45	Full address of workplace	46
or please tick 1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home		or please tick 1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home		or please tick 1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home		or please tick 1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home	
<input type="checkbox"/> Train <input type="checkbox"/> Public service bus <input type="checkbox"/> Employer's bus <input type="checkbox"/> Motor cycle, moped, scooter, <input type="checkbox"/> Car or van—pool, sharing driving <input type="checkbox"/> Car or van—driver <input type="checkbox"/> Car or van—passenger <input type="checkbox"/> Pedal cycle <input type="checkbox"/> On foot <input type="checkbox"/> Other (please specify)		1 <input type="checkbox"/> Train 2 <input type="checkbox"/> Public service bus 3 <input type="checkbox"/> Employer's bus 4 <input type="checkbox"/> Motor cycle, moped, scooter, 5 <input type="checkbox"/> Car or van—pool, sharing driving 6 <input type="checkbox"/> Car or van—driver 7 <input type="checkbox"/> Car or van—passenger 8 <input type="checkbox"/> Pedal cycle 9 <input type="checkbox"/> On foot 10 <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Train <input type="checkbox"/> Public service bus <input type="checkbox"/> Employer's bus <input type="checkbox"/> Motor cycle, moped, scooter, <input type="checkbox"/> Car or van—pool, sharing driving <input type="checkbox"/> Car or van—driver <input type="checkbox"/> Car or van—passenger <input type="checkbox"/> Pedal cycle <input type="checkbox"/> On foot <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Train <input type="checkbox"/> Public service bus <input type="checkbox"/> Employer's bus <input type="checkbox"/> Motor cycle, moped, scooter, <input type="checkbox"/> Car or van—pool, sharing driving <input type="checkbox"/> Car or van—driver <input type="checkbox"/> Car or van—passenger <input type="checkbox"/> Pedal cycle <input type="checkbox"/> On foot <input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> Works mainly at home		<input type="checkbox"/> Works mainly at home		<input type="checkbox"/> Works mainly at home		<input type="checkbox"/> Works mainly at home	
Please state below the time the journey to work usually starts		Please state below the time the journey to work usually starts		Please state below the time the journey to work usually starts		Please state below the time the journey to work usually starts	
<input type="checkbox"/> No—none of these <input type="checkbox"/> Yes—give details		1 <input type="checkbox"/> No—none of these 2 <input type="checkbox"/> Yes—give details		1 <input type="checkbox"/> No—none of these 2 <input type="checkbox"/> Yes—give details		1 <input type="checkbox"/> No—none of these 2 <input type="checkbox"/> Yes—give details	
Title		Title		Title		Title	
Subject(s)		Subject(s)		Subject(s)		Subject(s)	
Year		Year		Year		Year	
Institution		Institution		Institution		Institution	
Title		Title		Title		Title	
Subject(s)		Subject(s)		Subject(s)		Subject(s)	
Year		Year		Year		Year	
Institution		Institution		Institution		Institution	
Title		Title		Title		Title	
Subject(s)		Subject(s)		Subject(s)		Subject(s)	
Year		Year		Year		Year	
Institution		Institution		Institution		Institution	

7th person asked for a note for

PLEASE TURN OVER →

Please answer questions H1-H5 about your household's accommodation

H1 Rooms
Please count the rooms in your household's accommodation.

● Do not count:
Kitchens less than 2 metres (6 feet 6 inches) wide, bathrooms, toilets, sculleries, closets, storerooms, landings, halls, recesses or rooms used for business, professional or trading purposes.

Note
Rooms divided by curtains or portable screens count as one; those divided by a fixed or sliding partition count as two.

Number of rooms

H2 Sharing
Do you share with any other household in the building the use of any room, landing, hall, passage or staircase?

Please tick one box only.

1 YES 2 NO

H3 Tenure
Please tick the appropriate box to show how you and your household occupy your accommodation.

As an owner occupier, (including purchase by mortgage):

1 of freehold property (for which no ground rent is paid)
2 of leasehold property (for which ground rent is paid)

By renting, rent free or by lease:

3 from a public authority (e.g. N.I. Housing Executive)
4 from a housing association or charitable trust
5 unfurnished from a private landlord, company or other organisation
6 furnished from a private landlord, company or other organisation

In some other way:

7 Please give details

H4 Amenities
Has your household the use of the following amenities on these premises?
Please tick the appropriate boxes.

