
STATUTORY INSTRUMENTS

1990 No. 307

CENSUS

The Census Regulations 1990

Made - - - - *19th February 1990*
Laid before Parliament *8th March 1990*
Coming into force - - *29th March 1990*

The Secretary of State for Health, in exercise of powers conferred by section 3(1) of the Census Act 1920⁽¹⁾ and now vested in him⁽²⁾, and of all other powers enabling him in that behalf, hereby makes the following Regulations:

Citation and commencement

1. These Regulations may be cited as the Census Regulations 1990 and shall come into force on 29th March 1990.

Interpretation and extent

2.—(1) In these Regulations, unless the context otherwise requires—

“the Act” means the Census Act 1920;

“assistant census officer” means an officer appointed under regulation 4(1)(c);

“the census” means the census directed to be taken by the Census Order 1990⁽³⁾ (hereinafter referred to as “the Census Order”);

“census area manager” means an officer appointed under regulation 4(1)(a);

“census day” means 21st April 1991;

“census district” means a district so referred to in regulation 3;

“census officer” means an officer appointed under regulation 4(1)(b);

“enumeration district” means a district so referred to in regulation 3;

“enumerator” means an officer appointed as such under regulation 4(1)(d);

“officer” means a person appointed under regulation 4;

(1) 1920 c. 41.

(2) See the Secretary of State for Social Services Order 1968 (S.I.1968/1699), article 2 (transferring all functions of the Minister of Health to the Secretary of State).

(3) S.I. 1990/243.

“prescribed person” means a person required by the Census Order to make a return;

“Registrar General” means the Registrar General for England and Wales.

(2) In these Regulations, a reference to a form, where it is followed immediately by an identifying letter, is a reference to the form of return which is identified by that letter and which is set out in Schedule 3.

(3) Unless the context otherwise requires, in these Regulations a reference to a numbered regulation or Schedule is a reference to the regulation or Schedule in these Regulations bearing that number, and a reference in a regulation to a numbered paragraph is a reference to the paragraph of that regulation bearing that number.

(4) These Regulations shall not extend to Scotland.

Census districts and enumeration districts

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

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

Appointment of officers

4.—(1) For the purpose of the census—

- (a) the Registrar General may appoint a census area manager for any census area designated under regulation 3(2);
- (b) the Registrar General or the census area manager may appoint a census officer for each census district;
- (c) the Registrar General, the census area manager or the census officer may appoint for a census district such number of assistant census officers, not exceeding 5 in any census district, as the Registrar General may specify as being necessary for that census district;
- (d) the Registrar General, the census area manager or the census officer may appoint—
 - (i) an enumerator for each enumeration district, and
 - (ii) such other persons as may be necessary for taking the census.

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

Undertaking

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

Forms of return

6.—(1) The form of return to be made by a prescribed person mentioned in column (1) of Schedule 2, or by any person making a return on behalf of a prescribed person under article 5(4) or (5) of the Census Order, shall be the form which has the title specified in the corresponding entry in column (2) of that Schedule, and which is set out under that title in Schedule 3; and any such person shall comply with the instructions contained in that form.

(2) The Registrar General may obtain translations of any of the forms of return into Welsh and the translated versions of the forms may be used as alternative forms of return for the purpose of the census.

Supply of forms and other documents for enumerators

7.—(1) The Registrar General shall issue to every census officer a sufficient number of enumeration record books, forms of return and such other forms or documents as may be necessary for the purpose of the census.

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

Delivery of forms of return

8.—(1) The enumerator shall deliver forms of return on 12th April 1991 or as soon thereafter as is reasonably practicable, as follows—

- (a) form H or W as the case may be, to the head or joint heads, or the person or persons for the time being acting as head or joint heads, of each private household occupying a dwelling or part of a dwelling mentioned in Group I in Schedule 1 to the Census Order or, where there is no head or acting head and there are no joint heads or acting joint heads of that household, to a member of that household who is aged 16 years or over or, where that household consists of one person, to that person;
- (b) the number of forms L and I, or forms L and Iw as the case may be, which the enumerator estimates is likely to be necessary for the purpose of the census, to the manager, chief resident officer or other person for the time being in charge of any premises mentioned in Group II or III in Schedule 1 to the Census Order and to the commanding officer or other person for the time being in charge of any premises mentioned in Group IV in that Schedule.

(2) The duty assigned to the enumerator by paragraph (1) to deliver a form of return shall be satisfied—

- (a) if he hands it to the appropriate person mentioned in paragraph (1) or to a responsible person claiming to act on behalf of that person, or
- (b) where no appropriate or responsible person is available, if he leaves it at the dwelling or premises referred to in paragraph (1).

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

- (a) forms L and I, or forms L and Iw as the case may be, to the commanding officer or other person for the time being in charge of any vessel mentioned in Group IV in Schedule 1 to the Census Order and to the captain, master or other person for the time being in charge of any vessel mentioned in Group V in that Schedule;
- (b) form I or Iw as the case may be, to every person mentioned in Group VI in Schedule 1 to the Census Order.

(4) The person to whom forms of return are delivered under paragraph (1)(b) or (3)(a) shall deliver form I or Iw as the case may be, to every prescribed person on the premises or vessel who appears to him to be capable of completing the form.

(5) Where the manager or other person in charge of any premises mentioned in Group II in Schedule 1 to the Census Order has arranged for a return with respect to a person incapable of making a return to be made by a relative or other person accompanying him, he shall deliver form I or Iw as the case may be, to the relative or other person for that purpose.

Particulars to be obtained by enumerators

9. When the enumerator delivers form H or W in accordance with regulation 8(1)(a), he shall complete the panel on that form headed "Panel A".

Individual returns in private households

10.—(1) Any person who satisfies the conditions prescribed in article 5(3) of the Census Order and who elects to make an individual return ("the elector") or a person acting on his behalf may ask the enumerator to provide him with a separate form of return, but if the elector cannot for any reason obtain a form from the enumerator, he or a person acting on his behalf may apply to the census officer for such a form.

(2) The enumerator or census officer, as the case may be, shall issue to the elector, or to the person acting on his behalf, the appropriate form I or Iw and an envelope in which the completed form of return may be sealed before it is collected by the enumerator.

