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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)

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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".

SCHEDULE 3

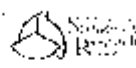
Regulation 6

Forms of Return for 2001 Census

115



Northern Ireland Census
29 April 2001
count me in



Household Form

Census Form No. 0045 300 2001 Form Phone for the deaf 0945 300 2001 Website www.nisra.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 phrase read at 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
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;
 - 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 religious questions (pages 4 and 5).
- Ensure that a person's religion (if stated) 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 300 2001. 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 29 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 tick 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 25 (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 this 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

11 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 building)

Mobile or temporary structure

A caravan or other mobile or temporary structure

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

Yes No

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

Basement or semi-basement

Ground floor (street level)

First floor (one above street level)

Second floor

Third or fourth floor

Fifth floor or higher

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

Yes No

15 Does your accommodation have central heating?

Yes, in all rooms

Yes, in some rooms

No

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

One

Two

Three

Four or more

Number of rooms:

17 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

18 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

19 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 checked="" 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 checked="" 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 Intellectual Form for privacy reasons, the remaining questions for this person should be left blank.

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<p>Q1 What is your name? (Person 1 in Table 1)</p> <p>Full name of person</p>		<p>Q10 To which of these ethnic groups do you consider you belong?</p> <p><input checked="" type="checkbox"/> None of these</p>
<p>Q2 What is your sex?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Q3 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>Q3 What is your date of birth?</p> <p>Day Month Year</p>	<p>Q4 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, none of these</p>
<p>Q4 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 separated)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>Q5 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><input type="checkbox"/> Any other ethnic group, none of these</p>
<p>Q5 Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Q6 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>Q11 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>Q7 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>Q8 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"/> Born here, please specify the precise location of the country</p>	<p>Q12 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"/> Do not count anything you do as part of your paid employment</p> <p>Q13 How many hours a typical week?</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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<p>13 Do you have any long-term illness, health problems or disability which limits your daily activities or the work you can do?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>19 Were you actively looking for any kind of paid work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes <input checked="" 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"/> An usual address one year ago?</p> <p><input type="checkbox"/> Elsewhere, please specify:</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 checked="" type="checkbox"/> No</p>														
<p>15 If you are aged 16 to 74</p> <p>If you are aged 15 and under, or 75 and over</p>	<p>20 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>														
<p>16 Which of these qualifications do you have?</p> <table border="0"><tr><td><input type="checkbox"/> GCSE (grades D-G), CSE (grades 2-5)</td><td><input type="checkbox"/> NVQ Level 1, (RQF) Foundation</td></tr><tr><td><input type="checkbox"/> 1-4 GCSEs (grades E), 1-4 GCSEs (grades A-C), 1-4 OF Level Passes</td><td><input type="checkbox"/> NVQ Level 2, (RQF) Intermediate</td></tr><tr><td><input type="checkbox"/> 5+ GCSEs (grades 1), 5+ GCSEs (grades A-C), 5+ OF Level Passes, Senior Certificate</td><td><input type="checkbox"/> NVQ Level 3, (RQF) Advanced</td></tr><tr><td><input type="checkbox"/> 1-4 Level 1-3 AS-levels, Advanced Vener Certificate</td><td><input type="checkbox"/> NVQ Level 4, (RQF) , HND</td></tr><tr><td><input type="checkbox"/> 2+ A Levels, A+ AS Levels</td><td><input type="checkbox"/> NVQ Level 5</td></tr><tr><td><input type="checkbox"/> First Degree</td><td></td></tr><tr><td><input type="checkbox"/> Higher Degree</td><td><input type="checkbox"/> No qualifications</td></tr></table>	<input type="checkbox"/> GCSE (grades D-G), CSE (grades 2-5)	<input type="checkbox"/> NVQ Level 1, (RQF) Foundation	<input type="checkbox"/> 1-4 GCSEs (grades E), 1-4 GCSEs (grades A-C), 1-4 OF Level Passes	<input type="checkbox"/> NVQ Level 2, (RQF) Intermediate	<input type="checkbox"/> 5+ GCSEs (grades 1), 5+ GCSEs (grades A-C), 5+ OF Level Passes, Senior Certificate	<input type="checkbox"/> NVQ Level 3, (RQF) Advanced	<input type="checkbox"/> 1-4 Level 1-3 AS-levels, Advanced Vener Certificate	<input type="checkbox"/> NVQ Level 4, (RQF) , HND	<input type="checkbox"/> 2+ A Levels, A+ AS Levels	<input type="checkbox"/> NVQ Level 5	<input type="checkbox"/> First Degree		<input type="checkbox"/> Higher Degree	<input type="checkbox"/> No qualifications	<p>21 Last week, were you any of the following?</p> <p><input checked="" type="checkbox"/> Refused</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after someone</p> <p><input type="checkbox"/> Permanently sick/disabled</p> <p><input type="checkbox"/> None of the above</p>
<input type="checkbox"/> GCSE (grades D-G), CSE (grades 2-5)	<input type="checkbox"/> NVQ Level 1, (RQF) Foundation														
<input type="checkbox"/> 1-4 GCSEs (grades E), 1-4 GCSEs (grades A-C), 1-4 OF Level Passes	<input type="checkbox"/> NVQ Level 2, (RQF) Intermediate														
<input type="checkbox"/> 5+ GCSEs (grades 1), 5+ GCSEs (grades A-C), 5+ OF Level Passes, Senior Certificate	<input type="checkbox"/> NVQ Level 3, (RQF) Advanced														
<input type="checkbox"/> 1-4 Level 1-3 AS-levels, Advanced Vener Certificate	<input type="checkbox"/> NVQ Level 4, (RQF) , HND														
<input type="checkbox"/> 2+ A Levels, A+ AS Levels	<input type="checkbox"/> NVQ Level 5														
<input type="checkbox"/> First Degree															
<input type="checkbox"/> Higher Degree	<input type="checkbox"/> No qualifications														
<p>17 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, orin your own family business (including shop or farm)? <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>22 Have you ever worked?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No, have never worked</p>														
<p>18 If you are currently working, 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"/> 25-49</p> <p><input type="checkbox"/> 50 or more</p>	<p>23 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>														