● A fixed bath or shower permanently connected to a water supply and a waste pipe

1 Yes—for use only by this household
2 Yes—for use also by another household
3 No

● A flush toilet (WC) with entrance inside the building

1 Yes—for use only by this household
2 Yes—for use also by another household
3 No

● A flush toilet (WC) with entrance outside the building

1 Yes—for use only by this household
2 Yes—for use also by another household
3 No

H4 Amenities (continued)

● Water supply

1 Public supply piped into house
2 Public supply at a standpipe
3 Other

● Domestic sewage disposal

1 Public Sewer
2 Septic tank/cesspit
3 Dry close/chemical toilet

● Central heating

NOTE: Central heating is a heating system designed to heat two or more rooms. This includes electric storage radiators but not moveable electrical appliances such as electric fires or convector-type heaters.

1 YES
2 NO

● Which fuel or power is used to provide the main source of heating for your household? Please tick one box only.

1 Solid fuel (includes coal, anthracite, wood, turf)
2 Electricity
3 Oil (includes paraffin)
4 Mains Gas
5 Bottled Gas
6 Other means—please specify

.....

● Does your household have any of the following forms of heating insulation?

NOTE: More than one may be ticked.

1 Roof space insulation
2 Cavity wall insulation
3 None

H5 Cars and vans
Please tick the appropriate box to indicate the number of cars and vans normally available for use by you or members of your household (other than visitors).

0 None
1 One
2 Two
3 Three or more

Include any car or van provided by employers if normally available for use by you or members of your household but exclude vans used solely for the carriage of goods.

NOTE 1: (see question 12) For civil servants, local government officers and other public officials please give the name of the government department, local authority or public body at (a). At (b) civil servants should write 'Government Department' and local government officers and others should state the branch in which they are employed. Members of the Armed Forces should write 'Armed Forces' at (a) and leave (b) blank. A member of the Armed Forces of a country other than the United Kingdom should state the name of the Country at (a) and leave (b) blank.

Before you sign the form will you please check—

- that all relevant questions have been answered
- that you have included everyone who spent the night of 5-6 April in your household
- that you have included anyone who usually lives here but was away from home on the night of 5-6 April
- that no children including new-born babies, visitors or boarders have been missed.

Declaration to be made by the person(s) completing the form.

I declare that this form is correctly completed to the best of my knowledge and belief.

Signature(s)

Date April 1981



In strict confidence

1981 CENSUS—NORTHERN IRELAND

I Form For Making An Individual Return

Please complete this census form and have it ready for collection as early as possible on the morning of **Monday 6 April 1981**.

Completion of this form is compulsory under the Census Act (Northern Ireland) 1969 and if you refuse to complete it or give false information you may have to pay a fine of up to £10. There is no penalty for refusing to state religious denomination as this is a voluntary question.

The information which you give on the form will be treated as **STRICTLY CONFIDENTIAL** and will be used only for compiling statistics. No names or addresses will be fed into the computer and **no information about named individuals will be passed by the Census Office to any other Government Department or to any other authority or person**. If anyone in the census organisation discloses information which you provide, he will be liable to prosecution. The person to whom you hand this form for delivery to the enumerator is also prohibited from improperly using or disclosing the information which you provide.

When you have completed the form, please sign the declaration on the last page.

Official envelopes are available from the person who gave you this form if you wish to return it in a sealed envelope.

**Census Office
Management Services Building 11
Stoney Road
Stormont
BELFAST BT4 3UP
Telephone: Belfast 760711**

**ERIC BOSTON
Registrar General**

Where boxes are provided please answer by putting a tick in the box against the answer which applies. For example, if the answer to the marital status question is 'single', tick box 1 thus 1 single. Please use ink or ballpoint pen.

To be completed by the Enumerator			
É.D. No.	Form No.	Format No.	Person No.
		7	

To be completed by the Manager, Chief Resident Officer, Commanding Officer, or other person in charge of the Establishment or Vessel.

Name of establishment or vessel _____

Address _____

OVERSEAS VISITORS. If you are an overseas visitor (that is, if you normally reside overseas, are not working or seeking work in Northern Ireland and are visiting this country for less than one month) you need only answer questions 1 to 14.

