
STATUTORY RULES OF NORTHERN IRELAND

2000 No. 198

CENSUS

The Census Regulations (Northern Ireland) 2000

Made - - - - - *25th May 2000*
Coming into force - - - - - *26th June 2000*

The Department of Finance and Personnel, in exercise of powers conferred by section 3(1) of the Census Act (Northern Ireland) 1969⁽¹⁾ and now vested in it⁽²⁾, and of all other powers enabling it in that behalf, hereby makes the following Regulations:

Citation and commencement

1. These Regulations may be cited as the Census Regulations (Northern Ireland) 2000 and shall come into force on 26th June 2000.

Interpretation

2.—(1) In these Regulations—

- “the Act” means the Census Act (Northern Ireland) 1969;
- “the census” means the census directed to be taken by the Census Order (Northern Ireland) 2000⁽³⁾ (hereinafter referred to as “the Census Order”);
- “census area manager” means an officer appointed under regulation 4(1)(a);
- “census day” means 29th April 2001;
- “census district” means a district so referred to in regulation 3;
- “census district manager” means an officer appointed under regulation 4(1)(b);
- “census enumerator” means an officer appointed as such under regulation 4(1)(d);
- “census team leader” means an officer appointed under regulation 4(1)(c);
- “enumeration district” means a district so referred to in regulation 3(1);
- “individual return envelope” means an envelope in which a completed Individual Form may be sealed;
- “officer” means a person appointed under regulation 4;

(1) 1969 c. 8 (N.I.)
(2) S.R. 1993 No. 494
(3) S.R. 2000 No. 168

“prescribed person” means a person required by the Census Order to make a return;
“Registrar General” means the Registrar General for Northern Ireland; and,
“reply-paid envelope” means an envelope which is pre-addressed and which does not require payment by the sender.

(2) In these Regulations, a reference to a form is a reference to the form of return which is set out in Schedule 3.

Census districts, enumeration districts and census areas

3.—(1) For the purpose of the census, the Registrar General shall divide Northern Ireland into census districts and shall divide each census district into enumeration districts.

(2) The Registrar General may designate any number of adjoining census districts as a census area.

Appointment of Officers

4.—(1) For the purpose of the census—

- (a) the Registrar General may appoint a census area manager for any census area designated under regulation 3(2);
- (b) the Registrar General or the census area manager may appoint a census district manager for each census district;
- (c) the Registrar General, the census area manager or the census district manager may appoint for a census district such number of census team leaders as the Registrar General may specify as being necessary for that census district; and
- (d) the Registrar General, the census area manager or the census district manager may appoint—
 - (i) one census enumerator for each enumeration district, and
 - (ii) such other persons as may be necessary for taking the census.

(2) The officers appointed under this regulation shall perform the duties assigned to them under the Act and by these Regulations.

Undertaking

5. Every officer shall complete the form of undertaking set out in Schedule 1 before he performs any of the duties assigned to him under the Act and by these Regulations.

Forms of return

6.—(1) The form of return to be made by a prescribed person mentioned in column (1) of Schedule 2, or by any person making a return on behalf of a prescribed person under Article 5(6) or (7) of the Census Order, shall be the form which has the title specified in the corresponding entry in column (2) of that Schedule, and which is set out under that title in Schedule 3; and any such person shall comply with the instructions contained in that form.

(2) The duty to make a form of return is discharged only when the completed form has been received by the census district manager, census team leader or other officer.

Supply of forms and other documents for census enumerators

7.—(1) The Registrar General shall issue to every census district manager sufficient numbers of enumeration record books, forms of return, reply-paid envelopes, individual return envelopes and such other forms or documents as may be necessary for the purpose of the census.

(2) Every census district manager shall supply to every census enumerator appointed to act for an enumeration district within his census district an enumeration record book for the enumeration district for which he has been appointed, sufficient numbers of forms of return, reply-paid envelopes, individual return envelopes and such other forms or documents as may be necessary for the purpose of the census.

Delivery of forms of return

8.—(1) The census enumerator or other officer shall deliver forms of return, reply-paid envelopes and individual return envelopes in advance of census day, as follows—

- (a) a Household Form and a reply-paid envelope to the householder or joint householders, or the person or persons for the time being acting as householder or joint householders, of each household occupying a dwelling or part of a dwelling mentioned in Group 1 in Schedule 1 to the Census Order or, where there is no householder or acting householder and there are no joint householders or acting joint householders of that household, to a member of that household who is aged 16 years or over on census day or, where that household consists of one person, to that person; and
- (b) subject to paragraph (2) the number of Communal Establishment Forms and Individual Forms and the number of individual return envelopes which the census enumerator estimates is likely to be necessary for the purpose of the census, and a reply-paid envelope to the manager, chief resident officer, or other person for the time being in charge of any premises mentioned in Group II, III, or IV in Schedule 1 to the Census Order;

(2) A reply-paid envelope need not be delivered under paragraph (1)(b) where arrangements are made for the collection of the completed forms of return under regulation 12(5).

(3) The duty assigned to the census enumerator by paragraph (1)(a) to deliver a form of return and a reply-paid envelope and by paragraph (1)(b) to deliver a form of return and, where appropriate, an individual return envelope and a reply-paid envelope shall be satisfied—

- (a) if he hands them to the appropriate person mentioned in paragraph (1) or to a responsible person claiming to act on behalf of that person;
- (b) where no appropriate or responsible person is available, if he leaves them at the dwelling or premises referred to in paragraph (1); or
- (c) where no appropriate or responsible person is available and it is not possible to leave them at the dwelling or premises referred to in paragraph (1), if he posts them to that dwelling or premises.

(4) The Registrar General shall make arrangements for the delivery of—

- (a) the number of Communal Establishment Forms and Individual Forms, and the number of individual return envelopes which are necessary for the purpose of the census to the director or governor or other person for the time being in charge of any premises mentioned in Group V in Schedule 1 to the Census Order, the commanding officer or other person for the time being in charge of any premises or vessel mentioned in Group VI in that Schedule and to the captain, master or other person for the time being in charge of any vessel mentioned in Group VII in that Schedule;
- (b) a Communal Establishment Form to a person appointed under regulation 4(d) to enumerate persons mentioned in Group VIII in Schedule 1 to the Census Order; and

(c) an Individual Form and an individual return envelope where one is requested, to every person mentioned in Group VIII in Schedule 1 to the Census Order.

(5) The person to whom forms of return, individual return envelopes and a reply-paid envelope are delivered under paragraph (1)(b) or to whom forms of return and individual return envelopes are delivered under paragraph (4)(a) shall hand an Individual Form and an individual return envelope to every prescribed person on the premises or vessel who appears to him to be capable of completing the form.

(6) Where the manager or other person in charge of any premises mentioned in Group II in Schedule 1 to the Census Order has arranged for a return with respect to a person incapable of making a return to be made by a relative or other person accompanying him, he shall hand an Individual Form and an individual return envelope to the relative or other person for that purpose.

Individual returns in households

9.—(1) Any person who satisfies the conditions prescribed in Article 5(5) of the Census Order and who elects to make an individual return (“the elector”) or a person acting on his behalf may ask the census enumerator to provide him with a separate Individual Form and an individual return envelope.

(2) The census enumerator shall issue to the elector, or to the person acting on his behalf, the appropriate Individual Form and an individual return envelope.

Information to be provided by census enumerators

10. When the census enumerator or other officer delivers forms of return he shall enter—

- (a) in the case of a Household Form, delivered in accordance with regulation 8(1)(a)—
 - (i) the name of the person to whom the form has been delivered;
 - (ii) the address and postcode of the dwelling or the part of the dwelling;
 - (iii) the census district number;
 - (iv) the enumeration district number;
 - (v) the form number; and
 - (vi) the number of forms issued;
- (b) in the case of a Communal Establishment Form delivered in accordance with regulation 8(1)(b) or regulation 8(4)(a) or (b)—
 - (i) the name of the establishment;
 - (ii) the address and postcode of the establishment;
 - (iii) the census district number;
 - (iv) the enumeration district number;
 - (v) the form number; and
 - (vi) a tick in the appropriate box if the form refers to premises mentioned in Group VIII in Schedule 1 to the Census Order;
- (c) in the case of an Individual Form delivered in accordance with regulation 8(1)(b) or regulation 8(4)(a) or (c)—
 - (i) the census district number;
 - (ii) the enumeration district number; and
 - (iii) the form number; and
- (d) in the case of an Individual Form issued in accordance with regulation 9(2)—

- (i) the name of the elector;
- (ii) the address and postcode of the dwelling or the part of the dwelling;
- (iii) the census district number;
- (iv) the enumeration district number; and
- (v) the form number.

Information to be provided by persons in charge of premises or vessels

11.—(1) The manager, chief resident officer, director or governor, or other person for the time being in charge of any premises mentioned in Group II, III, IV or V in Schedule 1 to the Census Order shall enter on every form of return made under Article 5(6) of the Census Order by or with respect to any person in the premises, the name of the person by or with respect to whom the return is to be made and the address and postcode of the premises.

(2) The commanding officer or other person for the time being in charge of any premises or vessel mentioned in Group VI in Schedule 1 to the Census Order, and the captain, master or other person for the time being in charge of any vessel mentioned in Group VII in that Schedule, shall enter on every form of return made under Article 5(6) of the Census Order by or with respect to any person in the premises or vessel, the name of the person by or with respect to whom the return is to be made and the address and postcode of the premises or vessel as the case may be.

Return of completed forms of return

12.—(1) Every person to whom an Individual Form has been issued under regulation 9(2) shall return the completed form by placing it in the individual return envelope and handing that envelope on the day after census day or as soon thereafter as is reasonably practicable to the person to whom the Household Form was delivered under regulation 8(1)(a).

(2) Every person to whom a form of return has been delivered under regulation 8(1)(a) shall return the completed form, together with any individual return envelopes that have been handed to him under paragraph (1) by posting it or them, as the case may be, on the day after census day or as soon thereafter as is reasonably practicable in the reply-paid envelope supplied.

(3) Where Individual Forms and individual return envelopes have been handed out in accordance with regulation 8(5) or (6) the person responsible for handing out the forms, or any person who has taken his place, shall collect the completed forms and any individual return envelopes on the day after census day or as soon thereafter as is reasonably practicable.