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

1. Write down the full title of your job in the space provided.

2. If you have more than one job, write down the title of your main job.

3. If you are self-employed, write down the name of your business.

.....

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

1. Write down a brief description of your main job in the space provided.

2. If you have more than one job, write down the description of your main job.

3. If you are self-employed, write down the name of your business.

.....

Do (did) you supervise any other employees?

1. Write down the name of the person you supervise in the space provided.

2. If you supervise more than one person, write down the names of all the people you supervise.

3. If you do not supervise any other employees, write "None".

Yes No

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

1. Write down the business of your employer in the space provided.

2. If you have more than one job, write down the business of your main employer.

3. If you are self-employed, write down the name of your business.

.....

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

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

1. Write down the full name of the organisation you work for in the space provided.

2. If you have more than one job, write down the name of your main employer.

3. If you are self-employed, write down the name of your business.

.....

Self-employed/freelance Work for a private individual

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

1. Write down the address of the place where you work in the space provided.

2. If you have more than one job, write down the address of your main employer.

3. If you are self-employed, write down the address of your business.

.....

Mainly work at or from home Office installation Homebased

How do you usually travel to work?

1. Write down the mode of transport you use in the space provided.

2. If you have more than one job, write down the mode of transport you use for your main job.

3. If you do not travel to work, write "None".

On foot
 By car or van (solo, sharing, driving)
 Work mainly at or from home
 Train
 Bus, air, bus 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
 Boat
 Bicycle
 On foot
 Other

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

1. Write down the number of hours you work in the space provided.

2. If you have more than one job, write down the number of hours you work for your main job.

Number of hours worked a week:

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.

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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"/> To which of those ethnic groups do you consider you belong?</p>
<p><input checked="" type="checkbox"/> What is your sex? <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><input checked="" type="checkbox"/> Do you regard yourself as belonging to any particular religion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><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, other</p>
<p><input checked="" type="checkbox"/> What is your date of birth?</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, please specify</p>	<p><input type="checkbox"/> Any other ethnic group, please specify</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 (but still legally married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</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, please specify</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"/> Are you a schoolchild or student in full-time education? <input type="checkbox"/> Yes <input type="checkbox"/> No</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: • long term physical or mental ill-health or disability • problems related to old age</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"/> 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 (please indicate the province/country of the country)</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: • long term physical or mental ill-health or disability • problems related to old age</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"/> Do you work in any way for or part of your own enterprise? <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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Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?
 Yes No