<p>1. Name Write surname and forename(s) (BLOCK CAPITALS please). For a baby who has not yet been given a name write 'BABY' and the surname.</p>	<p>Surname</p> <hr/> <p>Forename(s)</p>
<p>2. Sex Please tick the appropriate box</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>3. Date of birth Write the day month and year of birth.</p>	<p>Day Month Year</p>
<p>4. Marital Status Please tick the box showing the present marital status. If separated but not divorced please tick 'Married (1st marriage)' or 'Re-married' as appropriate.</p>	<p>1 <input type="checkbox"/> Single (never married) 2 <input type="checkbox"/> Married (1st marriage) 3 <input type="checkbox"/> Re-married 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed</p>
<p>5. Position in establishment Please write in your position in this establishment. For example write 'Guest', 'Patient', 'Inmate', 'Staff', 'Student', 'Boarder', 'Crew', 'Passenger'. If you are completing the form in a private household your relationship to the person making the return for the rest of the household should be stated.</p>	<p>.....</p>
<p>6. Whereabouts on night of 5-6 April 1981.</p>	<p>Not applicable to this form. Please do not answer.</p>
<p>7. Usual address If you usually live here please tick 'This address' box. If not tick 'Elsewhere' box and write in your usual address. If you are a student or a schoolchild away from home during term time your home address should be taken as your usual address.</p>	<p><input type="checkbox"/> This address <input type="checkbox"/> Elsewhere—please state below <i>Block capitals please</i></p> <p>Address</p> <p>.....</p> <p>.....</p>
<p>8. Usual address one year ago If your usual address one year ago (i.e. on 5 April 1980) was the same as that given in answer to question 7, please tick 'Same'. If not, please tick 'Different' and write in your usual address. For a child born since 5 April 1980 write 'Under one'.</p>	<p><input type="checkbox"/> Same as Question 7 <input type="checkbox"/> Different—write your address on 5 April 1980 <i>Block capitals please</i></p> <p>Address</p> <p>.....</p> <p>.....</p>
<p>9. Country of birth If you were born in Northern Ireland, Wales, Scotland, England or the Republic of Ireland please tick the appropriate box. If you were born in another country, tick box 6 'Elsewhere' and write the present name of that country.</p>	<p>1 <input type="checkbox"/> Northern Ireland 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> England 5 <input type="checkbox"/> Republic of Ireland 6 <input type="checkbox"/> Elsewhere Please write the present name of the country</p> <p>.....</p>
<p>10. Religion Please state the Religion, Religious Denomination or Body to which you belong. The general term 'Protestant' should not be used alone and the denomination should be given as precisely as possible.</p>	<p>Religion</p> <p>.....</p>

NOTE: Questions 11-17 do not apply to persons under 16 years of age (born after 5 April 1965).

11. Whether working, retired, housewife etc., last week

Please tick all boxes appropriate to your activity last week.

A job (box 1 and box 2) means any work for pay or profit but not unpaid work. It includes:

- casual or temporary work
- work on your own account
- work in a family business
- part-time work even if only for a few hours.

A part-time job (box 2) is a job in which the hours worked, excluding any overtime, are usually 30 hours or less per week. Tick box 1 or box 2, as appropriate, if you had a job but were not at work for all or part of the week because you were:

- on holiday
- temporarily laid off
- on strike
- sick

If you are a full-time student tick box 9 as well as any other appropriate boxes.

Do not count yourself as a full-time student, if you are in a paid occupation in which training is also given, such as a student nurse, an apprentice or a management trainee.

- 1 In a full-time job at any time last week
- 2 In a part-time job at any time last week
- 3 Waiting to take up a job already accepted
- 4 Seeking work
- 5 Prevented by temporary sickness from seeking work
- 6 Permanently sick or disabled
- 7 Housewife
- 8 Wholly retired from employment
- 9 At school or a full time student at an educational establishment not provided by an employer
- 0 Other, please specify

Questions about present or previous employment

If you were in a job last week

— please answer questions 12-16 in respect of the main job during the week.

If you were wholly retired

If you were out of work last week

If you were prevented from working because of permanent sickness or disablement

— please answer questions 12-14 in respect of the most recent full-time job, if any. Leave questions 15 and 16 blank.