Sealed envelopes for returns from private households

11. Any person who is required by article 5(1) or (2) of the Census Order to make a return may ask the enumerator to provide him with an envelope in which the completed form of return may be sealed before it is collected by the enumerator, and the enumerator, if so asked, shall comply with any such request.

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

12.—(1) The manager, chief resident officer or other person for the time being in charge of any premises mentioned in Group II or III in Schedule 1 to the Census Order shall enter the name and address of the premises on every form of return made under article 5(4) of the Census Order by or with respect to any person in the premises.

(2) The commanding officer or other person for the time being in charge of any premises or vessel mentioned in Group IV in Schedule 1 to the Census Order, and the captain, master or other person for the time being in charge of any vessel mentioned in Group V in that Schedule, shall enter the name and address of the premises, or as the case may be the name of the vessel, on every form of return made under article 5(4) of the Census Order by or with respect to any person in the premises or vessel.

(3) The commanding officer or other person for the time being in charge of any vessel mentioned in Group IV in Schedule 1 to the Census Order shall enter the name of the vessel on every form of return made under article 5(6) of the Census Order.

Collection of returns

13.—(1) Where under regulation 8(4) forms I or Iw have been delivered to persons mentioned in article 5(4) of the Census Order, the person responsible for delivering the forms, or any person who has taken his place, shall collect the completed forms on the day after census day or as soon thereafter as is reasonably practicable.

(2) On the day after census day, or as soon thereafter as is reasonably practicable, the enumerator shall collect all forms of return delivered by him and all separate forms of return issued in accordance with regulation 10 to persons within his enumeration district.

(3) Subject to paragraphs (4) and (5), the enumerator shall examine each form of return which he has collected and satisfy himself that the entries thereon are properly and sufficiently made, and for that purpose he shall make all such inquiries of the persons concerned in completing the form, or the persons with respect to whom the returns are made, as are reasonably necessary.

(4) The enumerator may open any sealed envelope which was issued under regulation 10 to a person electing to make an individual return, unless that person has asked the enumerator not to open it, in which case the enumerator shall pass the envelope unopened to an assistant census officer or to the census officer.

(5) The enumerator shall not open any envelope which was issued under regulation 11 and which is returned to him sealed, but shall instead pass the envelope unopened to an assistant census officer or to the census officer.

(6) An assistant census officer or the census officer may open any sealed envelope which has been passed to him from an enumerator in accordance with paragraph (4) or (5), and examine the form of return.

(7) If an assistant census officer or the census officer is not satisfied that the entries on a form of return are properly and sufficiently made, he may make all such inquiries of the persons concerned in completing the form, or the persons with respect to whom the returns are made, as are reasonably necessary.

(8) The Registrar General shall make arrangements for the collection of completed forms of return made by persons on vessels mentioned in Groups IV and V in Schedule 1 to the Census Order and by persons in places mentioned in Group VI in that Schedule.

Further duties of enumerators, assistant census officers and census officers

14.—(1) As soon after census day as is reasonably practicable, the enumerator shall complete the enumeration record book and any sections which he is required to complete in the forms of return which he has collected.

(2) When directed to do so by the census officer, the enumerator shall deliver to the census officer or to an assistant census officer the enumeration record book, all forms of return which he has collected, and any other written record of any nature in his possession which contains any personal information which has been acquired in connection with the census.

(3) When directed to do so by the census officer, the assistant census officer shall deliver to the census officer all enumeration record books, forms of return and any other written record of any nature in his possession which contains any personal information which has been acquired in connection with the census.

(4) When directed to do so by the Registrar General, the census officer shall send to the Registrar General all completed enumeration record books relating to the enumeration districts within his census district, all forms of return and other written records delivered to him by enumerators or assistant census officers, and any other written record of any nature in his possession which contains any personal information which has been acquired in connection with the census.

Giving of information

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

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

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

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

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otherwise than for the purposes of the Act.

Safe custody of forms and documents

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

Revocation

17. The Census Regulations 1980(4) are hereby revoked.

Signed by authority of the Secretary of State for Health

19th February 1990

Roger Freeman
Parliamentary Under-Secretary of State,
Department of Health

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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 1990 for the purpose of taking the census, hereby undertake and promise faithfully to perform the duties assigned to me under the Census Act 1920, and by the Census Regulations 1990 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 8 of the Act (as amended by section 92(1) of and Schedule 3 to the Criminal Justice Act 1967 (b) and sections 38 and 46 of the Criminal Justice Act 1982 (c)) and of regulation 16 of those Regulations, copies of which have been supplied to me.

Signed

In the presence of

(b) 1967 c.80.

(c) 1982 c.48.

SCHEDULE 2

Regulation 6

(1)

Prescribed persons

(2)

Title of form


- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(a) (a) The head or joint heads, or the person or persons for the time being acting as head or joint heads, of every private household in England, or where there is no head or acting head and there are no joint heads or acting joint heads of that household, the members of that household who are aged 16 years or over, or where the private household consists of one person, that person.</p> <p>(b) (b) The head or joint heads, or the person or persons for the time being acting as head or joint heads, of every private household in Wales, or where there is no head or acting head and there are no joint heads or acting joint heads of that household, the members of that household who are aged 16 years or over, or where the private household consists of one person, that person.</p> <p>(c) (c) Any person in England mentioned in column (2) in Group II, III, IV, V or VI in Schedule 1 to the Census Order.</p> | <p>The form entitled “H form for Private Households”.</p> <p>The form entitled “W form for Private Households”.</p> <p>The form entitled “I form for making an individual return”.</p> |
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(1) Prescribed persons	(2)
Title of form	
(d) (d) Any person in Wales mentioned in column (2) in Group II, III, IV, V or VI in Schedule 1 to the Census Order.	The form entitled “Iw form for making an individual return”.
(e) (e) Any person in England making an individual return in accordance with regulation 10.	The form entitled “I form for making an individual return”.
(f) (f) Any person in Wales making an individual return in accordance with regulation 10.	The form entitled “Iw form for making an individual return”.
(g) (g) The manager, chief resident officer or other person for the time being in charge of any premises mentioned in Group II or III 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 IV in that Schedule; and the captain, master or other person for the time being in charge of any vessel mentioned in Group V in that Schedule.	The form entitled “L form for Communal Establishments, HM Ships or other vessels”.