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

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

Which of these qualifications do you have?
 GCSE (grades D-G), CSE (grades A-C)
 1-4 CSEs (grades 1, 1-4 GCSEs (grades A-C), 1-4 Technical Passes)
 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), 5+ CSE Level Passes, Senior Certificate
 1 NVQ Level 1-3 or 1-3 NVQs, Advanced Senior Certificate
 2+ NVQ Levels 4-6 Levels
 First Degree
 Higher Degree
 NVQ Level 1, C/NVQ Foundation
 NVQ Level 2, C/NVQ Intermediate
 NVQ Level 3, C/NVQ Advanced
 NVQ Level 4, HNC, HND
 NVQ Level 5
 No qualifications

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, but only part-time (at least one hour a week)
 Yes, but only part-time (at least one hour a week) (over 1 hour a week)
 Yes, but only part-time (at least one hour a week) (over 1 hour a week)
 Yes No

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

If a job had been available last week, could you have started it within 7 weeks?
 Yes No

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

Last week, were you any of the following?
 Retired
 Student
 Looking after ill/infirmity
 Permanently incapacitated
 None of the above

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

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

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

<p>What is (was) the full title of your main job?</p> <p>✓ <input checked="" type="checkbox"/> Government or public sector</p> <p>✓ <input checked="" type="checkbox"/> Non-governmental organisation</p>	<p>How do you usually travel to work?</p> <p>✓ <input checked="" type="checkbox"/> Car (including car pool)</p> <p>✓ <input checked="" type="checkbox"/> On foot</p> <p>✓ <input checked="" type="checkbox"/> Public transport (public or private)</p> <p><input type="checkbox"/> Work mainly at or from home</p> <p><input type="checkbox"/> Cycle</p> <p><input type="checkbox"/> Bus, motor coach (public or private)</p> <p><input type="checkbox"/> Motor cycle, scooter or moped</p> <p><input type="checkbox"/> Diagonal 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>Describe what you do (did) in your main job.</p> <p>.....</p> <p>.....</p> <p>.....</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>Do (did) you supervise any other employees?</p> <p><input type="checkbox"/> Yes <input 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 (was) the business of your employer at the place where you work (worked)?</p> <p><input type="checkbox"/> Sell goods or services</p> <p><input type="checkbox"/> Provide services</p> <p><input type="checkbox"/> Manufacture goods</p> <p><input type="checkbox"/> Other</p>	
<p>If you were working last week <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you were not working last week <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>What is the full name of the organisation you work for in your main job?</p> <p>.....</p> <p>.....</p> <p>.....</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>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Offshore installation <input type="checkbox"/> No fixed place</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"/> None</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>.....</p>	<p><input type="checkbox"/> White</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>.....</p> <p><input type="checkbox"/> Any other ethnic group, please specify</p> <p>.....</p>
<p>What is your date of birth?</p> <p>.....</p>	<p>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>.....</p> <p><input type="checkbox"/> None</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>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"/> Re-married</p> <p><input type="checkbox"/> Separated (not living with partner)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>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"/> Elsewhere, please specify (please write in capital letters)</p> <p>.....</p>	<p>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 checked="" 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>
<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>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>		

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<p>What is (was) the full title of your main job?</p> <p>1. Do you have a contract of employment with your employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you have a contract of employment with your employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Describe what you do (did) in your main job.</p> <p>4. Do (did) you supervise any other employees?</p> <p>5. What is (was) the business of your employer at the place where you work (worked)?</p> <p>6. If you were working last week <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. If you were not working last week <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>8. What is the full name of the organisation you work for in your main job?</p> <p>9. What is the address of the place where you work in your main job?</p> <p>10. <input type="checkbox"/> Mainly work at or from home <input type="checkbox"/> Off-site installation <input type="checkbox"/> No fixed place</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 car (private or company car)</p> <p>3. <input type="checkbox"/> Walk nearby at or from home</p> <p>4. <input type="checkbox"/> Train</p> <p>5. <input type="checkbox"/> Bus, or a bus or coach (public or private)</p> <p>6. <input type="checkbox"/> Motor cycle, scooter or moped</p> <p>7. <input type="checkbox"/> Driving a car of your own</p> <p>8. <input type="checkbox"/> Car or van pool, sharing driving</p> <p>9. <input type="checkbox"/> Passenger in a car or van</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>How many hours a week do you usually work in your main job?</p> <p>1. How many hours a week do you usually work in your main job?</p> <p>2. Number of hours worked a week</p> <p>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.</p>
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<p>What is your name? (Person 4 in Table 1)</p> <p>.....</p>	<p>Do you regard yourself as belonging to any particular religion?</p> <p><input type="checkbox"/> Yes <input 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 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"/> Chinese</p>
<p>What is your date of birth?</p> <p>.....</p>	<p><input type="checkbox"/> Presbyterian Church in Ireland</p>	<p><input type="checkbox"/> Indian</p>
<p>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"/> 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><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"/> Bangladeshi</p> <p><input type="checkbox"/> Black African</p> <p><input type="checkbox"/> Black British</p> <p><input type="checkbox"/> Mixed ethnic group, please specify</p>
<p>Are you a child or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What religion, religious denomination or body were you brought up in?</p> <p><input type="checkbox"/> Roman Catholic</p>	<p><input type="checkbox"/> Any other ethnic group, please specify</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, 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><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>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>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"/> Here, please specify the county</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 ill-health or disability</p> <p><input checked="" type="checkbox"/> problems related to old age</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, 1-10 hours a week</p> <p><input type="checkbox"/> Yes, 20-40 hours a week</p> <p><input type="checkbox"/> Yes, 50+ hours a week</p>