If you are not in any of the categories above or have not had a previous job

— please write 'Not Applicable' at question 12 and leave questions 13-16 blank.

12. Name and Business of Employer

(If self-employed the name and nature of the person's business)

At (a) give the trading name if one is used and avoid abbreviations or initials. At (b) please describe clearly what your employer (or you if self-employed) makes or does.

If you are a member of the Armed Forces, a civil servant or a local government officer see note 1 on back page before answering this question.

If you are employed solely in private domestic service please write 'Domestic Service'.

a Name of employer

b Nature of business

13. Occupation

At (a) please give full and precise details of your occupation. Terms such as fitter or engineer should not be used by themselves. Greater detail is required, for example, tool-room fitter, electrical engineer etc. If you are unemployed or retired state your usual occupation when you were working.

At (b) describe the actual work done.

Civil Servants: At (a) if you are a civil servant you should write 'Civil Servant' and at (b) if you are a non-industrial civil servant you should state your rank or grade only. If you are an industrial civil servant you should give the job title only, for example, radio mechanic or wood working machinist.

Other Public Officials: If you are a local government officer or other public official—give your rank or grade at (a) and complete (b).

Armed Forces: If you are a member of the Armed Forces you should give your rank or rating at (a) and leave (b) blank.

a Occupation

b Description of work

14. Employment status

Please tick one box only.

If you are a member of the Armed Forces you should *not* answer this question.

EMPLOYEE

SELF-EMPLOYED

- 1 Apprentice or articulated trainee
- 2 Employee not supervising other employees
- 3 Employee supervising other employees
- 4 Self-employed, not employing others
- 5 Self-employed, employing others

15. Address of place of work

Please give the full address of your place of work. If you work mainly at home tick box 2. If you are employed on a site for a long period give the address of the site. If you do not work regularly at one place or if you travel during work (a) give the address of the depot or office to which you report daily or (b) if you do not report to a fixed address please tick box 1.

Full address of workplace

or please tick 1 No fixed place

2 Mainly at home

16. Daily journey to work and time journey starts

Please tick the appropriate box to show how the longest part, by distance, of your daily journey to work is normally made.

If you use different means of transport on different days show the means most often used.

Car or van includes three-wheeled cars and motor caravans.

- 1 Train
- 2 Public service bus
- 3 Employer's bus
- 4 Motor cycle, moped, scooter
- 5 Car or van—pool, sharing driving
- 6 Car or van—driver
- 7 Car or van—passenger
- 8 Pedal cycle
- 9 On foot
- 10 Other (please specify)

11 Works mainly at home

Please state below the time the journey to work usually starts

*Delete a.m. or p.m.

am/pm

17. Degrees, professional and vocational qualifications

(This question should be answered if you are aged 18 or over)

Have you obtained any qualifications after the age of 18 such as:

- Degrees, Diplomas, HNC, HND,
- Nursing qualifications, Teaching qualifications,
- Graduate or corporate membership of professional institutions,
- Other professional, educational or vocational qualifications?

Exclude qualifications normally obtained at school such as GCE, CSE and School Certificates.

If box 2 is ticked write in all qualifications even if they are not relevant to your present job or if you are not working.

Please list the qualifications in the order in which they were obtained.

Write for each qualification:

- the title
- the major subject or subjects
- the year obtained and
- the awarding institution

- 1 No—none of these
- 2 Yes give details

Title

Subject(s)

Year

Institution

Title

Subject(s)

Year

Institution

Title

Subject(s)

Year

Institution

Title

Subject(s)

Year

Institution

Title

Subject(s)

Year

Institution

NOTE 1 (see question 12) If you are a civil servant, local government officer or other public official please give the name of your government department, local authority or public body at (a). At (b) if you are a civil servant you should write 'Government Department' and if you are a local government officer or other public official you should state the branch in which you are employed. If you are a member of the Armed Forces you should write 'Armed Forces' at (a) and leave (b) blank. If you are a member of the Armed Forces of a country other than the United Kingdom you should state the name of the country at (a) and leave (b) blank.

Declaration:

This form is correctly completed to the best of my knowledge and belief.