SCHEDULE 3

Forms of Return for 1991 Census



**1991 Census
England**
H form for Private Households

For office use

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

To the Head or Joint Heads or members of the Household aged 16 or over

Please read these instructions before filling in this form

Please complete this form for all members of the household, including children, and have it ready for collection on Monday 22nd April. Your census enumerator will call to collect it then or soon afterwards and will help you with the form if you have any difficulties. The enclosed leaflet explains why the Census is necessary and how the information is used.

A Household:
A household comprises either one person living alone or a group of people (not necessarily related) living at the same address with common housekeeping — that is, sharing at least one meal a day or sharing a living room or sitting room.
People staying temporarily with the household are included.

Completion of the form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may have to pay a fine of up to £400.

- ▶ If there is more than one household in this building, answer for your household only.
- ▶ First answer questions **H1 and H2 on this page** and **H3 to H5 on the back page** about your household and the rooms which it occupies.
- ▶ When you have answered the household questions, answer the questions on the **inside pages** about each member of your household.
- ▶ If a member of the household is completing an Individual form please still enter their name and answer questions 5 and 6 on this form.
- ▶ Then complete **Panel B** and **Panel C** on the back page.
- ▶ **Answer each question by ticking the appropriate box or boxes** where they are provided.
- ▶ **Please use ink or ballpoint pen.**

Your answers will be treated in strict confidence and used only to produce statistics. Names and addresses will not be put into the computer; only the postcode will be entered. The forms will be kept securely within my Office and treated as confidential for 100 years.

Anyone using or disclosing Census information improperly will be liable to prosecution. For example, it would be improper for you to pass on to someone else information which you had been given in confidence by a visitor to enable you to complete the Census form.

If any member of the household aged 16 or over does not wish you, or another member of the household, to see their information, please ask the enumerator for an individual form with an envelope.

After completing the form, please sign the declaration on the last page. Thank you for your co-operation.

P J Wormald

P J Wormald
Registrar General
Office of Population Censuses and Surveys
PO Box 100 Fareham PO16 0AL
Telephone: 0329 844444

To be completed by the Enumerator

Census District	Enumeration District	Form Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name <input type="text"/>		
Address <input type="text"/>		
Postcode <input type="text"/>		

ABS

H1 Rooms

Please count the number of rooms your household has for its own use.

Do not count: small kitchens, under 2 metres (6 feet 6 inches) wide
bathrooms
toilets

Do count: living rooms
bedrooms
kitchens at least 2 metres (6 feet 6 inches) wide
all other rooms in your accommodation

The total number of rooms is

Panel A
To be completed by the Enumerator and amended, if necessary, by the person(s) signing this form.

Tick one box to show the type of accommodation which this household occupies.

A caravan or other mobile or temporary structure 1

A whole house or bungalow that is

{	detached	<input type="checkbox"/> 2
	semi-detached	<input type="checkbox"/> 3
	terraced (include end of terrace)	<input type="checkbox"/> 4

The whole of a purpose built flat or maisonette

{	in a commercial building (for example in an office building or hotel or over a shop)	<input type="checkbox"/> 5
	in a block of flats or tenement	<input type="checkbox"/> 6

Part of a converted or shared house, bungalow or flat

{	separate entrance into the building	<input type="checkbox"/> 7
	shared entrance into the building	<input type="checkbox"/> 8

H2 Accommodation
If box 7 or box 8 in Panel A is ticked, tick one box below to show the type of accommodation which your household occupies.

A one roomed flatlet
with private bath or shower, WC and kitchen facilities. 1

One room or bedsit, not self-contained
(to move from your room to bathroom, WC or kitchen facilities you have to use a hall, landing or stairway open to other household(s)). 2

A self-contained flat or accommodation with 2 or more rooms,
having bath or shower, WC and kitchen facilities all behind its own private door. 3

2 or more rooms, not self-contained
(to move between rooms or to bathroom, WC or kitchen facilities you have to use a hall, landing or stairway open to other household(s)). 4

9

Please turn to the back page and answer questions H3 to H5 ▶

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<p>1-3 Name, sex and date of birth of people to be included</p> <p>Important: please read the notes before answering the questions. In answering the rest of the questions please include:</p> <ul style="list-style-type: none"> ▶ every person who spends census night (21-22 April) in this household, including anyone staying temporarily. ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere. ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form. ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write BABY and the surname. <p>Write the names in BLOCK CAPITALS starting with the head or a joint head of household.</p>	<p>Person No. 1</p> <p>Name and surname</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2</p> <p>Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p>Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5</p>	<p>Person No. 2</p> <p>Name and surname</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2</p> <p>Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p>Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5</p>
<p>4 Marital status</p> <p>On the 21st April what is the person's marital status? If separated but not divorced, please tick 'Married (first marriage)' or 'Re-married' as appropriate. Please tick one box.</p>	<p>Relationship to Person No.1</p> <p>Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Unrelated <input type="checkbox"/> <i>please specify</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Relationship to Person No.1</p> <p>Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Unrelated <input type="checkbox"/> <i>please specify</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>5 Relationship in household</p> <p>Please tick the box which indicates the relationship of each person to the person in the first column. A step child or adopted child should be included as the son or daughter of the step or adoptive parent. Write in relationship of 'Other relative' — for example, father, daughter-in-law, niece, uncle, cousin.</p> <p>Write in position in household of an 'Unrelated' person for example, boarder, housekeeper, friend, flatmate, foster child.</p>	<p>6 Whereabouts on night of 21-22 April 1991</p> <p>Please tick the appropriate box to indicate where the person was on the night of 21-22 April 1991.</p>	<p>At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2</p>
<p>7 Usual address</p> <p>If the person usually lives here, please tick 'This address'. If not, tick 'Elsewhere' and write in the person's usual address. For students and children away from home during term time, the home address should be taken as the usual address. For any person who lives away from home for part of the week, the home address should be taken as the usual address. Any person who is not a permanent member of the household should be asked what he or she considers to be his or her usual address.</p>	<p>This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/></p> <p>If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Post-code <input type="text"/></p>	<p>This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/></p> <p>If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Post-code <input type="text"/></p>
<p>8 Term time address of students and schoolchildren</p> <p>If not a student or schoolchild, please tick first box. For a student or schoolchild who lives here during term time, tick 'This address'. If he or she does not live here during term time, tick 'Elsewhere' and write in the current or most recent term time address.</p>	<p>Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/></p> <p>If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Post-code <input type="text"/></p>	<p>Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/></p> <p>If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Post-code <input type="text"/></p>