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<p>33 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>34 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>34 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"/> At your address one year ago</p> <p><input type="checkbox"/> Elsewhere, if you wish to specify</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>35 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>36 Last week, were you waiting to start a job already obtained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
<p>37 If you are aged 16 to 74 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you are aged 15 and under, or 75 and over <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>37 Last week, were you any of the following?</p> <p><input checked="" type="checkbox"/> Off sick or disabled</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Looking after someone in family</p> <p><input type="checkbox"/> Permanently sick/disabled</p> <p><input type="checkbox"/> None of the above</p>														
<p>38 Which of these qualifications do you have?</p> <p><input checked="" type="checkbox"/> None of these qualifications</p> <table border="0"> <tr> <td><input type="checkbox"/> GCSE (grades 9-5), CSE (grades 7-5)</td> <td><input type="checkbox"/> NVQ Level 1, (RQF) Foundation</td> </tr> <tr> <td><input type="checkbox"/> 1-4 GCSEs (grades 11, 1-4 GCSEs (grades A-C), 1-4 'O' Level Passes</td> <td><input type="checkbox"/> NVQ Level 2, (RQF) Intermediate</td> </tr> <tr> <td><input type="checkbox"/> 5-8 GCSEs (grades 11, 5-8 GCSEs (grades A-C), 5-8 'O' Level Passes, Senior Certificate</td> <td><input type="checkbox"/> NVQ Level 3, (RQF) Advanced</td> </tr> <tr> <td><input type="checkbox"/> A SW level 1-3 AS level, Technical Senior Certificate</td> <td><input type="checkbox"/> NVQ Level 4, (RQF) Higher</td> </tr> <tr> <td><input type="checkbox"/> A SW Levels 4-6 AS Levels</td> <td><input type="checkbox"/> NVQ Level 5</td> </tr> <tr> <td><input type="checkbox"/> First Degree</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Higher Degree</td> <td><input type="checkbox"/> No qualifications</td> </tr> </table>	<input type="checkbox"/> GCSE (grades 9-5), CSE (grades 7-5)	<input type="checkbox"/> NVQ Level 1, (RQF) Foundation	<input type="checkbox"/> 1-4 GCSEs (grades 11, 1-4 GCSEs (grades A-C), 1-4 'O' Level Passes	<input type="checkbox"/> NVQ Level 2, (RQF) Intermediate	<input type="checkbox"/> 5-8 GCSEs (grades 11, 5-8 GCSEs (grades A-C), 5-8 'O' Level Passes, Senior Certificate	<input type="checkbox"/> NVQ Level 3, (RQF) Advanced	<input type="checkbox"/> A SW level 1-3 AS level, Technical Senior Certificate	<input type="checkbox"/> NVQ Level 4, (RQF) Higher	<input type="checkbox"/> A SW Levels 4-6 AS Levels	<input type="checkbox"/> NVQ Level 5	<input type="checkbox"/> First Degree		<input type="checkbox"/> Higher Degree	<input type="checkbox"/> No qualifications	<p>38 Have you ever worked?</p> <p><input type="checkbox"/> Yes, even if you have not worked for a long time</p> <p><input type="checkbox"/> No, have never worked</p> <p>39 Answer the remaining questions for the people you were doing last week, or did not work last week, you last saw (see note 1 on page 1 of the questionnaire)</p>
<input type="checkbox"/> GCSE (grades 9-5), CSE (grades 7-5)	<input type="checkbox"/> NVQ Level 1, (RQF) Foundation														
<input type="checkbox"/> 1-4 GCSEs (grades 11, 1-4 GCSEs (grades A-C), 1-4 'O' Level Passes	<input type="checkbox"/> NVQ Level 2, (RQF) Intermediate														
<input type="checkbox"/> 5-8 GCSEs (grades 11, 5-8 GCSEs (grades A-C), 5-8 'O' Level Passes, Senior Certificate	<input type="checkbox"/> NVQ Level 3, (RQF) Advanced														
<input type="checkbox"/> A SW level 1-3 AS level, Technical Senior Certificate	<input type="checkbox"/> NVQ Level 4, (RQF) Higher														
<input type="checkbox"/> A SW Levels 4-6 AS Levels	<input type="checkbox"/> NVQ Level 5														
<input type="checkbox"/> First Degree															
<input type="checkbox"/> Higher Degree	<input type="checkbox"/> No qualifications														
<p>39 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 doing work of any kind, even if only for a few days</p> <p><input checked="" type="checkbox"/> Yes, but only part-time, including casual or temporary work, even if only for a few days</p> <p><input checked="" type="checkbox"/> Yes, but only worked part-time, even if only for a few days</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>40 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>41 How many people work (worked) for your employer at the place where you work (worked)?</p> <p><input checked="" type="checkbox"/> You are the only employee, or you are the only one you employ/employed</p> <p><input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-49 <input type="checkbox"/> 500 or more</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