Signature

Date April 1981



In strict confidence

1981 CENSUS—NORTHERN IRELAND

L Form for Communal Establishments

To the Manager, Chief Resident Officer, Commanding Officer, or other person in charge:

The Census depends on the co-operation of those taking part in it and you have certain legal obligations for the enumeration of people in your establishment. The instructions opposite tell you how to carry out the enumeration and should be followed carefully.

The individual forms with which you have been supplied are for the returns to be made by each person in the establishment. To assist you in issuing and collecting them, spaces have been provided overleaf for listing the people who spend the night of 5/6 April at this establishment.

Completion of this form is compulsory under the Census Act (Northern Ireland) 1969. You have a legal obligation to list the names of the people in your establishment, to distribute forms to them and collect the forms on completion, to see that forms are completed for people who are incapable of completing them for themselves, and to give the Enumerator the information he needs to carry out his instructions.

The replies will be treated as STRICTLY CONFIDENTIAL and will be used only for compiling statistics. No names or addresses will be fed into the computer and no information about named individuals will be passed by the Census Office to any other Government Department or to any other Authority or person. If anyone in the census organisation discloses information which you provide, he will be liable to prosecution. Similarly, you must not disclose any information given on the completed individual returns to anyone other than the enumerator. If you do, you will also be liable to prosecution.

ERIC BOSTON
Registrar General

Census Office
Management Services Building 11
Stoney Road
Stormont
BELFAST BT4 3UP Telephone: Belfast 760711

Instructions

Listing of names

List the names of all people present, that is: everyone who spends Census night 5/6 April 1981 in this establishment; and everyone who arrives in this establishment on Monday 6 April before the forms are collected and who has not been included as present on a Census form elsewhere.

Do not list the names of any non-resident staff/personnel who happen to be on duty in your premises on Census night.

The Enumerator will supply further forms if you need them.

You may start drawing up the list in advance of Census day, but before collection by the Enumerator you must bring it up to date.

Distribution of Individual forms ('I' forms)

An individual form is required to be completed for each person listed; where a person is incapable of making a return, you must arrange for a form to be completed on his or her behalf.

Before you issue each form, enter the name of the establishment in the appropriate panel on the form; (a rubber stamp may be used.)

Please issue an envelope to any person who wishes to make their return under sealed cover.

Collection of the forms

Please fill in and sign the panel below and have all the completed forms ready for collection by the Enumerator who will call on Monday 6 April or shortly thereafter.

TO BE COMPLETED BY THE ENUMERATOR			
E.D. No.	6	Form No.	Males Females
FOR OFFICIAL USE ONLY		Grid Reference	
E.T.	Planning Code		
Local Authority		Ward	
Townland/Street			
Town/Village			

TO BE COMPLETED BY THE MANAGER, CHIEF RESIDENT OFFICER, COMMANDING OFFICER OR OTHER PERSON IN CHARGE. If more than one 'L' form is used you only need complete this panel on the first form.
Type of establishment:
..... 'L' forms for this establishment are complete with the names of all people present as defined above.
..... 'I' forms have been collected.
Signature
(Manager, Chief Resident Officer, Commanding Officer or other person in charge)
Date

List the names of all people present, that is:

everyone who spends Census night 5/6 April 1981 in this establishment; and everyone who arrives in this establishment on Monday 6 April before the forms are collected and who has not been included as present on a Census form elsewhere.

Please put a tick in the appropriate column when you issue each form and when you collect it.

Name	I form		Name	I form	
	Issued	Collected		Issued	Collected
1.			34.		
2.			35.		
3.			36.		
4.			37.		
5.			38.		
6.			39.		
7.			40.		
8.			41.		
9.			42.		
10.			43.		
11.			44.		
12.			45.		
13.			46.		
14.			47.		
15.			48.		
16.			49.		
17.			50.		
18.			51.		
19.			52.		
20.			53.		
21.			54.		
22.			55.		
23.			56.		
24.			57.		
25.			58.		
26.			59.		
27.			60.		
28.			61.		
29.			62.		
30.			63.		
31.			64.		
32.			65.		
33.			66.		



In strict confidence

1981 CENSUS—NORTHERN IRELAND

N Form For H.M. Ships

To the Commanding Officer or other appointed person:

The Census depends on the co-operation of those taking part in it and you have certain legal obligations for the enumeration of people on board your vessel. The instructions opposite tell you how to carry out the enumeration and should be followed carefully.