(4) Every person to whom forms of return, individual return envelopes and a reply-paid envelope have been delivered under regulation 8(1)(b) shall return the completed Communal Establishment Form, together with any completed Individual Forms, and any individual return envelopes that have been collected by him under paragraph (3), by posting it or them as the case may be, on the day after census day or as soon thereafter as is reasonably practicable in the reply-paid envelope supplied.

(5) The census enumerator shall make arrangements for the collection of completed Communal Establishment Forms together with any completed Individual Forms and any individual return envelopes including those collected under paragraph (3) from every person to whom Communal Establishment Forms and Individual Forms, and individual return envelopes, but not a reply-paid envelope, were delivered under regulation 8(1)(b).

(6) The Registrar General shall make arrangements for the collection of completed Communal Establishment Forms together with any completed Individual Forms and any individual return envelopes including those collected under paragraph (3) from every person to whom Communal Establishment Forms and Individual Forms, and individual return envelopes were delivered under regulation 8(4)(a).

(7) The Registrar General shall make arrangements for the collection of a completed Communal Establishment Form from the person to whom such a form was delivered under regulation 8(4)(b) and for the collection of completed Individual Forms made by persons in places mentioned in Group VIII in Schedule 1 to the Census Order.

(8) The Registrar General may make such other arrangements for the collection of the particulars prescribed by the Census Order to be stated in the returns, as he thinks fit.

Follow-up action

13.—(1) The census team leader or such other officer as may be necessary shall open any reply-paid envelopes and any individual return envelopes which have been returned or collected under regulation 12 and shall examine each form of return and satisfy himself that the entries thereon are properly and sufficiently made.

(2) If the census team leader or other officer is not satisfied that the entries on a form of return are properly and sufficiently made he shall pass the form of return to an appropriate officer who shall make all such enquiries of the persons concerned in completing the form, or the persons with respect to whom the return is made, as are reasonably necessary to obtain from them the particulars prescribed by the Census Order to be stated in the return.

(3) If by 8th May 2001 the census team leader has not received a form of return, the appropriate census enumerator or other officer shall make all such enquiries of the persons concerned in completing the form, or the persons with respect to whom the return is to be made, as are reasonably necessary to obtain from them the particulars prescribed by the Census Order to be stated in the return.

(4) Where the census enumerator or other officer has completed his enquiries under paragraph (3) he shall—

- (a) collect the completed form of return;
- (b) agree that the completed form of return may be returned by posting it in the reply-paid envelope provided; or
- (c) deliver a duplicate form of return and make such arrangements for the collection of the return as he thinks fit.

(5) Where the census enumerator or other officer has not received a completed form of return under paragraph (4)(b) he may deliver a duplicate form of return and make such arrangements for the collection of the form of return as he thinks fit.

Further duties of census enumerators, census team leaders and census district managers

14.—(1) As soon after census day as is reasonably practicable, the census enumerator shall complete the enumeration record book.

(2) When directed to do so by the census district manager, the census enumerator shall deliver to the census district manager or to a census team leader the enumeration record book, all forms of return which have been passed to or collected by him, as the case may be, and any other written record of any nature in his possession which contains any personal census information.

(3) When directed to do so by the Registrar General, the census district manager or census team leader shall send to the Registrar General all completed enumeration record books relating to the enumeration districts within their census district, all forms of return however acquired, all other written records delivered to them by census enumerators, and any other written record of any nature in their possession which contains any personal census information.

(4) When directed to do so by the Registrar General, the census area manager shall send to the Registrar General any record (including any electronic record) in his possession which contains any personal census information.

Giving of information

15.—(1) Every prescribed person shall give to the census enumerator or other officer such information as the census enumerator or other officer may reasonably require for the performance of his duties under these Regulations.

(2) Every person in respect of whom it is the duty of a prescribed person to make a return shall give to that prescribed person such information as the prescribed person may reasonably require for that purpose, and shall give to the census enumerator or other officer such information as that officer may reasonably require for the performance of his duties under these Regulations.

(3) A person to whom information is given pursuant to the Census Order and these Regulations shall not without lawful authority—

- (a) make use of that information; or
- (b) publish it or communicate it to any other person,

otherwise than for the purposes of the Act.

Safe custody of forms and documents

16. Any person having the custody, whether on his own behalf or on behalf of any other person, of any forms of return, enumeration record books or other documents (including electronic documents) containing confidential information relating to a census shall keep such forms, books and other documents in such manner as to prevent any unauthorised person having access to them.

Revocation

17. The Census Regulations (Northern Ireland) 1990(4) are hereby revoked.

Sealed with the Official Seal of the Department of Finance and Personnel on 25th May 2000.

L.S.

T. N. Caven
A senior officer of the
Department of Finance and Personnel

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SCHEDULE 1

Regulation 5

Form of Undertaking to be given by Officers

I, being a person appointed in accordance with The Census Regulations (Northern Ireland) 2000 for the purpose of taking the census, hereby undertake and promise faithfully to perform the duties assigned to me under the Census Act (Northern Ireland) 1969 and by The Census Regulations (Northern Ireland) 2000 so far as applicable to me, and to fulfil all the obligations required of me under the Act and by those Regulations, and I hereby state that I have read and understood the provisions of section 7 of the Act, as amended by Articles 5(4) and 7(2) of, and Schedule 3 to, the Fines and Penalties (Northern Ireland) Order 1984(a), Article 3 of the Census (Confidentiality) (Northern Ireland) Order 1991(b) and Article 3(1) and (2) of the Criminal Justice (Northern Ireland) Order 1994(c), copies of which have been supplied to me.

Signed

..... (Signature)

..... (Full Name)

at on

In the presence of :

..... (Signature of witness)

..... (Full name)

..... (Address)

..... (Designation)

(a) S.I. 1984/703 (N.I. 3)
(b) S.R. 1994 No. 223
(c) S.I. 1994/2795 (N.I. 15)

SCHEDULE 2

Regulation 6

(1) <i>Prescribed persons</i>	(2) <i>Title of form</i>
(a) (a) The householder or joint householders, or the person or persons for the time being acting as householder or joint householders, of every household in Northern Ireland, or where there is no householder or acting householder and there are no joint householders or acting joint householders of that household, the members of that household who are aged 16 years or over on census day, or where the household consists of one person, that person.	The Northern Ireland Household Form entitled "Household Form".
(b) (b) Any person in Northern Ireland mentioned in column (2) in Group II, III, IV, V, VI, VII or VIII in Schedule 1 to the Census Order.	The Northern Ireland Individual Form entitled "Individual Form".
(c) (c) Any person in Northern Ireland making an individual return in accordance with regulation 9.	The Northern Ireland Individual Form entitled "Individual Form".
(d) (d) The manager, chief resident officer, director or governor or other person for the time being in charge of any premises mentioned in Group II, III, IV or V in Schedule 1 to the Census Order; the commanding officer or other person for the time being in charge of any premises or vessel mentioned in Group VI in that Schedule; and the captain, master or other person for the time being in charge of any vessel mentioned in Group VII in that Schedule.	The Northern Ireland Communal Establishment Form entitled "Communal Establishment Form".


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SCHEDULE 3

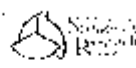
Regulation 6

Forms of Return for 2001 Census

115



Northern Ireland Census
29 April 2001
count me in



Household Form

Census Form No. CS45002011. Text Phone for the Census 0945 003201. Website www.nisc.gov.uk/2001census

To the Household

The Census is a count every ten years of all people and households in the country. Census information is used by central and local government, health authorities and many other organisations to allocate resources and plan services for everyone. The Northern Ireland Statistics and Research Agency conducts the Census in Northern Ireland.

Completing your form

Completion of this Census form is compulsory under the Census Act (Northern Ireland) 1989. If you refuse to complete it, or give false information, you may be liable to a fine. This liability does not apply to completion of the questions on religion. The requirement for you to return a complete form will not be satisfied until such a form has been received. If you need the postage contact the Census Helpline.

Confidentiality

The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes, and anyone using or disclosing Census information improperly will be liable to prosecution. Census forms will be held securely until the terms of the Public Records Act (Northern Ireland) 1923.

Thank you for your co-operation.

T. M. Caron
Deputy Registrar General
NORTHERN IRELAND

What you have to do

- Your household should complete this form in black or blue ink. A household is:
 - one person living alone, or
 - a group of people (not necessarily related) living at the same address with common householders (sharing either a living room or sitting room or at least one toilet) a day.
- This form covers six people. If there are more than six people in your household you will need an extra form.
- List household members in Table 1 (page 2). You may use Table 2 on the same page to list visitors.
- Answer the questions about your accommodation (page 3).
- Complete the related religion questions (pages 4 and 5).
- Ensure that a person's religion (if asked) is completed for each household member listed in Table 1.
- Leave all unused sections of pages blank.
- Sign the Declaration and post the form back with any other forms for the household in the reply-paid envelope.

For other extra forms, please call the Census Helpline on 0945 003201. All calls to this number are charged at the local rate.

To be signed after completing this form. Please check that you have not missed any pages or questions.

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

Signature: _____

Date: _____

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* Using black or blue ink, list all members of your household who usually live at this address, including yourself.

- Start with the Householder or Joint Householders.
- Include anyone who is temporarily away from home on the night of 29 April 2001 but who usually lives at this address.
- Include school children and students if they live at this address during the school, college or university term.
- Also include school children and students who are away from home during the school, college or university term for whom only basic information is required at this address.
- Include any baby born before 30 April 2001, even if still in hospital.
- Include people with more than one address if they live at this address for the majority of time.
- Include anyone who is staying with you who has no other usual address.
- Include a spouse or partner who works away from home for part of the time, or is a member of the armed forces, if they usually live at this address.

* If any member of your household aged 16 or over requires a separate form for privacy reasons, please contact the Census Helpline and ✓ the relevant box in the column marked 'Individual Form'.

Person No.	Individual Form
Person 1	<input type="checkbox"/>
Person 2	<input type="checkbox"/>
Person 3	<input type="checkbox"/>
Person 4	<input type="checkbox"/>
Person 5	<input type="checkbox"/>
Person 6	<input type="checkbox"/>

If you have more than 6 people in your household, you will need an extra form. Please contact the Census Helpline.