13 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 address

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

15 Which of these qualifications do you have?
 GCSE (grades 1-3), CSE (grades 1-3)
 1-4 GCSE (grades 1-3), 1-4 GCSE (grades A-C), 1-4 VQ Level Passes
 24 GCSE (grades 1-3), 51 GCSE (grades A-C), 51 VQ Level Passes, Senior Certificate
 1-70 Level, 1-3 AS Levels, Advanced Level or Certificate
 24-76 Levels, 44-76 Levels
 First Degree
 Higher Degree
 NVQ Level 1, C/NVQ Reclassified
 NVQ Level 2, C/NVQ Intermediate
 NVQ Level 3, C/NVQ Advanced
 NVQ Level 4, HNC, HND
 NVQ Level 5
 No qualifications

16 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
 Yes No

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

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

19 Last week, were you willing to start a job already obtained?
 Yes No

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

21 Have you ever worked?
 Yes, have worked in the last 12 months
 No, have never worked

22 Approximate number of people working for your employer at the place where you worked (worked) if you were 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>21. Describe what you do (did) in your main job.</p> <p>22. Do (did) you supervise any other employees?</p> <p>23. What is (was) the business of your employer at the place where you work (worked)?</p> <p>24. If you were working last week If you were not working last week</p> <p>25. What is the full name of the organisation you work for in your main job?</p> <p>26. What is the address of the place where you work in your main job?</p>	<p>27. How do you usually travel to work?</p> <p>28. How many hours a week do you usually work in your main job?</p> <p>29. Go to 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>
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<p>1. What is your name? (Person 5 in Table 1)</p> <p>.....</p>		<p>20. 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>19. 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><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 African</p> <p><input type="checkbox"/> Black Caribbean</p> <p><input type="checkbox"/> Mixed ethnic group, other</p> <p><input type="checkbox"/> Any other ethnic group, other</p>
<p>3. What is your date of birth?</p> <p>.....</p>	<p>21. 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, (specify)</p>	
<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 re-married)</p> <p><input type="checkbox"/> Re-married</p> <p><input type="checkbox"/> Separated (but not legally separated)</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>22. 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, (specify)</p>	<p>23. 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>5. Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>24. 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>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>25. 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 (specify country)</p>	<p>26. How many hours per week do you work?</p> <p><input checked="" type="checkbox"/> None</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>
<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)
 4-11 GCSE (grade D) to GCSE (grades A-C), + A*O Level Passes
 4-11 GCSE (grade D), 5-11 GCSE (grades A-C), 12-13 O Level Passes, Senior Certificate
 12-13 A Level, 1-3 A Level, Advanced Senior Certificate
 A Level (1-3), 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/ill
 Sighted
 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>20 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>23 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"/> On foot</p> <p>9. <input type="checkbox"/> Other</p>
<p>21 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>24 How many hours a week do you usually work in your main job?</p> <p>1. Number of hours worked in a week</p> <p>2. Number of hours worked in a week</p>
<p>22 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>25 Go to questions for Person 6. 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>26 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>27 If you were working last week</p> <p>1. If you were working last week</p> <p>2. If you were not working last week</p>	
<p>28 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>29 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>	