The individual forms with which you have been supplied are for the returns to be made by each person on board. To assist you in issuing and collecting them, spaces have been provided overleaf for listing the people who spend the night of 5/6 April 1981 on board this vessel.

Completion of this form is compulsory under the Census Act (Northern Ireland) 1969. You have a legal obligation to list the names of the people on board your vessel, to distribute forms to them and collect the forms on completion, to see that forms are completed for people who are incapable of completing them for themselves, and to give the enumerator the information he needs to carry out his instructions.

The replies given will be treated as STRICTLY CONFIDENTIAL and will be used only for compiling statistics. No names or addresses will be fed into the computer and no information about named individuals will be passed by the Census Office to any other Authority or person. If anyone in the census organisation discloses information which you provide, he will be liable to prosecution. Similarly, you must not disclose any information given on the completed individual returns to anyone other than the enumerator. If you do, you will also be liable to prosecution.

Instructions

Listing of names

List the names of all people present, that is: every officer, rating or other person who spends Census night 5/6 April 1981 on board this vessel; and everyone who arrives on board on Monday 6 April before the forms are despatched and who has not been included as present on a Census form elsewhere.

You may start drawing up the list in advance of Census day, but before despatch you must bring it up to date.

Distribution of Individual forms ('I' forms)

An Individual form is required to be completed for each person listed; where a person is incapable of making a return, you must arrange for a form to be completed on his or her behalf.

Before you issue each form, enter the name of the vessel in the appropriate panel on the form (a rubber stamp may be used).

Please issue an envelope to any person who wishes to make their return under sealed cover.

Completion of the operation

Please fill in and sign the panel below and despatch the forms as soon as possible after 5 April to: Census Office, Management Services Building 11, Stoney Road, Stormont, Belfast BT4 3UP.

ERIC BOSTON
Registrar General

Census Office
Management Services Building 11
Stoney Road
Stormont
BELFAST BT4 3UP Telephone: Belfast 760711

TO BE COMPLETED BY THE COMMANDING OFFICER OR OTHER APPOINTED PERSON. If more than one 'N' form is used you need complete this panel on only one form.

NAME OF VESSEL

.... 'N' forms for this vessel are complete with the names of all people present as defined above

.... 'I' forms have been collected.

SIGNATURE

DATE

TO BE COMPLETED BY THE ENUMERATOR

E.D. No.	Form No.	Males	Females
6			

FOR CENSUS OFFICE USE

E	PLANNING CODE	GRID REFERENCE
10		

List the names of all people present, that is:

every officer, rating or other person who spends Census night 5/6 April 1981 on board this vessel; and everyone who arrives on board on Monday 6 April before the forms are despatched and who has not been included as present on a Census form elsewhere.

Please put a tick in the appropriate column when you issue each form and when you collect it.

Name	I form		Name	I form	
	Issued	Collected		Issued	Collected
1.			34.		
2.			35.		
3.			36.		
4.			37.		
5.			38.		
6.			39.		
7.			40.		
8.			41.		
9.			42.		
10.			43.		
11.			44.		
12.			45.		
13.			46.		
14.			47.		
15.			48.		
16.			49.		
17.			50.		
18.			51.		
19.			52.		
20.			53.		
21.			54.		
22.			55.		
23.			56.		
24.			57.		
25.			58.		
26.			59.		
27.			60.		
28.			61.		
29.			62.		
30.			63.		
31.			64.		
32.			65.		
33.			66.		



In strict confidence

1981 CENSUS—NORTHERN IRELAND

S Form for Vessels (other than HM Ships)

To the Captain, Master or other person in charge of a vessel which at midnight 5 April 1981 is:

- in port or at moorings or anchorage in N.I. or
- engaged in a coastal or fishing voyage; or
- proceeding from Northern Ireland to Great Britain, the Isle of Man or the Channel Islands.

The Census depends on the co-operation of those taking part in it and you have certain legal obligations for the enumeration of people on board your vessel. The instructions opposite tell you how to carry out the enumeration and should be followed carefully.

The individual forms with which you have been supplied are for the returns to be made by each person on board. To assist you in issuing and collecting them, spaces have been provided overleaf for listing the people who spend the night of 5/6 April on board this vessel.