Person 7	<input type="checkbox"/>
Person 8	<input type="checkbox"/>
Person 9	<input type="checkbox"/>
Person 10	<input type="checkbox"/>
Person 11	<input type="checkbox"/>
Person 12	<input type="checkbox"/>

* To help you complete the form you may use Table 2 to list any visitors staying at this address, on the night of 29 April 2001, who usually live elsewhere.

* If there are only visitors at this address, please complete questions 22 to 28 (page 3). No further questions need to be answered.

First name and surname	Address
.....
.....
.....

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Remember to use black or blue ink.

Put a tick in the appropriate box. Use ticks if you tick the wrong box, fill in the box and put a tick in the right one, like this

Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.

What is your country of birth?

Overseas (other than Ireland)

IRELAND

AFRICA

111 What type of accommodation does your household occupy?

A whole house or a separate flat in a house

Detached

Semi-detached

Terraced (including end terrace)

A flat, maisonette or apartment

In a purpose built block of flats or apartment

Part of a converted or former house (includes residential)

In a converted building (for example an office building, school, or garage)

Mobile or temporary structure

A caravan or other mobile or temporary structure

112 Do you have a bath/shower and toilet for use only by your household?

Yes No

113 What is the lowest floor level of your household's living accommodation?

Basement or semi-basement

Ground floor (street level)

First floor (floor above street level)

Second floor

Third or fourth floor

Fifth floor or higher

114 Are the rooms used by your household located on more than one floor?

Yes No

115 Does your accommodation have central heating?

Yes, all rooms

Yes, some rooms

No

116 How many rooms do you have for use only by your household?

None

One

Two

Three

Four or more

117 How many cars or vans are owned, or available for use, by one or more members of your household?

None One

Two Three

Four or more

118 Does your household own or rent the accommodation?

Own outright

Own with a mortgage or loan

Buy part rent and part mortgage (shared ownership)

Rent

Not live, rent free

119 Who is your landlord?

Northern Ireland Executive

Housing Association

Housing Co-operative

Charitable Trust

Private landlord or letting agency

Relative of a household member

Relative or friend of a household member

Other

120 Please turn the page.

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* The example below shows how to provide the relationship information for John Smith, his wife (Mary) and their four children (Allison, Steven, James and Margaret).

* In this example Steven's (Person 4) relationship to Person 1 is son, to Person 2 is son and to Person 3 is brother.

Name of Person 1	Name of Person 2	Name of Person 3	Name of Person 4
JOHN SMITH	MARY SMITH	ALLISON SMITH	STEVEN SMITH
Relationship of Person 2 to Person 1 → 1	Relationship of Person 3 to Person 1 ← 1 2	Relationship of Person 4 to Person 1 → 1 2 3	
Husband or wife	Husband or wife	Husband or wife	Husband or wife
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	Partner	Partner	Partner
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	Son or daughter	Son or daughter	Son or daughter
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Step-child	Step-child	Step-child	Step-child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	Brother or sister	Brother or sister	Brother or sister
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Use the same order as in Table 1 (page 2), starting with Person 1.

Print the name of each household member in the space at the top of each column.

a box to show the relationship of each person to each of the other members of your household.

Provide information here for household members who require an Individual Form for privacy reasons. Questions on the following pages should be left blank for these people.

Name of Person 1	Name of Person 2	Name of Person 3	Name of Person 4
.....
Relationship of Person 2 to Person 1 → 1	Relationship of Person 3 to Person 1 ← 1 2	Relationship of Person 4 to Person 1 → 1 2 3	
Husband or wife	Husband or wife	Husband or wife	Husband or wife
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	Partner	Partner	Partner
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	Son or daughter	Son or daughter	Son or daughter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	Step-child	Step-child	Step-child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	Brother or sister	Brother or sister	Brother or sister
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	Mother or father	Mother or father	Mother or father
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	Step-mother or step-father	Step-mother or step-father	Step-mother or step-father
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	Grandchild	Grandchild	Grandchild
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	Grandparent	Grandparent	Grandparent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	Other related	Other related	Other related
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	Unrelated	Unrelated	Unrelated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Name of Person 5 JAMES SMITH		Name of Person 6 MARGARET SMITH	
Relationship of Person 5 to Person → 1 2 3 4		Relationship of Person 6 to Person → 1 2 3 4 5	
Husband or wife	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Husband or wife	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Son or daughter	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Step-child	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Step-child	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Brother or sister	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Brother or sister	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

Name of Person 5		Name of Person 6	
Relationship of Person 5 to Person → 1 2 3 4		Relationship of Person 6 to Person → 1 2 3 4 5	
Husband or wife	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Husband or wife	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Partner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Son or daughter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Son or daughter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Step-child	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Step-child	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Brother or sister	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brother or sister	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mother or father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mother or father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Step-mother or step-father	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grandchild	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grandchild	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grandparent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grandparent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other related	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other related	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Unrelated	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Unrelated	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Remaining questions should be answered for each member of your household in the same order as Table 1 (page 2 of your Household Form). Where a household member is completing an Inequality Form for privacy reasons, the remaining questions for this person should be left blank.

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<p>1 What is your name? (Person 1 in Table 1)</p> <p>Full name of person</p>		<p>10 To which of these ethnic groups do you consider you belong?</p> <p><input checked="" type="checkbox"/> None of these</p>
<p>2 What is your sex?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>11 Do you regard yourself as belonging to any particular religion?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Chinese</p>
<p>3 What is your date of birth?</p> <p>Day</p> <p>Month</p> <p>Year</p>	<p>12 What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, please specify</p>	<p><input type="checkbox"/> Irish Traveller</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Black Caribbean</p> <p><input type="checkbox"/> Black African</p> <p><input type="checkbox"/> Black British</p> <p><input type="checkbox"/> Mixed ethnic group, name</p>
<p>4 What is your marital status (on 29 April 2001)?</p> <p><input type="checkbox"/> Single (never married)</p> <p><input type="checkbox"/> Married (list marriage)</p> <p><input type="checkbox"/> Re-married</p> <p><input type="checkbox"/> Separated (not legally married)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>		<p><input type="checkbox"/> Any other ethnic group, name</p>
<p>5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13 What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, please specify</p>	
<p>6 Do you live at the address shown on the front of this form during the school, college or university term?</p> <p><input type="checkbox"/> Yes, live at this address during the school/college/university term</p> <p><input type="checkbox"/> No, live elsewhere during the school/college/university term</p>	<p>14 What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> England <input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Scotland <input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Overseas, please state in the present tense of the country</p>	<p>11 Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p>7 Can you understand, speak, read or write Irish?</p> <p><input checked="" type="checkbox"/> Understand spoken Irish</p> <p><input type="checkbox"/> Understand spoken Irish</p> <p><input type="checkbox"/> Speak Irish</p> <p><input type="checkbox"/> Read Irish</p> <p><input type="checkbox"/> Write Irish</p> <p><input type="checkbox"/> None of the above</p>		<p>12 Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none"> long term physical or mental health or disability problems related to old age <p><input type="checkbox"/> Do not count anything as part of your paid employment</p> <p>13 How many hours a typical week?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1-19 hours a week</p> <p><input type="checkbox"/> Yes, 20-49 hours a week</p> <p><input type="checkbox"/> Yes, 50+ hours a week</p>

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13 Do you have any long-term illness, health problems or disability which limits your daily activities or the work you can do?
 Yes No

14 What was your usual address one year ago?
 The address shown on the front of the form
 My usual address one year ago
 Elsewhere, please specify: _____

15 If you are aged 16 to 74
 If you are aged 15 and under, or 75 and over

16 Which of these qualifications do you have?
 GCSE (grades D-G), CSE (grades 2-5) NVQ Level 1, (RQF) Foundation
 1-4 GCSEs (grades B, 1-4), 5 GCSEs (grades A-C), 1-4 OF Level Passes NVQ Level 2, (RQF) Intermediate
 5+ GCSEs (grades 1), 5+ GCSEs (grades A-C), 5+ OF Level Passes, Senior Certificate NVQ Level 3, (RQF) Advanced
 1+ Level 1-3 Awards, Advanced Senior Certificate NVQ Level 4, (RQF) HND
 2+ A Levels, A+ AS Levels NVQ Level 5
 First Degree
 Higher Degree
 No qualifications

17 Last week, were you doing any work:
 • as an employee, or on a Government sponsored training scheme,
 • as self-employed/freelance, or
 • in your own family business (including shop or farm)?
 Yes No
 No, but you were doing any work for your employer or family business
 No, but you were doing part-time work for your employer or family business

18 Were you actively looking for any kind of paid work during the last 4 weeks?
 Yes No

19 If a job had been available last week, could you have started it within 2 weeks?
 Yes No

20 Last week, were you waiting to start a job already obtained?
 Yes No

21 Last week, were you any of the following?
 Refused
 Student
 Looking after someone
 Permanently sick/disabled
 None of the above

22 Have you ever worked?
 Yes, ever worked
 No, have never worked

23 Do (did) you work as an employee or are (were) you self-employed?
 Employee
 Self-employed with employees
 Self-employed/freelance without employees