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<p>1. What is your name? (Persons 6 in Table 1)</p> <p>.....</p>	<p>2. 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>3. To which of these ethnic groups do you consider you belong?</p> <p><input checked="" type="checkbox"/> None</p> <p><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, other <input type="checkbox"/> Any other ethnic group, other</p>
<p>4. What is your sex?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>5. What religion, religious denomination or body do you belong to?</p> <p><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 state:</p>	<p>6. Over the last twelve months would you say your health has on the whole been:</p> <p><input type="checkbox"/> Good? <input type="checkbox"/> Fairly good? <input type="checkbox"/> Not good?</p>
<p>7. What is your date of birth?</p> <p>.....</p>	<p>8. What religion, religious denomination or body were you brought up in?</p> <p><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 state:</p>	<p>9. 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>10. What is your marital status (on 29 April 2001)?</p> <p><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>11. Can you understand, speak, read or write Irish?</p> <p><input checked="" 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>12. Do you not count anything you do as part of your usual employment?</p> <p><input checked="" type="checkbox"/> Yes, spend 1 or more hours a 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>13. Are you a schoolchild or student in full-time education?</p> <p><input type="checkbox"/> Yes, in <input type="checkbox"/> No, in <input type="checkbox"/> None</p>	<p>14. What is your country of birth?</p> <p><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"/> Any other country, please state the present name of the country:</p>	<p>15. 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 <input type="checkbox"/> No, I live elsewhere during the school/college/university term</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 postal address one year ago?
 The address shown on the front of the form
 A new address one year ago
 The same, but a different postcode
 Street name:
 Postcode:
 Town/Village:
 County:
 Country:

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

16. Which of these qualifications do you have?
 None of these
 GCSE (grades D-G), FM (grades 2-5) NVQ Level 1, GNVQ Foundation
 1-4 GCSE (grades D), 1-4 GCSE (grades A-C), 1-4 OF Level Passes NVQ Level 2, GNVQ Intermediate
 5+ GCSE (grades D), 5+ GCSE (grades A-C), 5+ OF Level Passes, Senior Certificate NVQ Level 3, GNVQ Advanced
 1 NVQ Level 4, 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 not in the last 12 months
 No, have never worked

23. Are you the same person as the person who worked in this job in the last 12 months?
 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>20 What is (was) the full title of your main job?</p> <p>1. Enter the full title of your main job in the box below. If you have held more than one main job, enter the title of the most recent one.</p> <p>2. If you are currently unemployed, enter the title of your last main job.</p> <p>3. If you are currently employed, enter the title of your current main job.</p>	<p>21 How do you usually travel to work?</p> <p>1. Tick the box that best describes how you usually travel to work.</p> <p>2. If you use more than one mode of transport, tick all that apply.</p> <p>3. If you do not usually travel to work, tick the 'None' box.</p> <p>4. If you are currently unemployed, tick the box that best describes how you usually travel to work.</p>
<p>22 Describe what you do (did) in your main job.</p> <p>1. Describe your main job in the box below. If you have held more than one main job, describe the most recent one.</p> <p>2. If you are currently unemployed, describe your last main job.</p> <p>3. If you are currently employed, describe your current main job.</p>	<p>23 Do (did) you supervise any other employees?</p> <p>1. Tick the box that best describes whether you supervise any other employees.</p> <p>2. If you do not supervise any other employees, tick the 'No' box.</p> <p>3. If you do supervise any other employees, tick the 'Yes' box.</p>
<p>24 What is (was) the business of your employer at the place where you work (worked)?</p> <p>1. Enter the business of your employer in the box below. If you have held more than one main job, enter the business of the most recent one.</p> <p>2. If you are currently unemployed, enter the business of your last main job.</p> <p>3. If you are currently employed, enter the business of your current main job.</p>	<p>25 How many hours a week do you usually work in your main job?</p> <p>1. Enter the number of hours you usually work in your main job in the box below.</p> <p>2. If you do not usually work in your main job, enter 'None'.</p> <p>3. If you are currently unemployed, enter the number of hours you usually worked in your main job.</p>
<p>26 If you were working last week <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27 If you were not working last week <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>28 If there are no more people in your household, please sign the Declaration on the front page.</p> <p>If there are more than 6 people in your household, you will need to contact the Census Helpline (0845 3020711) for an extra form.</p>
<p>29 What is the full name of the organisation you work for in your main job?</p> <p>1. Enter the full name of the organisation you work for in your main job in the box below. If you have held more than one main job, enter the name of the most recent one.</p> <p>2. If you are currently unemployed, enter the name of your last main job.</p> <p>3. If you are currently employed, enter the name of your current main job.</p>	
<p>30 What is the address of the place where you work in your main job?</p> <p>1. Enter the address of the place where you work in your main job in the box below. If you have held more than one main job, enter the address of the most recent one.</p> <p>2. If you are currently unemployed, enter the address of your last main job.</p> <p>3. If you are currently employed, enter the address of your current main job.</p>	