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Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5
Relationship to Person No.1 Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/> Unrelated <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/>	Relationship to Person No.1 Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/> Unrelated <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/>	Relationship to Person No.1 Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/> Unrelated <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/>	Relationship to Person No.1 Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/> Unrelated <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/>
At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2	At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2	At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2	At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2
This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> Post-code <input type="text"/>	This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> Post-code <input type="text"/>	This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> Post-code <input type="text"/>	This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> Post-code <input type="text"/>
Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> Post-code <input type="text"/>	Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> Post-code <input type="text"/>	Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> Post-code <input type="text"/>	Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> Post-code <input type="text"/>

Please turn over ►

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1-3 Name, sex and date of birth of people to be included

Important: please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form.
- ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write **BABY** and the surname.

Write the names in BLOCK CAPITALS starting with the head or a joint head of household.

9 Usual address one year ago

If the person's usual address one year ago (on the 21st April 1990) was the same as his or her current usual address (given in answer to question 7), please tick 'Same'. If not, tick 'Different' and write in the usual address one year ago.

If everyone on the form has moved from the same address, please write the address in full for the first person and indicate with an arrow that this applies to the other people on the form.

For a child born since the 21st April 1990, tick the 'Child under one' box.

10 Country of birth

Please tick the appropriate box.

If the 'Elsewhere' box is ticked, please write in the present name of the country in which the birthplace is now situated.

11 Ethnic group

Please tick the appropriate box.

If the person is descended from more than one ethnic or racial group, please tick the group to which the person considers he/she belongs, or tick the 'Any other ethnic group' box and describe the person's ancestry in the space provided.

12 Long-term illness

Does the person have any long-term illness, health problem or handicap which limits his/her daily activities or the work he/she can do?

Include problems which are due to old age.

Person No. 1	Person No. 2
<p>Name and surname</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>Name and surname</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2</p>	<p>Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2</p>
<p>Date of birth Day Month Year <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div> </p>	<p>Date of birth Day Month Year <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div> </p>
<p>Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3</p> <p>If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Post-code <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	<p>Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3</p> <p>If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Post-code <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>
<p>England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/></p> <p>If elsewhere, please write in the present name of the country</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/></p> <p>If elsewhere, please write in the present name of the country</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2</p>	<p>Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2</p>

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Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3	Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3	Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3	Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3
If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/>	If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/>	If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/>	If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/>
Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/>	England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/>	England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/>	England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/>
If elsewhere, please write in the present name of the country <input type="text"/> <input type="text"/>	If elsewhere, please write in the present name of the country <input type="text"/> <input type="text"/>	If elsewhere, please write in the present name of the country <input type="text"/> <input type="text"/>	If elsewhere, please write in the present name of the country <input type="text"/> <input type="text"/>
White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i> <input type="text"/>	White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i> <input type="text"/>	White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i> <input type="text"/>	White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i> <input type="text"/>
Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i> <input type="text"/>	Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i> <input type="text"/>	Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i> <input type="text"/>	Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i> <input type="text"/>
Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2	Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2	Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2	Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2

Please turn over ►

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1-3 Name, sex and date of birth of people to be included

Important: please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form.
- ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write **BABY** and the surname.

Write the names in BLOCK CAPITALS starting with the head or a joint head of household.

Person No. 1		Person No. 2	
Name and surname		Name and surname	
<input type="text"/>		<input type="text"/>	
Sex	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth		Date of birth	
Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Answers to the remaining questions are not required for any person under 16 years of age (born after 21st April 1975)

13 Whether working, retired, looking after the home etc last week

Which of these things was the person doing **last week**?

Please read carefully right through the list and **tick all the descriptions that apply.**

Casual or temporary work should be counted at boxes 1, 2, 3 or 4. Also tick boxes 1, 2, 3 or 4 if the person had a job last week but was off sick, on holiday, temporarily laid off or on strike.

Boxes 1, 2, 3 and 4 refer to work for pay or profit but not to unpaid work except in a family business.

Working for an employer is **part time** (box 2) if the hours worked, excluding any overtime and mealbreaks, are usually 30 hours or less per week.

Include any person wanting a job but prevented from looking by holiday or temporary sickness.

Do not count training given or paid for by an employer.

Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1
Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2	Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2
Was self-employed, employing other people <input type="checkbox"/> 3	Was self-employed, employing other people <input type="checkbox"/> 3
Was self-employed, not employing other people <input type="checkbox"/> 4	Was self-employed, not employing other people <input type="checkbox"/> 4
Was on a government employment or training scheme <input type="checkbox"/> 5	Was on a government employment or training scheme <input type="checkbox"/> 5
Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6	Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6
Was unemployed and looking for a job <input type="checkbox"/> 7	Was unemployed and looking for a job <input type="checkbox"/> 7
Was at school or in other full time education <input type="checkbox"/> 8	Was at school or in other full time education <input type="checkbox"/> 8
Was unable to work because of long term sickness or disability <input type="checkbox"/> 9	Was unable to work because of long term sickness or disability <input type="checkbox"/> 9
Was retired from paid work <input type="checkbox"/> 10	Was retired from paid work <input type="checkbox"/> 10
Was looking after the home or family <input type="checkbox"/> 11	Was looking after the home or family <input type="checkbox"/> 11
Other <input type="checkbox"/> please specify	Other <input type="checkbox"/> please specify
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>

Answers to the remaining questions are not required for any person under 16 years of age (born after 21st April 1975)

Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1
Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2	Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2	Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2	Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2
Was self-employed, employing other people <input type="checkbox"/> 3	Was self-employed, employing other people <input type="checkbox"/> 3	Was self-employed, employing other people <input type="checkbox"/> 3	Was self-employed, employing other people <input type="checkbox"/> 3
Was self-employed, not employing other people <input type="checkbox"/> 4	Was self-employed, not employing other people <input type="checkbox"/> 4	Was self-employed, not employing other people <input type="checkbox"/> 4	Was self-employed, not employing other people <input type="checkbox"/> 4
Was on a government employment or training scheme <input type="checkbox"/> 5	Was on a government employment or training scheme <input type="checkbox"/> 5	Was on a government employment or training scheme <input type="checkbox"/> 5	Was on a government employment or training scheme <input type="checkbox"/> 5
Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6	Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6	Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6	Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6
Was unemployed and looking for a job <input type="checkbox"/> 7	Was unemployed and looking for a job <input type="checkbox"/> 7	Was unemployed and looking for a job <input type="checkbox"/> 7	Was unemployed and looking for a job <input type="checkbox"/> 7
Was at school or in other full time education <input type="checkbox"/> 8	Was at school or in other full time education <input type="checkbox"/> 8	Was at school or in other full time education <input type="checkbox"/> 8	Was at school or in other full time education <input type="checkbox"/> 8
Was unable to work because of long term sickness or disability <input type="checkbox"/> 9	Was unable to work because of long term sickness or disability <input type="checkbox"/> 9	Was unable to work because of long term sickness or disability <input type="checkbox"/> 9	Was unable to work because of long term sickness or disability <input type="checkbox"/> 9
Was retired from paid work <input type="checkbox"/> 10	Was retired from paid work <input type="checkbox"/> 10	Was retired from paid work <input type="checkbox"/> 10	Was retired from paid work <input type="checkbox"/> 10
Was looking after the home or family <input type="checkbox"/> 11	Was looking after the home or family <input type="checkbox"/> 11	Was looking after the home or family <input type="checkbox"/> 11	Was looking after the home or family <input type="checkbox"/> 11
Other <input type="checkbox"/> please specify	Other <input type="checkbox"/> please specify	Other <input type="checkbox"/> please specify	Other <input type="checkbox"/> please specify
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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1-3 Name, sex and date of birth of people to be included		Person No. 1	Person No. 2
<p>Important: please read the notes before answering the questions. In answering the rest of the questions please include:</p> <ul style="list-style-type: none"> ▶ every person who spends census night (21-22 April) in this household, including anyone staying temporarily. ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere. ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form. ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write BABY and the surname. <p>Write the names in BLOCK CAPITALS starting with the head or a joint head of household.</p>		<p>Name and surname</p> <div style="border: 1px solid black; height: 40px;"></div> <p>Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2</p> <p>Date of birth Day Month Year <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> </p>	<p>Name and surname</p> <div style="border: 1px solid black; height: 40px;"></div> <p>Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2</p> <p>Date of birth Day Month Year <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> </p>
Please read A below, tick the box that applies and follow the instruction by the box ticked.			
<p>A Did the person have a paid job last week (any of the boxes 1, 2, 3 or 4 ticked at question 13)?</p>		<p>YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19</p> <p>NO <input type="checkbox"/> Answer B</p>	<p>YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19</p> <p>NO <input type="checkbox"/> Answer B</p>
<p>B Has the person had a paid job within the last 10 years?</p>		<p>YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19</p> <p>NO <input type="checkbox"/> Go on to question 19</p>	<p>YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19</p> <p>NO <input type="checkbox"/> Go on to question 19</p>
<p>14 Hours worked per week</p> <p>How many hours per week does or did the person usually work in his or her main job?</p> <p>Do not count overtime or meal breaks.</p>		<p>Number of hours worked per week <input style="width: 50px;" type="text"/></p>	<p>Number of hours worked per week <input style="width: 50px;" type="text"/></p>
<p>15 Occupation</p> <p>Please give the full title of the person's present or last job and describe the main things he/she does or did in the job.</p> <p>At a, give the full title by which the job is known, for example: 'packing machinist'; 'poultry processor'; 'jig and tool fitter'; 'supervisor of typists'; 'accounts clerk'; rather than general titles like 'machinist'; 'process worker'; 'supervisor' or 'clerk'. Give rank or grade if the person has one.</p> <p>At b, write down the main things the person actually does or did in the job. If possible ask him/her to say what these things are and write them down.</p> <p>Armed Forces — enter 'commissioned officer' or 'other rank' as appropriate at a, and leave b blank.</p> <p>Civil Servants — give grade at a and discipline or specialism, for example: 'electrical engineer'; 'accountant'; 'chemist'; 'administrator' at b.</p>		<p>a Full job title</p> <div style="border: 1px solid black; height: 40px;"></div> <p>b Main things done in job</p> <div style="border: 1px solid black; height: 40px;"></div>	<p>a Full job title</p> <div style="border: 1px solid black; height: 40px;"></div> <p>b Main things done in job</p> <div style="border: 1px solid black; height: 40px;"></div>
<p>16 Name and business of employer (if self-employed give the name and nature of the person's business)</p> <p>At a, please give the name of the employer. Give the trading name if one is used. Do not use abbreviations.</p> <p>At b, describe clearly what the employer (or the person if self-employed) makes or does (or did).</p> <p>Armed Forces — write 'Armed Forces' at a and leave b blank. For a member of the Armed Forces of a country other than the UK — add the name of the country.</p> <p>Civil Servants — give name of Department at a and write 'Government Department' at b.</p> <p>Local Government Officers — give name of employing authority at a and department in which employed at b.</p>		<p>a Name of employer</p> <div style="border: 1px solid black; height: 40px;"></div> <p>b Description of employer's business</p> <div style="border: 1px solid black; height: 40px;"></div>	<p>a Name of employer</p> <div style="border: 1px solid black; height: 40px;"></div> <p>b Description of employer's business</p> <div style="border: 1px solid black; height: 40px;"></div>

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Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>

This will tell you which questions to answer for each person.

YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19 NO <input type="checkbox"/> Answer B	YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19 NO <input type="checkbox"/> Answer B	YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19 NO <input type="checkbox"/> Answer B	YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19 NO <input type="checkbox"/> Answer B
YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19 NO <input type="checkbox"/> Go on to question 19	YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19 NO <input type="checkbox"/> Go on to question 19	YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19 NO <input type="checkbox"/> Go on to question 19	YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19 NO <input type="checkbox"/> Go on to question 19
Number of hours worked per week <input type="text"/>	Number of hours worked per week <input type="text"/>	Number of hours worked per week <input type="text"/>	Number of hours worked per week <input type="text"/>
a Full job title <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a Full job title <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a Full job title <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a Full job title <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b Main things done in job <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b Main things done in job <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b Main things done in job <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b Main things done in job <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
a Name of employer <input type="text"/> <input type="text"/> <input type="text"/>	a Name of employer <input type="text"/> <input type="text"/> <input type="text"/>	a Name of employer <input type="text"/> <input type="text"/> <input type="text"/>	a Name of employer <input type="text"/> <input type="text"/> <input type="text"/>
b Description of employer's business <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b Description of employer's business <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b Description of employer's business <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b Description of employer's business <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please turn over ►

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1-3 Name, sex and date of birth of people to be included

Important: please read the notes before answering the questions. In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form.
- ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write **BABY** and the surname.

Write the names in BLOCK CAPITALS starting with the head or a joint head of household.

17 Address of place of work

Please give the full address of the person's place of work.

For a person employed on a site for a long period, give the address of the site.

For a person not working regularly at one place who reports daily to a depot or other fixed address, give that address.

For a person not reporting daily to a fixed address, tick box 1.

For a person working mainly at home, tick box 2.

Armed Forces — leave blank.

18 Daily journey to work

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

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

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

19 Degrees, professional and vocational qualifications

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

- degrees, diplomas, HNC, HND,
- nursing qualifications,
- teaching qualifications (see * below),
- graduate or corporate membership of professional institutions,
- other professional, educational or vocational qualifications?

Do not count qualifications normally obtained at school such as GCE, CSE, GCSE, SCE and school certificates.

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

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

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

*For a person with **school teaching qualifications**, give the full title of the qualification, such as 'Certificate of Education' and the subject(s) which the person is qualified to teach. The subject 'education' should then only be shown if the course had no other subject specialisation.

Person No. 1	Person No. 2
Name and surname <input type="text"/>	Name and surname <input type="text"/>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2	Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2
British Rail train <input type="checkbox"/> 1 Underground, tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle, scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>	British Rail train <input type="checkbox"/> 1 Underground, tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle, scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>
Works mainly at home <input type="checkbox"/> 0	Works mainly at home <input type="checkbox"/> 0
NO — no such qualifications <input type="checkbox"/> 1 YES — give details <input type="checkbox"/> 2	NO — no such qualifications <input type="checkbox"/> 1 YES — give details <input type="checkbox"/> 2
1 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	1 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>
2 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	2 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>
3 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	3 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>

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Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2	Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2	Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2	Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2
British Rail train <input type="checkbox"/> 1 Underground, tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle, scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>	British Rail train <input type="checkbox"/> 1 Underground, tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle, scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>	British Rail train <input type="checkbox"/> 1 Underground, tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle, scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>	British Rail train <input type="checkbox"/> 1 Underground, tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle, scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>
Works mainly at home <input type="checkbox"/> 0	Works mainly at home <input type="checkbox"/> 0	Works mainly at home <input type="checkbox"/> 0	Works mainly at home <input type="checkbox"/> 0
NO — no such qualifications <input type="checkbox"/> 1 YES — give details <input type="checkbox"/> 2	NO — no such qualifications <input type="checkbox"/> 1 YES — give details <input type="checkbox"/> 2	NO — no such qualifications <input type="checkbox"/> 1 YES — give details <input type="checkbox"/> 2	NO — no such qualifications <input type="checkbox"/> 1 YES — give details <input type="checkbox"/> 2
1 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	1 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	1 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	1 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>
2 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	2 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	2 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	2 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>
3 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	3 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	3 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	3 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>

Please turn over and complete Panels B and C ►

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H3 Tenure

Please tick the box which best describes how you and your household occupy your accommodation.

If buying by stages from a Council, Housing Association or New Town (under shared ownership, co-ownership or equity sharing scheme), answer as an owner-occupier at box 1.

As an owner-occupier:
 -buying the property through mortgage or loan 1
 -owning the property outright (no loan) 2

By renting, rent free or by lease:
 -with a job, farm, shop or other business 3
 -from a local authority (Council) 4
 -from a New Town Development Corporation (or Commission) or from a Housing Action Trust 5
 -from a housing association or charitable trust 6
 -from a private landlord, furnished 7
 -from a private landlord, unfurnished 8

If your accommodation is occupied by lease originally granted for, or extended to, more than 21 years, answer as an owner-occupier. For shorter leases, answer 'By renting'.

A private landlord may be a person or a company or another organisation not mentioned at 3, 4, 5 or 6 above.

In some other way:
 -please give details below

Panel B

Was there anyone else (such as a visitor) here on the night of 21-22 April whom you have not included because there was no room on the form? No
 Yes

If **yes** ticked, please ask the Enumerator for another form.

Have you left anyone out because you were not sure whether they should be included on the form? No
 Yes

If **yes** ticked, please give their names and the reason why you were not sure about including them.

Name
 Reason

Name
 Reason

Name
 Reason

H4 Amenities

Does your household — that is, you and any people who usually live here with you — **have the use of:**

a A bath or shower? **Yes** — for use only by this household 1
Yes — for use also by another household 2
No — no bath or shower available 3

b A flush toilet (WC) with entrance inside the building? **Yes** — for use only by this household 0
Yes — for use also by another household 1
No — flush toilet with outside entrance only 2
No — no flush toilet indoors or outdoors 3

c Central heating in living rooms and bedrooms (including night storage heaters, warm air or under-floor heating), whether actually used or not? **Yes** — all living rooms and bedrooms centrally heated 1
Yes — some (not all) living rooms and bedrooms centrally heated 2
No — no living rooms or bedrooms centrally heated 3

Panel C

Before you sign the form, will you please check:

- ▶ that all questions which should have been answered have been answered for every member of your household
- ▶ that you have included everyone who spent the night of 21-22 April in your household
- ▶ that you have included everyone who usually lives here but was away from home on the night of 21-22 April
- ▶ that no visitors, boarders or newly born children, even if still in hospital, have been missed

It would help the Enumerator to be able to telephone you if there is a query on, or an omission from, your form.