24 How many people work (worked) for your employer at the place where you work (worked)?
 1-9 10-24
 25-49 50 or more

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<p>What is (was) the full title of your main job?</p> <p>1. Write your answer in the space provided. If there is space available, write the full title of your job. If there is not enough space, write the full title on a separate sheet of paper.</p> <p>2. Write your answer in the space provided. If there is space available, write the full title of your job. If there is not enough space, write the full title on a separate sheet of paper.</p>	<p>How do you usually travel to work?</p> <p>1. <input checked="" type="checkbox"/> On foot</p> <p>2. <input checked="" type="checkbox"/> By train, bus, tram, light rail, ferry, or other public transport</p> <p><input type="checkbox"/> Work remotely at or from home</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus, tram, bus or coach (public or private)</p> <p><input type="checkbox"/> Motor cycle, scooter, or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Car or van pool, sharing driving</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Boat</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>Describe what you do (did) in your main job.</p> <p>1. Write your answer in the space provided. If there is space available, describe what you do in your main job. If there is not enough space, describe what you do in your main job on a separate sheet of paper.</p> <p>2. Write your answer in the space provided. If there is space available, describe what you do in your main job. If there is not enough space, describe what you do in your main job on a separate sheet of paper.</p>	<p>Do (did) you supervise any other employees?</p> <p>1. Write your answer in the space provided. If there is space available, write 'Yes' or 'No'. If there is not enough space, write 'Yes' or 'No' on a separate sheet of paper.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What is (was) the business of your employer at the place where you work (worked)?</p> <p>1. Write your answer in the space provided. If there is space available, write the business of your employer at the place where you work. If there is not enough space, write the business of your employer at the place where you work on a separate sheet of paper.</p> <p>2. Write your answer in the space provided. If there is space available, write the business of your employer at the place where you work. If there is not enough space, write the business of your employer at the place where you work on a separate sheet of paper.</p>	<p>How many hours a week do you usually work in your main job?</p> <p>1. Write your answer in the space provided. If there is space available, write the number of hours you usually work in your main job. If there is not enough space, write the number of hours you usually work in your main job on a separate sheet of paper.</p> <p>2. Write your answer in the space provided. If there is space available, write the number of hours you usually work in your main job. If there is not enough space, write the number of hours you usually work in your main job on a separate sheet of paper.</p>
<p>If you were working last week <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you were not working last week <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Go to questions for person 2. If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank. Please sign the Declaration on the front page.</p>
<p>What is the full name of the organisation you work for in your main job?</p> <p>1. Write your answer in the space provided. If there is space available, write the full name of the organisation you work for in your main job. If there is not enough space, write the full name of the organisation you work for in your main job on a separate sheet of paper.</p> <p>2. Write your answer in the space provided. If there is space available, write the full name of the organisation you work for in your main job. If there is not enough space, write the full name of the organisation you work for in your main job on a separate sheet of paper.</p> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p>	
<p>What is the address of the place where you work in your main job?</p> <p>1. Write your answer in the space provided. If there is space available, write the address of the place where you work in your main job. If there is not enough space, write the address of the place where you work in your main job on a separate sheet of paper.</p> <p>2. Write your answer in the space provided. If there is space available, write the address of the place where you work in your main job. If there is not enough space, write the address of the place where you work in your main job on a separate sheet of paper.</p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offsite installation <input type="checkbox"/> Homebased</p>	

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<p><input checked="" type="checkbox"/> What is your name? (Person 2 in Table 1) Surname and name</p>	<p><input checked="" type="checkbox"/> Do you regard yourself as belonging to any particular religion? <input type="checkbox"/> Yes, as follows: <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> To which of those ethnic groups do you consider you belong? <input checked="" type="checkbox"/> Irish <input type="checkbox"/> White <input type="checkbox"/> Chinese <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black Other <input type="checkbox"/> Mixed ethnic group, specify: <input type="checkbox"/> Any other ethnic group, specify:</p>
<p><input checked="" type="checkbox"/> What is your sex? <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><input checked="" type="checkbox"/> What religion, religious denomination or body do you belong to? <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Presbyterian Church in Ireland <input type="checkbox"/> Church of Ireland <input type="checkbox"/> Methodist Church in Ireland <input type="checkbox"/> Other, specify: <input type="checkbox"/> None</p>	<p><input checked="" type="checkbox"/> Over the last twelve months would you say your health has on the whole been: <input type="checkbox"/> Good? <input type="checkbox"/> Fairly good? <input type="checkbox"/> Not good?</p>
<p><input checked="" type="checkbox"/> What is your date of birth? Day: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 Month: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Year: <input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22</p>	<p><input checked="" type="checkbox"/> What religion, religious denomination or body were you brought up in? <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Presbyterian Church in Ireland <input type="checkbox"/> Church of Ireland <input type="checkbox"/> Methodist Church in Ireland <input type="checkbox"/> Other, specify: <input type="checkbox"/> None</p>	<p><input checked="" type="checkbox"/> Do you look after, or give any help or support to family members, friends, neighbours or others because of: <ul style="list-style-type: none"> long term physical or mental ill-health or disability problems related to old age <input type="checkbox"/> Do not know or giving support as part of your paid employment <input checked="" type="checkbox"/> Have spent in a hospital, week <input type="checkbox"/> No <input type="checkbox"/> Yes, 1-19 hours a week <input type="checkbox"/> Yes, 20-49 hours a week <input type="checkbox"/> Yes, 50+ hours a week</p>
<p><input checked="" type="checkbox"/> What is your marital status (on 29 April 2017)? <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married (just married) <input type="checkbox"/> Remarried <input type="checkbox"/> Separated (not legally married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p>	<p><input checked="" type="checkbox"/> What is your country of birth? <input type="checkbox"/> Born in Ireland <input type="checkbox"/> England <input type="checkbox"/> Wales <input type="checkbox"/> Scotland <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> Overseas (specify in the previous column of the survey) <input type="checkbox"/> None</p>	<p><input checked="" type="checkbox"/> Can you understand, speak, read or write Irish? <input checked="" type="checkbox"/> Understand spoken Irish <input type="checkbox"/> Understand written Irish <input type="checkbox"/> Speak Irish <input type="checkbox"/> Read Irish <input type="checkbox"/> Write Irish <input type="checkbox"/> None of the above</p>
<p><input checked="" type="checkbox"/> Are you a schoolchild or student in full-time education? <input type="checkbox"/> Yes, for ... <input type="checkbox"/> No, for ...</p>	<p><input checked="" type="checkbox"/> Do you live at the address shown on the front of this form during the school, college or university term? <input type="checkbox"/> Yes, live at this address during the school/college/university term <input type="checkbox"/> No, live elsewhere during the school/college/university term</p>	<p><input checked="" type="checkbox"/> Do you look after, or give any help or support to family members, friends, neighbours or others because of: <ul style="list-style-type: none"> long term physical or mental ill-health or disability problems related to old age <input type="checkbox"/> Do not know or giving support as part of your paid employment <input checked="" type="checkbox"/> Have spent in a hospital, week <input type="checkbox"/> No <input type="checkbox"/> Yes, 1-19 hours a week <input type="checkbox"/> Yes, 20-49 hours a week <input type="checkbox"/> Yes, 50+ hours a week</p>

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<p>16 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>17 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17 What was your usual address one year ago?</p> <p><input type="checkbox"/> The address shown on the front of the form</p> <p><input type="checkbox"/> A rural address one year ago</p> <p><input type="checkbox"/> Elsewhere, please state:</p> <p>_____ _____ _____ _____</p>	<p>18 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>18 If you are aged 16 to 74 If you are aged 15 and under, or 75 and over</p>	<p>19 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19 Which of these qualifications do you have?</p> <p><input checked="" type="checkbox"/> GCSE (grades D-G), CSE (grades A-C)</p> <p><input type="checkbox"/> GCSE (grades A-C), 1-4 GCSEs (grades A-C), 1-4 Technical Passes</p> <p><input type="checkbox"/> 5+ GCSEs (grades D-G), 5+ GCSEs (grades A-C), 5+ CSE Level Passes, Senior Certificate</p> <p><input type="checkbox"/> 1-3 GCSEs, 1-3 A-S levels, Advanced Series Certificate</p> <p><input type="checkbox"/> 2+ A Levels, 4+ AS Levels</p> <p><input type="checkbox"/> First Degree</p> <p><input type="checkbox"/> Higher Degree</p> <p><input type="checkbox"/> NVQ Level 1, City & Guilds Foundation</p> <p><input type="checkbox"/> NVQ Level 2, City & Guilds Intermediate</p> <p><input type="checkbox"/> NVQ Level 3, City & Guilds Advanced</p> <p><input type="checkbox"/> NVQ Level 4, HNC, HND</p> <p><input type="checkbox"/> NVQ Level 5</p> <p><input type="checkbox"/> No qualifications</p>	<p>20 Last week, were you any of the following?</p> <p><input checked="" type="checkbox"/> Looking for work</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after ill/infirmity</p> <p><input type="checkbox"/> Permanently incapacitated</p> <p><input type="checkbox"/> None of the above</p>
<p>20 Last week, were you doing any work:</p> <ul style="list-style-type: none"> • as an employee, or on a Government sponsored training scheme, • as self-employed/freelance, or • in your own/family business (including shop or farm)? <p><input checked="" type="checkbox"/> Yes, but my last work was at the level of a trainee or apprentice</p> <p><input checked="" type="checkbox"/> Yes, but my last work was at the level of a trainee or apprentice</p> <p><input checked="" type="checkbox"/> No, I was waiting to start or to start a new job</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>21 Have you ever worked?</p> <p><input type="checkbox"/> Yes, at least once</p> <p><input type="checkbox"/> No, have never worked</p> <p>22 Do (did) you work as an employee or are (were) you self-employed?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/freelance without employees</p>
<p>21 How many people work (worked) for your employer at the place where you work (worked)?</p> <p><input checked="" type="checkbox"/> 1-9</p> <p><input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-49</p> <p><input type="checkbox"/> 50 or more</p>	<p>23 How many people work (worked) for your employer at the place where you work (worked)?</p> <p><input checked="" type="checkbox"/> 1-9</p> <p><input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-49</p> <p><input type="checkbox"/> 50 or more</p>