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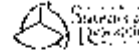
15



Northern Ireland Census

29 April 2001

count me in



Individual Form

Form grid with columns for Name, Address, and other demographic data.

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. COSTA

Dr J N Egan
REGISTRAR GENERAL
NORTHERN IRELAND

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

- Answer the question 11 below.
- Complete the questions on pages 2 and 3 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 owner
- Other (for example, resident, patient, student)

What you have to do if you are in a Household

- Mark the correct box 11.
- Complete the questions on pages 2 and 3 of this form.
- Sign the Declaration fields and return the completed form to the person in charge of the household.

11. What is your Personal Number?

- Refer to page 1 of your Household Form (pages 1011 to 1019) for more information.

If you are a household head, please also complete questions 12 to 14.

- 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 signed 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? Mr [] Ms [] Mrs [] Miss [] 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>To which of these ethnic groups do you consider you belong? <input checked="" type="checkbox"/> Other <input type="checkbox"/> Chinese <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Indian <input type="checkbox"/> Pakistan <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black Other <input type="checkbox"/> Mixed or unknown <input type="checkbox"/> Any other ethnic group</p>
<p>What is your date of birth? [] [] [] [] [] []</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>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>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>Are you a schoolchild or student in full-time education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Can you understand, speak, read or write Irish? <input checked="" type="checkbox"/> None of the above <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 look after, or give any help or support to family members, friends, neighbours or others because of: • long term physical or mental health or disability • problems related to old age</p> <p><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>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>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"/> Born abroad (please specify the country)</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?
1. Do not include short-term or temporary conditions.

Yes No

14 What was your usual address one year ago?
1. Do not include short-term or temporary addresses. Do not include addresses of hotels, holiday homes, or other temporary accommodation.

The address shown on the front of the form

As usual address one year ago

The where, if it is not the same as the above

.....

.....

.....

.....

.....

15 If you are aged 16 to 74 Yes No
 if you are aged 15 and under, or 75 and over Yes No

16 Which of these qualifications do you have?
1. Do not include awards or diplomas which are not listed below.

GCSE (grades D-G), CSE (grades 1-5)

1-4 CSEs (grade 1), 1-4 GCSEs (grades A-C), 1-4 OF Level Passes

5+ CSEs (grade 1), 5+ GCSEs (grades A-C), 5+ OF Level Passes, Senior Certificate

1-70 Level 1, 1-3 AS Levels, Advanced Subsidiary Certificate

2+ NV Levels, A+ AS Levels

First Degree

Higher Degree

NVQ Level 1, GNVQ Foundation

NVQ Level 2, GNVQ Intermediate

NVQ Level 3, GNVQ Advanced

NVQ Level 4, HNC, HND

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, I was doing some of the above

Yes, I was doing all of the above

Yes, I was doing all of the above, but also doing other work

No Don't know

No Don't know

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?
 In the Armed Forces

Retired

Student

Looking after home/family

Permanently sick/disabled

None of the above

22 Have you ever worked?
 Yes, at least once in the last 10 years

No, I have never worked

Yes, but only as a casual worker

Yes, but only as a casual worker, but not as a full-time worker

Yes, but only as a casual worker, but not as a full-time worker, and not as a self-employed person

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. Do not include self-employed.