Completion of this form is compulsory under the Census Act (Northern Ireland) 1969. You have a legal obligation to list the names of the people on board your vessel, to distribute forms to them and collect the forms on completion, to see that forms are completed for people who are incapable of completing them for themselves and to give the Enumerator the information he needs to carry out his instructions.

The replies given will be treated as **STRICTLY CONFIDENTIAL** and will be used only for compiling statistics. No names or addresses will be fed into the computer and no information about named individuals will be passed by the Census Office to any other Authority or person. If anyone in the census organisation discloses information which you provide, he will be liable to prosecution. Similarly, you must not disclose any information given on the completed individual returns to anyone other than the enumerator. If you do so, you will also be liable to prosecution.

ERIC BOSTON
Registrar General

Census Office
Management Services Building 11
Stoney Road
Stormont
BELFAST BT4 3UP Telephone: Belfast 760711

Instructions

Listing of names

List the names of all people present, that is: everyone who spends Census night 5/6 April 1981 on board this vessel; and everyone who arrives on board on Monday 6 April before the forms are collected or despatched (as appropriate) and who has not yet been included on a Census form elsewhere.

You may start drawing up the list in advance of Census day, but before collection or despatch you must bring it up to date.

Distribution of Individual forms ('I' forms)

An individual form is required to be completed for each person listed; where a person is incapable of making a return, you must arrange for a form to be completed on his or her behalf. Before you issue each form, enter the name of the vessel in the appropriate panel on the form (a rubber stamp may be used).

Please issue an envelope to any person who wishes to make their return under sealed cover.

Collection of the forms

Please fill in and sign the panel below and have all the completed forms ready for the Enumerator, who will apply for them at the port at which the vessel is lying, or at which she next arrives in the course of the voyage.

If the vessel leaves on a voyage before the forms are collected and is not expected to put in at any port in the United Kingdom until after 27 April 1981, you should send the forms by post from the first port at which the vessel touches. The package should be addressed to: Census Office, Management Services Building 11, Stoney Road, Stormont BT4 3UP.

TO BE FILLED IN BY THE CUSTOMS OFFICER OR OTHER ENUMERATOR			
WHEN DELIVERING the form:			
Name of vessel			
Port of Registry			
Place at which the form is delivered			
Name of master or person in charge of the vessel			
WHEN COLLECTING the form:			
Place at which the form is collected, } i.e. name of town or port and of } harbour, dock wharf, mooring etc. }			
E.D. No.	FORM NO.	MALES	FEMALES
6		1	
FOR CENSUS OFFICE USE			
11	PLANNING CODE	GRID REFERENCE	

TO BE COMPLETED BY THE CAPTAIN, MASTER, OR OTHER PERSON IN CHARGE
If more than one 'S' form is used you need only complete this panel on one form.
..... 'S' forms for this vessel are complete with the names of all people present as defined above.
..... 'I' forms have been collected
Signature
Date

List the names of all people present, that is:

everyone who spends Census night 5/6 April 1981 on board this vessel; and everyone who arrives on board on Monday 6 April before the forms are collected or despatched (as appropriate) and who has not been included as present on a Census form elsewhere.

Please put a tick in the appropriate column when you issue each form and when you collect it.

Name	I form		Name	I form	
	Issued	Collected		Issued	Collected
1.			34.		
2.			35.		
3.			36.		
4.			37.		
5.			38.		
6.			39.		
7.			40.		
8.			41.		
9.			42.		
10.			43.		
11.			44.		
12.			45.		
13.			46.		
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15.			48.		
16.			49.		
17.			50.		
18.			51.		
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23.			56.		
24.			57.		
25.			58.		
26.			59.		
27.			60.		
28.			61.		
29.			62.		
30.			63.		
31.			64.		
32.			65.		
33.			66.		

Persons authorised to witness undertakings

(1) <i>Person giving undertaking</i>	(2) <i>Person witnessing undertaking</i>
Census Supervisor Census Officer Enumerator	Registrar General Census Supervisor Census Supervisor or Census Officer'

EXPLANATORY NOTE

(This note is not part of the Regulations, but is intended to indicate their general purport.)

These regulations amend the Census Regulations (Northern Ireland) 1980 by prescribing the forms of return for the 1981 census. They also authorise certain persons to witness undertakings with respect to the performance of their duties given by persons employed for the purpose of the census.