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<p>What is (was) the full title of your main job?</p> <p><input checked="" type="checkbox"/> I am currently employed in the public sector (including the NHS) <input checked="" type="checkbox"/> I am currently employed in the private sector (including the armed forces) <input type="checkbox"/> I am currently self-employed <input type="checkbox"/> I am currently unemployed</p> <p>Describe what you do (did) in your main job.</p> <p><input type="checkbox"/> I do not know what I do in my main job</p> <p>Do (did) you supervise any other employees?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is (was) the business of your employer at the place where you work (worked)?</p> <p><input checked="" type="checkbox"/> I am currently employed in the public sector (including the NHS) <input checked="" type="checkbox"/> I am currently employed in the private sector (including the armed forces) <input type="checkbox"/> I am currently self-employed <input type="checkbox"/> I am currently unemployed</p> <p>If you were working last week <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if you were not working last week <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>What is the full name of the organisation you work for in your main job?</p> <p><input checked="" type="checkbox"/> I am currently employed in the public sector (including the NHS) <input checked="" type="checkbox"/> I am currently employed in the private sector (including the armed forces) <input type="checkbox"/> I am currently self-employed <input type="checkbox"/> I am currently unemployed</p> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p> <p>What is the address of the place where you work in your main job?</p> <p><input checked="" type="checkbox"/> I am currently employed in the public sector (including the NHS) <input checked="" type="checkbox"/> I am currently employed in the private sector (including the armed forces) <input type="checkbox"/> I am currently self-employed <input type="checkbox"/> I am currently unemployed</p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offshore installation <input type="checkbox"/> No fixed place</p>	<p>How do you usually travel to work?</p> <p><input checked="" type="checkbox"/> I walk <input checked="" type="checkbox"/> I drive (including getting to work by car, van or motorcycle) <input type="checkbox"/> Work mainly at or from home <input type="checkbox"/> Train <input type="checkbox"/> Bus, tram or coach (public or private) <input type="checkbox"/> Motor cycle, scooter or moped <input type="checkbox"/> On a bicycle or van <input type="checkbox"/> Car or van pool, sharing driving <input type="checkbox"/> Passenger in a car or van <input type="checkbox"/> Taxi <input type="checkbox"/> Bicycle <input type="checkbox"/> On foot <input type="checkbox"/> Other</p> <p>How many hours a week do you usually work in your main job?</p> <p><input checked="" type="checkbox"/> Full-time (35 hours or more) <input type="checkbox"/> Part-time (less than 35 hours) Number of hours worked a week</p> <p>Go to questions for Person 3. If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank. Please sign the Declaration on the front page.</p>
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<p>What is your name? (Person B in Table 1)</p> <p>.....</p>	<p>Do you regard yourself as belonging to any particular religion?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	<p>To which of these ethnic groups do you consider you belong?</p> <p><input checked="" type="checkbox"/> White</p>
<p>What is your sex?</p> <p><input type="checkbox"/> Male <input checked="" type="checkbox"/> Female</p>	<p>What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, please specify:</p>	<p><input type="checkbox"/> Ukranian</p> <p><input type="checkbox"/> Irish Traveller</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Black Caribbean</p> <p><input type="checkbox"/> Black African</p> <p><input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, please specify:</p> <p><input type="checkbox"/> Any other ethnic group, please specify:</p>
<p>What is your date of birth?</p> <p>.....</p>	<p>What religious, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, please specify:</p>	<p><input type="checkbox"/> Any other ethnic group, please specify:</p>
<p>What is your marital status (on 29 April 2011)?</p> <p><input type="checkbox"/> Single (never married)</p> <p><input type="checkbox"/> Married (first marriage)</p> <p><input type="checkbox"/> Re-married</p> <p><input type="checkbox"/> Separated (not legally married)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>What religious, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, please specify:</p>	<p>Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p>Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	<p>What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Elsewhere, please specify:</p>	<p>Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <p><input checked="" type="checkbox"/> Long term physical or mental health or disability problems related to old age</p>
<p>Do you live at the address shown on the front of this form during the school, college or university term?</p> <p><input type="checkbox"/> Yes, I live at this address during the school/college/university term</p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p>	<p>Can you understand, speak, read or write Irish?</p> <p><input checked="" type="checkbox"/> Understand spoken Irish</p> <p><input type="checkbox"/> Speak Irish</p> <p><input type="checkbox"/> Read Irish</p> <p><input type="checkbox"/> Write Irish</p> <p><input type="checkbox"/> None of the above</p>	<p>Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <p><input checked="" type="checkbox"/> Long term physical or mental health or disability problems related to old age</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1-19 hours a week</p> <p><input type="checkbox"/> Yes, 20-29 hours a week</p> <p><input type="checkbox"/> Yes, 30+ hours a week</p>

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What is (was) the full title of your main job?

1. Do you usually do the same job? Yes No
 2. Do you usually do a different job? Yes No

Describe what you do (did) in your main job.

Do (did) you supervise any other employees?

1. Do you usually supervise any other employees? Yes No

What is (was) the business of your employer at the place where you work (worked)?

1. Do you usually do the same business? Yes No
 2. Do you usually do a different business? Yes No

If you were working last week Yes No
If you were not working last week Yes No

What is the full name of the organisation you work for in your main job?

1. Do you usually work for the same organisation? Yes No
 2. Do you usually work for a different organisation? Yes No

Self-employed/freelance Work for a private individual

What is the address of the place where you work in your main job?

1. Do you usually work at the same address? Yes No
 2. Do you usually work at a different address? Yes No

Mainly work at or from home Off-site installation No fixed place

How do you usually travel to work?

1. On foot
 2. By car (as driver or passenger)
 Walk nearby at or from home
 Train
 Bus, or a bus or coach (public or private)
 Motor cycle, scooter or moped
 Bicycle or e-bike
 Car or van pool, sharing driving
 Passenger in a car or van
 Taxi
 Bicycle
 On Foot
 Other

How many hours a week do you usually work in your main job?

1. How many hours a week do you usually work?
 2. How many hours a week do you usually work?
 Number of hours worked a week

Go to questions for Person A.
 If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank. Please sign the Declaration on the front page.

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<p>What is your name? (Person 4 in Table 1) Surname: _____ First name: _____</p> <p>What is your sex? <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>What is your date of birth? Day: _____ Month: _____ Year: _____</p> <p>What is your marital status (on 29 April 2001)? <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married (first marriage) <input type="checkbox"/> Re-married <input type="checkbox"/> Separated (but not legally married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p> <p>Are you a child or student in full-time education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you live at the address shown on the front of this form during the school, college or university term? <input type="checkbox"/> Yes, I live at this address during the school/college/university term <input type="checkbox"/> No, I live elsewhere during the school/college/university term</p> <p>Can you understand, speak, read or write Irish? <input checked="" type="checkbox"/> I can understand it <input type="checkbox"/> Understand spoken Irish <input type="checkbox"/> Speak Irish <input type="checkbox"/> Read Irish <input type="checkbox"/> Write Irish <input type="checkbox"/> None of the above</p>	<p>Do you regard yourself as belonging to any particular religion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What religion, religious denomination or body do you belong to? <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Presbyterian Church in Ireland <input type="checkbox"/> Church of Ireland <input type="checkbox"/> Methodist Church in Ireland <input type="checkbox"/> Other, please specify: _____</p> <p>What religion, religious denomination or body were you brought up in? <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Presbyterian Church in Ireland <input type="checkbox"/> Church of Ireland <input type="checkbox"/> Methodist Church in Ireland <input type="checkbox"/> Other, please specify: _____ <input type="checkbox"/> None</p> <p>What is your country of birth? <input type="checkbox"/> Northern Ireland <input type="checkbox"/> England <input type="checkbox"/> Wales <input type="checkbox"/> Scotland <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> Elsewhere, please specify in the space below of the country: _____</p>	<p>To which of these ethnic groups do you consider you belong? <input checked="" type="checkbox"/> Irish <input type="checkbox"/> White <input type="checkbox"/> Chinese <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Mixed ethnic group, please specify: _____ <input type="checkbox"/> Any other ethnic group, please specify: _____</p> <p>Over the last twelve months would you say your health has on the whole been: <input type="checkbox"/> Good? <input type="checkbox"/> Fairly good? <input type="checkbox"/> Not good?</p> <p>Do you look after, or give any help or support to family members, friends, neighbours or others because of: <ul style="list-style-type: none"> long term physical or mental ill-health or disability problems related to old age <input checked="" type="checkbox"/> Yes, I do <input type="checkbox"/> No</p> <p>How many hours a week do you work? <input type="checkbox"/> Yes, 1-10 hours a week <input type="checkbox"/> Yes, 20-40 hours a week <input type="checkbox"/> Yes, 50+ hours a week</p>
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12 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

Yes No

14 What was your usual address one year ago?

The address shown on the front of the form

No usual address one year ago

Elsewhere, please state the address

15 If you are aged 16 to 74
if you are aged 75 and under, or 76 and over

16 Which of these qualifications do you have?

None of these qualifications

GCSE (grades 1-3), CSE (grades 2-3)

1-4 GCSE (grades 1), 1-4 GCSE (grades A-C), 1-4 VQ Level Passes

24 GCSE (grades 1), 51 GCSE (grades A-C), 51 VQ Level Passes, Senior Certificate

1 VQ level, 1-3 AS levels, Advanced Level or Certificate

24 VQ levels, 44 GCSEs

First Degree

Higher Degree

IAVQ Level 1, CAVQ Regulation

IAVQ Level 2, CAVQ Intermediate

NVQ Level 3, CAVQ Advanced

NVQ Level 4, IIRC, HNB

NVQ Level 5

No qualifications

17 Last week, were you doing any work:

- as an employee, or on a Government sponsored training scheme,
- as self-employed/freelance, or
- in your own/family business (including shop or farm)?

Yes No

No

18 Were you actively looking for any kind of paid work during the last 4 weeks?

Yes No

19 If a job had been available last week, could you have started it within 2 weeks?

Yes No

20 Last week, were you willing to start a job already obtained?

Yes No

21 Last week, were you any of the following?

- Retired
- Student
- Looking after home/family
- Permanently sick/disabled
- None of the above

22 Have you ever worked?

Yes, have worked in the past

No, have never worked

23 Approximate number of employees (including you) your employer had last week, or if self-employed, how many people you employed?