If you have no objection, please write your telephone number here.

Telephone number

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

Signature(s)

Date April 1991

H5 Cars and vans


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

Include any car or van provided by employers if normally available for use by you or members of your household, but **exclude** vans used only for carrying goods.

None 0
 One 1
 Two 2
 Three or more 3

◀ Please turn to the first inside page

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**1991 Census
Wales**
W form for Private Households

This form is available in English and Welsh. If you have not received the version you require, please telephone 0329 844444

Mae'r ffurflen hon ar gael yn Gymraeg ac yn Saesneg. Os na chwsoch y fersiwn y mae ei eisiau arnoch, ffoniwch 0329 844444

For office use

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

To the Head or Joint Heads or members of the Household aged 16 or over

Please complete this form for all members of the household, including children, and have it ready for collection on Monday 22nd April. Your census enumerator will call to collect it then or soon afterwards and will help you with the form if you have any difficulties. The enclosed leaflet explains why the Census is necessary and how the information is used.

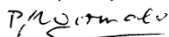
Completion of the form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may have to pay a fine of up to £400.

Your answers will be treated in strict confidence and used only to produce statistics. Names and addresses will not be put into the computer; only the postcode will be entered. The forms will be kept securely within my Office and treated as confidential for 100 years.

Anyone using or disclosing Census information improperly will be liable to prosecution. For example, it would be improper for you to pass on to someone else information which you had been given in confidence by a visitor to enable you to complete the Census form.

If any member of the household aged 16 or over does not wish you, or another member of the household, to see their information, please ask the enumerator for an individual form with an envelope.

After completing the form, please sign the declaration on the last page. Thank you for your co-operation.



P J Wormald
Registrar General
Office of Population Censuses and Surveys
PO Box 100 Fareham PO16 0AL
Telephone: 0329 844444

Please read these instructions before filling in this form

A Household:
A household comprises either one person living alone or a group of people (not necessarily related) living at the same address with common housekeeping — that is, sharing at least one meal a day or sharing a living room or sitting room.
People staying temporarily with the household are included.

- ▶ If there is more than one household in this building, answer for your household only.
- ▶ First answer questions **H1 and H2 on this page** and **H3 to H5 on the back page** about your household and the rooms which it occupies.
- ▶ When you have answered the household questions, answer the questions on the **inside pages** about each member of your household.
- ▶ If a member of the household is completing an Individual form please still enter their name and answer questions 5 and 6 on this form.
- ▶ Then complete **Panel B** and **Panel C** on the back page.
- ▶ Answer each question by ticking the appropriate box or boxes where they are provided.
- ▶ Please use ink or ballpoint pen.

To be completed by the Enumerator

Census District	Enumeration District	Form Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name <input type="text"/>		
Address <input type="text"/>		
<input type="text"/>		
Postcode	<input type="text"/>	ABS <input type="text"/>

H1 Rooms

Please count the number of rooms your household has for its own use.

Do not count: small kitchens, under 2 metres (6 feet 6 inches) wide
bathrooms
toilets

Do count: living rooms
bedrooms
kitchens at least 2 metres (6 feet 6 inches) wide
all other rooms in your accommodation

The total number of rooms is

Panel A
To be completed by the Enumerator and amended, if necessary, by the person(s) signing this form.

H2 Accommodation
If box 7 or box 8 in Panel A is ticked, tick one box below to show the type of accommodation which your household occupies.

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1-3 Name, sex and date of birth of people to be included		Person No. 1	Person No. 2
<p>Important: please read the notes before answering the questions. In answering the rest of the questions please include:</p> <ul style="list-style-type: none"> ▶ every person who spends census night (21-22 April) in this household, including anyone staying temporarily. ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere. ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form. ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write BABY and the surname. <p>Write the names in BLOCK CAPITALS starting with the head or a joint head of household.</p>		<p>Name and surname</p> <div style="border: 1px solid black; height: 40px;"></div> <p>Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2</p> <p>Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p>	<p>Name and surname</p> <div style="border: 1px solid black; height: 40px;"></div> <p>Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2</p> <p>Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p>
<p>4 Marital status</p> <p>On the 21st April what is the person's marital status? If separated but not divorced, please tick 'Married (first marriage)' or 'Re-married' as appropriate. Please tick one box.</p>		<p>Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5</p>	<p>Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5</p>
<p>5 Relationship in household</p> <p>Please tick the box which indicates the relationship of each person to the person in the first column. A step child or adopted child should be included as the son or daughter of the step or adoptive parent. Write in relationship of 'Other relative' — for example, father, daughter-in-law, niece, uncle, cousin.</p> <p>Write in position in household of an 'Unrelated' person for example, boarder, housekeeper, friend, flatmate, foster child.</p>			<p>Relationship to Person No.1</p> <p>Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i></p> <div style="border: 1px solid black; height: 20px;"></div> <p>Unrelated <input type="checkbox"/> <i>please specify</i></p> <div style="border: 1px solid black; height: 20px;"></div>
<p>6 Whereabouts on night of 21-22 April 1991</p> <p>Please tick the appropriate box to indicate where the person was on the night of 21-22 April 1991.</p>		<p>At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2</p>	<p>At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2</p>
<p>7 Usual address</p> <p>If the person usually lives here, please tick 'This address'. If not, tick 'Elsewhere' and write in the person's usual address. For students and children away from home during term time, the home address should be taken as the usual address. For any person who lives away from home for part of the week, the home address should be taken as the usual address. Any person who is not a permanent member of the household should be asked what he or she considers to be his or her usual address.</p>		<p>This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS</p> <div style="border: 1px solid black; height: 30px;"></div> <p>Post-code <input type="text"/></p>	<p>This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS</p> <div style="border: 1px solid black; height: 30px;"></div> <p>Post-code <input type="text"/></p>
<p>8 Term time address of students and schoolchildren</p> <p>If not a student or schoolchild, please tick first box. For a student or schoolchild who lives here during term time, tick 'This address'. If he or she does not live here during term time, tick 'Elsewhere' and write in the current or most recent term time address.</p>		<p>Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS</p> <div style="border: 1px solid black; height: 30px;"></div> <p>Post-code <input type="text"/></p>	<p>Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS</p> <div style="border: 1px solid black; height: 30px;"></div> <p>Post-code <input type="text"/></p>