0-9 10-24

25-99 500 or more

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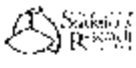
<p>26 What is (was) the full title of your main job?</p> <p>27 Describe what you do (did) in your main job.</p> <p>28 Do (did) you supervise any other employees?</p> <p>29 What is (was) the business of your employer at the place where you work (worked)?</p> <p>30 If you were working last week If you were not working last week</p> <p>31 What is the full name of the organisation you work for in your main job?</p> <p>32 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 work place</p>	<p>33 How do you usually travel to work?</p> <p><input checked="" type="checkbox"/> On foot <input checked="" type="checkbox"/> By bus, minibus or coach (public or private) <input type="checkbox"/> Walk mainly at or from home <input type="checkbox"/> Train <input type="checkbox"/> Bus, minibus or coach (public or private) <input type="checkbox"/> Motor cycle, scooter or moped <input type="checkbox"/> Driving a car or van <input type="checkbox"/> Car as van pool, sharing driving <input type="checkbox"/> Passengers in a car or van <input type="checkbox"/> Taxi <input type="checkbox"/> Bicycle <input type="checkbox"/> On Foot <input type="checkbox"/> Other</p> <p>34 How many hours a week do you usually work in your main job?</p> <p>Number of hours worked a week</p> <p>35 THERE ARE NO MORE QUESTIONS</p> <p>Please sign the Declaration on the front page.</p> <p>Thank you for your co-operation</p>
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CE5

Northern Ireland Census
29 April 2001
count me in



Statistics Research Agency

Community 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 the page.
- Distribute this form to all usual residents who are over 15 in your establishment (including those who are boarded to other premises).
- Complete the form.
- Return the form and the forms completed by usual residents to the Census Collection Point for your establishment. The Census Collection Point will collect the completed forms.

If you have any queries, please contact the Census Collection Point for your establishment on 0947 301141 or write to the Registrar General, Belfast, BT1 1AB.

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.

<p>What is the nature of this establishment?</p> <p><input checked="" type="checkbox"/> Medical and Care Establishments</p> <p><input type="checkbox"/> General Hospital</p> <p><input type="checkbox"/> Psychiatric Hospital/Unit</p> <p><input type="checkbox"/> Other Hospital</p> <p><input type="checkbox"/> Nursing Home</p> <p><input type="checkbox"/> Residential Care Home</p> <p><input type="checkbox"/> Children's Home (including service units)</p> <p><input type="checkbox"/> Other Medical and Care Home</p> <p>See Code 10.2</p> <p>Other Establishments</p> <p><input type="checkbox"/> Defence Establishment (excluding ships)</p> <p><input type="checkbox"/> Prison Service Establishment</p> <p><input type="checkbox"/> Prison/Probation</p> <p><input type="checkbox"/> Educational Establishment (including HEIs of Scotland and Boarding Schools)</p> <p><input type="checkbox"/> Hotel, Domicile, Alms, Guest House</p> <p><input type="checkbox"/> Religious Community</p> <p><input type="checkbox"/> Hostel (including youth hostels, hostels for the homeless)</p> <p><input type="checkbox"/> Civilian Ship, Boat or Barge</p> <p><input type="checkbox"/> Other</p> <p>See Code 10.2</p>	<p>Who is responsible for the management of this establishment?</p> <p><input checked="" type="checkbox"/> NHS</p> <p><input type="checkbox"/> District Council</p> <p><input type="checkbox"/> Housing Association</p> <p><input type="checkbox"/> Charity/Voluntary Organisation</p> <p><input type="checkbox"/> Sole Proprietor/Partnership/Private Company</p> <p><input type="checkbox"/> Other</p> <p>Which of the following client groups does this establishment cater for?</p> <p><input checked="" type="checkbox"/> Adults (excluding children, young people and students)</p> <p>A <input type="checkbox"/> Specially</p> <p><input type="checkbox"/> Adults</p> <p><input type="checkbox"/> Children</p> <p>B <input type="checkbox"/> Physical Disability</p> <p><input type="checkbox"/> Learning Disability</p> <p><input type="checkbox"/> Mental Health Problems</p> <p><input type="checkbox"/> Convalescent or Post-Operative Care</p> <p><input type="checkbox"/> Drug/Alcohol Problems</p> <p><input type="checkbox"/> Terminal Illness/Respite Care</p> <p><input type="checkbox"/> Chronic Illness Care</p> <p><input type="checkbox"/> Acute Illness Care</p> <p><input type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Students</p> <p><input type="checkbox"/> Prisoners/Offenders</p> <p><input type="checkbox"/> Nurses</p> <p><input type="checkbox"/> Armed Forces Personnel</p> <p><input type="checkbox"/> Refugees</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No Usual Residents</p> <p><input type="checkbox"/> Previous Sleeping Rough</p>
<p>Is this establishment registered?</p> <p><input checked="" type="checkbox"/> Yes, locally only</p> <p><input type="checkbox"/> Yes, with a Health and Social Services Board</p> <p><input type="checkbox"/> Yes, with a District Council</p> <p><input type="checkbox"/> Yes, with both a Health and Social Services Board and a District Council</p> <p><input type="checkbox"/> No</p>	