1-9 10-24 25-49 50 or more

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<p>20. What is (was) the full title of your main job?</p> <p>What is (was) the full title of your main job? (Please include any titles or abbreviations.)</p> <p>What is (was) the full title of your main job? (Please include any titles or abbreviations.)</p>	<p>21. How do you usually travel to work?</p> <p>How do you usually travel to work?</p> <p>How do you usually travel to work?</p> <p><input checked="" type="checkbox"/> On foot</p> <p><input checked="" type="checkbox"/> Public transport (bus, tram, train, subway, etc.)</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Bus, minibus or coach (public or private)</p> <p><input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Driving a car or van</p> <p><input type="checkbox"/> Car or van pool, sharing driving</p> <p><input type="checkbox"/> Passenger in a car or van</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> On foot</p> <p><input type="checkbox"/> Other</p>
<p>22. Describe what you do (did) in your main job.</p> <p>Describe what you do (did) in your main job.</p> <p>Describe what you do (did) in your main job.</p>	
<p>23. Do (did) you supervise any other employees?</p> <p>Do (did) you supervise any other employees?</p> <p>Do (did) you supervise any other employees?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>24. What is (was) the business of your employer at the place where you work (worked)?</p> <p>What is (was) the business of your employer at the place where you work (worked)?</p> <p>What is (was) the business of your employer at the place where you work (worked)?</p>	<p>25. How many hours a week do you usually work in your main job?</p> <p>How many hours a week do you usually work in your main job?</p> <p>How many hours a week do you usually work in your main job?</p> <p>Number of hours worked a week</p>
<p>26. If you were working last week <input type="checkbox"/> or if you were not working last week <input type="checkbox"/></p>	
<p>27. What is the full name of the organisation you work for in your main job?</p> <p>What is the full name of the organisation you work for in your main job?</p> <p>What is the full name of the organisation you work for in your main job?</p> <p><input type="checkbox"/> Self-employment <input type="checkbox"/> Work for a private individual</p>	<p>28. Do the questions for Person 5. If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank. Please sign the Declaration on the front page.</p>
<p>29. What is the address of the place where you work in your main job?</p> <p>What is the address of the place where you work in your main job?</p> <p>What is the address of the place where you work in your main job?</p> <p>Postcode</p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Office installation <input type="checkbox"/> No fixed place</p>	

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<p>1. What is your name? (Person 5 in Table 1)</p> <p>.....</p>	<p>9. Do you regard yourself as belonging to any particular religion?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>10. To which of these ethnic groups do you consider you belong?</p> <p><input checked="" type="checkbox"/> White</p> <p><input type="checkbox"/> Black African</p> <p><input type="checkbox"/> Black Caribbean</p> <p><input type="checkbox"/> Black British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Black African</p> <p><input type="checkbox"/> Black British</p> <p><input type="checkbox"/> Mixed ethnic group</p> <p><input type="checkbox"/> Any other ethnic group</p>
<p>2. What is your sex?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>10. What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other</p>	<p>11. Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p>3. What is your date of birth?</p> <p>.....</p>	<p>11. What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>	<p>12. Do you look after or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none"> long term physical or mental ill-health or disability problems related to old age
<p>4. What is your marital status (as 29 April 2001)?</p> <p><input type="checkbox"/> Single (never married)</p> <p><input type="checkbox"/> Married (not a couple)</p> <p><input type="checkbox"/> Re-married</p> <p><input type="checkbox"/> Separated (but not legally married)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>12. What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> England <input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Scotland <input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Overseas (including Gibraltar)</p>	<p>13. How many hours a week do you work or do any other paid or unpaid work?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1-19 hours a week</p> <p><input type="checkbox"/> Yes, 20-49 hours a week</p> <p><input type="checkbox"/> Yes, 50+ hours a week</p>
<p>5. Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		
<p>6. Do you live at the address shown on the front of this form during the school, college or university term?</p> <p><input type="checkbox"/> Yes, I live at this address during the school/college/university term</p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p>		
<p>7. Can you understand, speak, read or write Irish?</p> <p><input checked="" type="checkbox"/> Understand spoken Irish</p> <p><input type="checkbox"/> Speak Irish</p> <p><input type="checkbox"/> Read Irish</p> <p><input type="checkbox"/> Write Irish</p> <p><input type="checkbox"/> None of the above</p>		

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13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?
 Yes No

14 What was your usual address one year ago?
 The address shown on the front of the form
 An usual address one year ago
 Discharge, hospital or other address

15 If you are aged 16 to 74
 If you are aged 15 and under, or 75 and over

16 Which of these qualifications do you have?
 GCSE (grades D-G), CSE (grades 2-5)
 GCSE (grades D-G), CSE (grades 2-5)
 1-4 GCSE (grade 9 to 4), GCSE (grades A-C), + A*O Level Passes
 1-4 GCSE (grade 1), 5+ GCSE (grades A-C), 3+ O Level Passes, Senior Certificate
 1-4 O Level, 1-3 A Level, Advanced Grade Certificate
 2+ O Level, 1+ A Level
 First Degree
 Higher Degree
 NVQ Level 1, GNVQ Foundation
 NVQ Level 2, GNVQ Intermediate
 NVQ Level 3, GNVQ Advanced
 NVQ Level 4, + MC, NSD
 NVQ Level 5
 No qualifications

17 Last week, were you doing any work
 as an employee, or on a Government sponsored training scheme,
 as self-employed/freelance, or
 in your own/family business (including shop or farm)?
 Yes
 No

18 Were you actively looking for any kind of paid work during the last 4 weeks?
 Yes No

19 If a job had been available last week, could you have started it within 2 weeks?
 Yes No

20 Last week, were you waiting to start a job already obtained?
 Yes No

21 Last week, were you any of the following?
 Sick leave
 Sickness
 Looking after home/family
 Permanently sick/disabled
 None of the above

22 Have you ever worked?
 Yes, at least once in your life
 No, have never worked

23 Are you the person responsible for the running of your own business last week or if not working last week, your last main job?
 Yes
 No

24 Do (did) you work as an employee or are (were) you self-employed?
 Employee
 Self-employed with employees
 Self-employed/freelance without employees

25 How many people work (worked) for your employer at the place where you work (worked)?
 1-9 10-24
 25-499 500 or more

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<p>27 What is (was) the full title of your main job?</p> <p>1. What is (was) the full title of your main job? (Please include any titles, grades, or positions held.)</p> <p>2. If you have held more than one title, please list them in order of seniority.</p> <p>3. If you have held more than one title, please list them in order of seniority.</p> <p>4. If you have held more than one title, please list them in order of seniority.</p>	<p>28 How do you usually travel to work?</p> <p>1. <input checked="" type="checkbox"/> By car</p> <p>2. <input checked="" type="checkbox"/> By bus or coach (public or private)</p> <p>3. <input type="checkbox"/> Walk mainly at or from home</p> <p>4. <input type="checkbox"/> Train</p> <p>5. <input type="checkbox"/> By air (business coach (public or private))</p> <p>6. <input type="checkbox"/> Motor cycle, scooter or moped</p> <p>7. <input type="checkbox"/> Cycling a CV or vel</p> <p>8. <input type="checkbox"/> Car or van pool, shared driving</p> <p>9. <input type="checkbox"/> Horse-gear or other</p> <p>10. <input type="checkbox"/> Taxi</p> <p>11. <input type="checkbox"/> Bicycle</p> <p>12. <input type="checkbox"/> On foot</p> <p>13. <input type="checkbox"/> Other</p>
<p>29 Describe what you do (did) in your main job.</p> <p>1. Describe what you do (did) in your main job.</p> <p>2. Describe what you do (did) in your main job.</p> <p>3. Describe what you do (did) in your main job.</p>	<p>29 How many hours a week do you usually work in your main job?</p> <p>1. Number of hours worked in your main job</p> <p>2. Number of hours worked in your main job</p> <p>3. Number of hours worked in your main job</p>
<p>30 Do (did) you supervise any other employees?</p> <p>1. Do (did) you supervise any other employees?</p> <p>2. Do (did) you supervise any other employees?</p> <p>3. Do (did) you supervise any other employees?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30 Go to questions for Person 6.</p> <p>If there are no more people in your household you do not need to answer any more questions. Please leave this following pages blank. Please sign the Declaration on the front page.</p>
<p>31 What is (was) the business of your employer at the place where you work (worked)?</p> <p>1. What is (was) the business of your employer at the place where you work (worked)?</p> <p>2. What is (was) the business of your employer at the place where you work (worked)?</p> <p>3. What is (was) the business of your employer at the place where you work (worked)?</p>	
<p>32 If you were working last week <input type="checkbox"/></p> <p>If you were not working last week <input type="checkbox"/></p>	
<p>33 What is the full name of the organisation you work for in your main job?</p> <p>1. What is the full name of the organisation you work for in your main job?</p> <p>2. What is the full name of the organisation you work for in your main job?</p> <p>3. What is the full name of the organisation you work for in your main job?</p> <p><input type="checkbox"/> Self-employed/freelance <input type="checkbox"/> Work for a private individual</p>	
<p>34 What is the address of the place where you work in your main job?</p> <p>1. What is the address of the place where you work in your main job?</p> <p>2. What is the address of the place where you work in your main job?</p> <p>3. What is the address of the place where you work in your main job?</p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Off-site installation <input type="checkbox"/> No fixed site</p>	

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<p>1. What is your name? (Persons 6 in Table 1)</p> <p>.....</p>		<p>10. To which of these ethnic groups do you consider you belong?</p> <p><input checked="" type="checkbox"/> None of these</p>
<p>2. What is your sex?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>8. Do you regard yourself as belonging to any particular religion?</p> <p><input type="checkbox"/> Yes to <input type="checkbox"/> No to <input type="checkbox"/> None</p>	<p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Chinese</p>
<p>3. What is your date of birth?</p> <p>.....</p>		<p><input type="checkbox"/> Irish Traveller</p> <p><input type="checkbox"/> Indian</p>
<p>4. What is your marital status (on 29 April 2001)?</p> <p><input type="checkbox"/> Single (never married)</p> <p><input type="checkbox"/> Married (first marriage)</p> <p><input type="checkbox"/> Remarried</p> <p><input type="checkbox"/> Separated (not legally married)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>9. What religion, religious denomination or body do you belong to?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, please state:</p>	<p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Black Caribbean</p> <p><input type="checkbox"/> Black African</p> <p><input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Mixed ethnic group, state:</p> <p>.....</p> <p><input type="checkbox"/> Any other ethnic group, state:</p> <p>.....</p>
<p>5. Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes to <input type="checkbox"/> No to</p>		
<p>6. Do you live at the address shown on the front of this form during the school, college or university term?</p> <p><input type="checkbox"/> Yes I live at this address during the school/college/university term</p> <p><input type="checkbox"/> No, I live elsewhere during the school/college/university term</p>	<p>7. What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Presbyterian Church in Ireland</p> <p><input type="checkbox"/> Church of Ireland</p> <p><input type="checkbox"/> Methodist Church in Ireland</p> <p><input type="checkbox"/> Other, please state:</p>	<p>11. Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good?</p> <p><input type="checkbox"/> Fairly good?</p> <p><input type="checkbox"/> Not good?</p>
<p>7. Can you understand, speak, read or write Irish?</p> <p><input checked="" type="checkbox"/> Understand spoken Irish</p> <p><input type="checkbox"/> Understand spoken Irish</p> <p><input type="checkbox"/> Speak Irish</p> <p><input type="checkbox"/> Read Irish</p> <p><input type="checkbox"/> Write Irish</p> <p><input type="checkbox"/> None of the above</p>	<p>12. What is your country of birth?</p> <p><input type="checkbox"/> Northern Ireland</p> <p><input type="checkbox"/> England <input type="checkbox"/> Wales</p> <p><input type="checkbox"/> Scotland <input type="checkbox"/> Republic of Ireland</p> <p><input type="checkbox"/> Any other country, please state:</p>	<p>13. Do you look after, or give any help or support to family members, friends, neighbours or others because of:</p> <ul style="list-style-type: none"> long term physical or mental ill-health or disability problems related to old age <p><input checked="" type="checkbox"/> Yes, at least a few hours a week</p> <p><input type="checkbox"/> No</p>
		<p>14. How many hours a week do you work?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1-19 hours a week</p> <p><input type="checkbox"/> Yes, 20-49 hours a week</p> <p><input type="checkbox"/> Yes, 50+ hours a week</p>

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13. Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?
 Yes No

14. What was your usual address one year ago?
 The address shown on the front of the form
 A usual address one year ago
 The home, or other, address of ...

15. If you are aged 16 to 24
 If you are aged 15 and under, or 25 and over

16. Which of these qualifications do you have?
 None of these
 GCSE (grade D-G), FM (grades 2-5) NVQ Level 1, GNVQ Foundation
 1-4 GCSE (grade D), 1-4 GCSE (grades A-C), 1-4 TD Level Passes NVQ Level 2, GNVQ Intermediate
 5+ GCSE (grade D), 5+ GCSE (grades A-C), 5+ TD Level Passes, Senior Certificate NVQ Level 3, GNVQ Advanced
 1 NVQ Level 1, 3 AS Levels, Advanced Senior Certificate NVQ Level 4, HNC, HND
 2+ A Levels, 4+ AS Levels NVQ Level 5
 First Degree No qualifications
 Higher Degree

17. Last week, were you doing any work:
 as an employee, or on a Government sponsored training scheme,
 as self-employed/freelance, or
 in your own/family business (including shop or farm)?
 Yes No

18. Were you actively looking for a kind of paid work during the last 4 weeks?
 Yes No

19. If a job had been available last week, could you have started it within 2 weeks?
 Yes No

20. Last week, were you waiting to start a job already obtained?
 Yes No

21. Last week, were you any of the following?
 Retired
 Student
 Looking after home/family
 Permanently sick/disabled
 None of the above

22. Have you ever worked?
 Yes No
 Yes, but never worked full-time
 Yes, but never worked full-time for more than 1 year
 Yes, but never worked full-time for more than 2 years
 Yes, but never worked full-time for more than 3 years
 Yes, but never worked full-time for more than 4 years
 Yes, but never worked full-time for more than 5 years
 Yes, but never worked full-time for more than 6 years
 Yes, but never worked full-time for more than 7 years
 Yes, but never worked full-time for more than 8 years
 Yes, but never worked full-time for more than 9 years
 Yes, but never worked full-time for more than 10 years
 Yes, but never worked full-time for more than 11 years
 Yes, but never worked full-time for more than 12 years
 Yes, but never worked full-time for more than 13 years
 Yes, but never worked full-time for more than 14 years
 Yes, but never worked full-time for more than 15 years
 Yes, but never worked full-time for more than 16 years
 Yes, but never worked full-time for more than 17 years
 Yes, but never worked full-time for more than 18 years
 Yes, but never worked full-time for more than 19 years
 Yes, but never worked full-time for more than 20 years
 Yes, but never worked full-time for more than 21 years
 Yes, but never worked full-time for more than 22 years
 Yes, but never worked full-time for more than 23 years
 Yes, but never worked full-time for more than 24 years
 Yes, but never worked full-time for more than 25 years
 Yes, but never worked full-time for more than 26 years
 Yes, but never worked full-time for more than 27 years
 Yes, but never worked full-time for more than 28 years
 Yes, but never worked full-time for more than 29 years
 Yes, but never worked full-time for more than 30 years
 Yes, but never worked full-time for more than 31 years
 Yes, but never worked full-time for more than 32 years
 Yes, but never worked full-time for more than 33 years
 Yes, but never worked full-time for more than 34 years
 Yes, but never worked full-time for more than 35 years
 Yes, but never worked full-time for more than 36 years
 Yes, but never worked full-time for more than 37 years
 Yes, but never worked full-time for more than 38 years
 Yes, but never worked full-time for more than 39 years
 Yes, but never worked full-time for more than 40 years
 Yes, but never worked full-time for more than 41 years
 Yes, but never worked full-time for more than 42 years
 Yes, but never worked full-time for more than 43 years
 Yes, but never worked full-time for more than 44 years
 Yes, but never worked full-time for more than 45 years
 Yes, but never worked full-time for more than 46 years
 Yes, but never worked full-time for more than 47 years
 Yes, but never worked full-time for more than 48 years
 Yes, but never worked full-time for more than 49 years
 Yes, but never worked full-time for more than 50 years
 Yes, but never worked full-time for more than 51 years
 Yes, but never worked full-time for more than 52 years
 Yes, but never worked full-time for more than 53 years
 Yes, but never worked full-time for more than 54 years
 Yes, but never worked full-time for more than 55 years
 Yes, but never worked full-time for more than 56 years
 Yes, but never worked full-time for more than 57 years
 Yes, but never worked full-time for more than 58 years
 Yes, but never worked full-time for more than 59 years
 Yes, but never worked full-time for more than 60 years
 Yes, but never worked full-time for more than 61 years
 Yes, but never worked full-time for more than 62 years
 Yes, but never worked full-time for more than 63 years
 Yes, but never worked full-time for more than 64 years
 Yes, but never worked full-time for more than 65 years
 Yes, but never worked full-time for more than 66 years
 Yes, but never worked full-time for more than 67 years
 Yes, but never worked full-time for more than 68 years
 Yes, but never worked full-time for more than 69 years
 Yes, but never worked full-time for more than 70 years
 Yes, but never worked full-time for more than 71 years
 Yes, but never worked full-time for more than 72 years
 Yes, but never worked full-time for more than 73 years
 Yes, but never worked full-time for more than 74 years
 Yes, but never worked full-time for more than 75 years
 Yes, but never worked full-time for more than 76 years
 Yes, but never worked full-time for more than 77 years
 Yes, but never worked full-time for more than 78 years
 Yes, but never worked full-time for more than 79 years
 Yes, but never worked full-time for more than 80 years
 Yes, but never worked full-time for more than 81 years
 Yes, but never worked full-time for more than 82 years
 Yes, but never worked full-time for more than 83 years
 Yes, but never worked full-time for more than 84 years
 Yes, but never worked full-time for more than 85 years
 Yes, but never worked full-time for more than 86 years
 Yes, but never worked full-time for more than 87 years
 Yes, but never worked full-time for more than 88 years
 Yes, but never worked full-time for more than 89 years
 Yes, but never worked full-time for more than 90 years
 Yes, but never worked full-time for more than 91 years
 Yes, but never worked full-time for more than 92 years
 Yes, but never worked full-time for more than 93 years
 Yes, but never worked full-time for more than 94 years
 Yes, but never worked full-time for more than 95 years
 Yes, but never worked full-time for more than 96 years
 Yes, but never worked full-time for more than 97 years
 Yes, but never worked full-time for more than 98 years
 Yes, but never worked full-time for more than 99 years
 Yes, but never worked full-time for more than 100 years

23. Do (did) you work as an employee or are (were) you self-employed?
 Employee
 Self-employed with employees
 Self-employed/freelance without employees

24. How many people work (worked) for your employer at the place where you work (worked)?
 1-9 10-24
 25-499 500 or more

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20 What is (was) the full title of your main job?

21 Describe what you do (did) in your main job.

22 Do (did) you supervise any other employees?

23 What is (was) the business of your employer at the place where you work (worked)?

24 If you were working last week **If you were not working last week**

25 What is the full name of the organisation you work for in your main job?

26 What is the address of the place where you work in your main job?

Mainly work at home Off-site location No fixed place

27 How do you usually travel to work?

- On foot
- By car, bicycle, motorcycle, bus or motorised scooter, moped, train
- Work mainly at or from home
- Train
- Bus, minibus or coach (public or private)
- Motor cycle, scooter or moped
- Driving a car or van
- Car or van pool, sharing driving
- Passenger in a car or van
- Taxi
- Bicycle
- On foot
- Other


28 How many hours a week do you usually work in your main job?

29 If there are no more people in your household, please sign the Declaration on the front page.

If there are more than 6 people in your household, you will need to contact the Census Helpline (0845 302071) for an extra form.

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15



Northern Ireland Census

29 April 2001

count me in

Individual Form

What is the Census?

The Census is a count every ten years of all people and households in the country. Census information is used by central and local government, health authorities and many other organisations to allocate resources and plan services for everyone. The Northern Ireland Statistics and Research Agency conducts the Census in Northern Ireland.

Completing your form

Completion of the Census form is compulsory under the Census Act (Northern Ireland) 1969. If you refuse to complete it, or give false information, you may be liable to a fine. This liability does not apply to completion of the questions on religion. The requirement for you to return a completed form will not be satisfied until such a form has been received. If you need help please contact the Census Helpline.

Confidentiality

The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes, and anyone using or disclosing Census information improperly will be liable to prosecution. Census forms will be held securely under the terms of the Public Records Act (Northern Ireland) 1993.

T. N. Cavan
 Dr J N Cavan
 REGISTRAR GENERAL
 NORTHERN IRELAND

What you have to do if you are in a Commercial Establishment

- Answer the questions on pages 1 & 2 of this form.
- Complete the questions on pages 3 to 12 of this form.
- Sign the Declaration fields and return the completed form to the manager or person in charge.

a) What is your position in this establishment?

Staff or other
 Self-employed or other
 Other (for example, resident, patient, student)

What you have to do if you are in a Household

- Mark the correct box on page 1.
- Complete the questions on pages 2 to 12 of this form.
- Sign the Declaration fields and return the completed form to the person in charge of the household.

b) What is your Personal Number?

Refer to page 1 of your Household Form (pages 10 to 12 of this form) for details.

If you are in a household with a telephone, please provide the telephone number.

- Please use black or blue ink.
- Put a tick in the appropriate box like this . If you mark the wrong box, tick in the box and the correct one.
- Some questions require you to write in your answers. Please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.

To be worked after completing the form. Please check that you have not crossed any pages in questions.

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

Signature Date

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<p>What is your name? <input type="text"/></p>		<p>To which of these ethnic groups do you consider you belong? <input checked="" type="checkbox"/> Other</p>
<p>What is your sex? <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Do you regard yourself as belonging to any particular religion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Chinese <input type="checkbox"/> Highlander <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black Other <input type="checkbox"/> Mixed ethnicity <input type="checkbox"/> Any other ethnic group</p>
<p>What is your date of birth? <input type="text"/></p>	<p>What religion, religious denomination or body do you belong to? <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Presbyterian Church in Ireland <input type="checkbox"/> Church of Ireland <input type="checkbox"/> Methodist Church in Ireland <input type="checkbox"/> Other</p>	
<p>What is your marital status (on 29 April 2001)? <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married (first marriage) <input type="checkbox"/> Re-married <input type="checkbox"/> Separated (not legally married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p>		
<p>Are you a schoolchild or student in full-time education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What religion, religious denomination or body were you brought up in? <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Presbyterian Church in Ireland <input type="checkbox"/> Church of Ireland <input type="checkbox"/> Methodist Church in Ireland <input type="checkbox"/> Other</p>	
<p>Do you live at the address shown on the front of this form during the school, college or university term? <input type="checkbox"/> Yes, live at this address during the school/college/university term <input type="checkbox"/> No, live elsewhere during the school/college/university term</p>		<p>Over the last twelve months would you say your health has on the whole been: <input type="checkbox"/> Good? <input type="checkbox"/> Fairly good? <input type="checkbox"/> Not good?</p>
<p>Can you understand, speak, read or write Irish? <input checked="" type="checkbox"/> Understand spoken Irish <input type="checkbox"/> Understand spoken Irish <input type="checkbox"/> Speak Irish <input type="checkbox"/> Read Irish <input type="checkbox"/> Write Irish <input type="checkbox"/> None of the above</p>	<p>What is your country of birth? <input type="checkbox"/> Northern Ireland <input type="checkbox"/> England <input type="checkbox"/> Wales <input type="checkbox"/> Scotland <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> Elsewhere (please specify in previous question)</p>	<p>Do you look after, or give any help or support to family members, friends, neighbours or others because of: <ul style="list-style-type: none"> long term physical or mental health or disability problems related to old age <input checked="" type="checkbox"/> Yes, 1-19 hours a week <input type="checkbox"/> Yes, 20-49 hours a week <input type="checkbox"/> Yes, 50+ hours a week</p>

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<p>13 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14 What was your usual address one year ago?</p> <p><input type="checkbox"/> The address shown on the front of the form</p> <p><input type="checkbox"/> As usual address one year ago</p> <p><input type="checkbox"/> Elsewhere, please give details:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>15 If you are aged 16 to 74 if you are aged 15 and under, or 75 and over</p> <p><input type="checkbox"/> GCSE (grades D-G), CSE (grades 1-5) <input type="checkbox"/> NVQ Level 1, GNVQ Foundation</p> <p><input type="checkbox"/> 1-4 CSEs (grade 1), 1-4 GCSEs (grades A-C), 1-4 OF Level Passes <input type="checkbox"/> NVQ Level 2, GNVQ Intermediate</p> <p><input type="checkbox"/> 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), 5+ OF Level Passes, Grade Certificate <input type="checkbox"/> NVQ Level 3, GNVQ Advanced</p> <p><input type="checkbox"/> 1-70 Level 1, 1-3 AS Levels, Advanced Subject Certificate <input type="checkbox"/> NVQ Level 4, HNC, HND</p> <p><input type="checkbox"/> 2+ A Levels, A+ AS Levels <input type="checkbox"/> NVQ Level 5</p> <p><input type="checkbox"/> First Degree</p> <p><input type="checkbox"/> Higher Degree</p> <p><input type="checkbox"/> No qualifications</p> <p>16 Last week, were you doing any work:</p> <ul style="list-style-type: none"> as an employee, or on a Government sponsored training scheme, as self-employed/freelance, or in your own/family business (including shop or farm)? <p><input checked="" type="checkbox"/> Yes, I was working, but not for my usual employer</p> <p><input checked="" type="checkbox"/> Yes, I was employed as usual, but not for my usual employer</p> <p><input checked="" type="checkbox"/> Yes, I was working, and for myself, in your manufacturing business</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>17 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18 If a job had been available last week, could you have started it within 2 weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20 Last week, were you any of the following?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> In the armed services <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Looking after home/family <input type="checkbox"/> Permanently sick/disabled <input type="checkbox"/> None of the above <p>21 Have you ever worked?</p> <p><input type="checkbox"/> Yes, at least once in your life</p> <p><input checked="" type="checkbox"/> No, have never worked</p> <p>22 How many people work (worked) for your employer at the place where you work (worked)?</p> <p><input checked="" type="checkbox"/> 1-9 <input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-99 <input type="checkbox"/> 500 or more</p>
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26. What is (was) the full title of your main job?

27. Describe what you do (did) in your main job.

28. Do (did) you supervise any other employees?

Yes No

29. What is (was) the business of your employer at the place where you work (worked)?

30. If you were working last week **if you were not working last week**

31. What is the full name of the organisation you work for in your main job?

Self-employed/sole trader Work for a private individual

32. What is the address of the place where you work in your main job?

Mainly work at or from home Off-site installation No fixed place

33. How do you usually travel to work?

On foot
 By bus, train, tram, coach, taxi, bicycle, scooter or moped
 Walk mainly at or from home
 Boat
 Bus, minibus or coach (public or private)
 Motor cycle, scooter or moped
 Driving a car or van
 Car as van pool, sharing driving
 Passengers in a car or van
 Taxi
 Bicycle
 On Foot
 Other

34. How many hours a week do you usually work in your main job?

Number of hours worked a week


35. THERE ARE NO MORE QUESTIONS

Please sign the Declaration on the front page.


Thank you for your co-operation

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CE5



Northern Ireland Census
29 April 2001
count me in



Communal Establishment Form

To the Manager or Person-in-Charge

The Census is a count every ten years of all people and households in the country. Census information is used by central and local government, health authorities and many other organisations to allocate resources and plan services for everyone. The Northern Ireland Statistics and Research Agency conducts the Census in Northern Ireland.

Completing your form

Fair-sasking your help is conducting the 2001 Census. The Census Act (Northern Ireland) 1969 requires you to complete this form, and to distribute and collect forms from all usual residents in your establishment. If you refuse to complete it, or give false information, you may be liable to a fine. The requirement for you to return all such forms will not be satisfied until they have been received.

Confidentiality

The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes, and anyone using or disclosing Census information improperly will be liable to prosecution. Census forms will be held securely under the terms of the Public Records Act (Northern Ireland) 1973.

Thank you for your co-operation.

T. N. Caven
Dr T. N. Caven
REGISTRAR GENERAL
NORTHERN IRELAND

What you have to do

This form collects important information about your establishment.

- Complete this form using black or blue ink.
- Answer the questions over this page.
- Supply each usual resident with a copy of this form in your establishment and ensure that all usual residents in your establishment are provided with a copy.
- Complete this form.
- Return this form and all forms completed by usual residents in your establishment to the Census Office in the form of a sealed envelope. The Census Office will collect the completed forms.

If you have any queries, please contact the Census Office on 096 2011111 or 096 2011112. If you require a form, please contact 096 2011113.

I have completed this form, and the distribution and collection of forms for usual residents in this establishment, to the best of my knowledge and belief.

Number of Individual Forms Issued: [][][][] Number of Individual Forms Collected: [][][][]

Signature: [] Date: [][][]

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Remember to use black or blue ink.

Put a tick in the appropriate box like this . If you mark the wrong box, fill in the box and the correct one.

13 What is the nature of this establishment?

Medical and Care Establishments

General Hospital

Psychiatric Hospital/Unit

Other Hospital

Nursing Home

Residential Care Home

Children's Home (including service units)

Other Medical and Care Home

See Code 10

Other Establishments

Defence Establishment (excluding ships)

Prison Service Establishment

Prison/Probation

Educational Establishment (including HEIs of Scotland and Boarding Schools)

Hotel, Domicile, Hostel, Guest House

Religious Community

Hostel (including youth hostels, hostels for the homeless)

Civilian Ship, Boat or Barge

Other

See Code 10

14 Is this establishment registered?

Yes, by the Local Authority

Yes, with a Health and Social Services Board

Yes, with a District Council

Yes, with both a Health and Social Services Board and a District Council

No

15 Who is responsible for the management of this establishment?

Local Authority

NHS

District Council

Housing Association

Charity/Voluntary Organisation

Sole Proprietor/Partnership/Private Company

Other

16 Which of the following client groups does this establishment cater for?

All of the following client groups

A

Elderly

Adults

Children

B

Physical Disability

Learning Disability

Mental Health Problems

Convalescent or Post-Operative Care

Drug/Alcohol Problems

Terminal Illness/Respite Care

Chronic Illness Care

Acute Illness Care

Healthy

Students

Prisoners/Offenders

Nurses

Armed Forces Personnel

Refugees

Other

No Usual Residents

Previous Sleeping Rough

EXPLANATORY NOTE

(This note is not part of the Order.)

The Regulations provide for the detailed arrangements necessary for the conduct of the census directed to be taken by the Census Order (Northern Ireland) 2000.

Regulations 3 and 4 provide for the division of Northern Ireland into census areas, census districts and enumeration districts, and for the appointment of officers to carry out the duties assigned to them for taking the census.

Regulation 5 provides for all officers to sign the undertaking, set out in Schedule 1, to fulfil all the obligations required of them under the Census Act (Northern Ireland) 1969 and by these Regulations.

Regulation 6 provides that the forms of return to be completed in accordance with the Census Order (Northern Ireland) 2000 are those which apply as set out in full in Schedule 3.

Regulations 7-14 provide detailed arrangements for the delivery, completion, post-back and, where appropriate, collection of the forms of return and for any follow up action which needs to be taken.

Regulations 15 and 16 make provisions in relation to the giving of information, the use and publication or communication of information obtained for the purpose of the census, and the safe custody of forms and documents.

Regulation 17 revokes the Census Regulations (Northern Ireland) 1990.