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Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Single (never married) <input type="checkbox"/> 1 Married (first marriage) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Divorced (decree absolute) <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5
Relationship to Person No.1 Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/> Unrelated <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/>	Relationship to Person No.1 Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/> Unrelated <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/>	Relationship to Person No.1 Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/> Unrelated <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/>	Relationship to Person No.1 Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/> Unrelated <input type="checkbox"/> <i>please specify</i> <input type="text"/> <input type="text"/>
At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2	At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2	At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2	At this address, out on night work or travelling to this address <input type="checkbox"/> 0 Elsewhere in England, Scotland or Wales <input type="checkbox"/> 1 Outside Great Britain <input type="checkbox"/> 2
This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the person's usual address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Not a student or schoolchild <input type="checkbox"/> This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> If elsewhere, please write the term time address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please turn over ►

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1-3 Name, sex and date of birth of people to be included

Important: please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form.
- ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write BABY and the surname.

Write the names in BLOCK CAPITALS starting with the head or a joint head of household.

9 Usual address one year ago

If the person's usual address one year ago (on the 21st April 1990) was the same as his or her current usual address (given in answer to question 7), please tick 'Same'. If not, tick 'Different' and write in the usual address one year ago.

If everyone on the form has moved from the same address, please write the address in full for the first person and indicate with an arrow that this applies to the other people on the form.

For a child born since the 21st April 1990, tick the 'Child under one' box.

10 Country of birth

Please tick the appropriate box.

If the 'Elsewhere' box is ticked, please write in the present name of the country in which the birthplace is now situated.

11 Ethnic group

Please tick the appropriate box.

If the person is descended from more than one ethnic or racial group, please tick the group to which the person considers he/she belongs, or tick the 'Any other ethnic group' box and describe the person's ancestry in the space provided.

12 Long-term illness

Does the person have any long-term illness, health problem or handicap which limits his/her daily activities or the work he/she can do?

Include problems which are due to old age.

Person No. 1	Person No. 2
Name and surname <input style="width: 100%; height: 40px;" type="text"/>	Name and surname <input style="width: 100%; height: 40px;" type="text"/>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3	Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3
If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input style="background-color: black; color: black;" type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Post-code <input type="text"/> <input type="text"/> <input type="text"/> <input style="background-color: black; color: black;" type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> If elsewhere, please write in the present name of the country <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> If elsewhere, please write in the present name of the country <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i> <input style="width: 100%; height: 20px;" type="text"/> Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i> <input style="width: 100%; height: 20px;" type="text"/> Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2	Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2

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Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3	Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3	Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3	Same as question 7 <input type="checkbox"/> 1 Different <input type="checkbox"/> Child under one <input type="checkbox"/> 3
If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/>	If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/>	If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/>	If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/>
Post-code <input type="text"/>	Post-code <input type="text"/>	Post-code <input type="text"/>	Post-code <input type="text"/>
England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/>	England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/>	England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/>	England <input type="checkbox"/> 1 Scotland <input type="checkbox"/> 2 Wales <input type="checkbox"/> 3 Northern Ireland <input type="checkbox"/> 4 Irish Republic <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/>
If elsewhere, please write in the present name of the country <input type="text"/>	If elsewhere, please write in the present name of the country <input type="text"/>	If elsewhere, please write in the present name of the country <input type="text"/>	If elsewhere, please write in the present name of the country <input type="text"/>
White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i>	White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i>	White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i>	White <input type="checkbox"/> 0 Black-Caribbean <input type="checkbox"/> 1 Black-African <input type="checkbox"/> 2 Black-Other <input type="checkbox"/> <i>please describe</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i>	Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i>	Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i>	Indian <input type="checkbox"/> 3 Pakistani <input type="checkbox"/> 4 Bangladeshi <input type="checkbox"/> 5 Chinese <input type="checkbox"/> 6 Any other ethnic group <input type="checkbox"/> <i>please describe</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2	Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2	Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2	Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2

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1-3 Name, sex and date of birth of people to be included

Important: please read the notes before answering the questions. In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form.
- ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write BABY and the surname.

Write the names in BLOCK CAPITALS starting with the head or a joint head of household.

Person No. 1			Person No. 2		
Name and surname			Name and surname		
<input type="text"/>			<input type="text"/>		
Sex	Male	<input type="checkbox"/> 1	Sex	Male	<input type="checkbox"/> 1
	Female	<input type="checkbox"/> 2		Female	<input type="checkbox"/> 2
Date of birth			Date of birth		
Day	Month	Year	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This question is for all persons aged 3 or over (born before 22nd April 1988)

W Welsh language

Does the person speak, read or write Welsh?

Please tick the appropriate box(es).

Speaks Welsh	<input type="checkbox"/> 1	Speaks Welsh	<input type="checkbox"/> 1
Reads Welsh	<input type="checkbox"/> 2	Reads Welsh	<input type="checkbox"/> 2
Writes Welsh	<input type="checkbox"/> 4	Writes Welsh	<input type="checkbox"/> 4
Does not speak, read or write Welsh	<input type="checkbox"/> 0	Does not speak, read or write Welsh	<input type="checkbox"/> 0

Answers to the remaining questions are not required for any person under 16 years of age (born after 21st April 1975)

13 Whether working, retired, looking after the home etc last week

Which of these things was the person doing **last week**?

Please read carefully right through the list and **tick all the descriptions that apply.**

Casual or temporary work should be counted at boxes 1, 2, 3 or 4. Also tick boxes 1, 2, 3 or 4 if the person had a job last week but was off sick, on holiday, temporarily laid off or on strike.

Boxes 1, 2, 3 and 4 refer to work for pay or profit but not to unpaid work except in a family business.

Working for an employer is **part time** (box 2) if the hours worked, excluding any overtime and mealbreaks, are usually 30 hours or less per week.

Include any person wanting a job but prevented from looking by holiday or temporary sickness.

Do not count training given or paid for by an employer.

Was working for an employer full time (more than 30 hours a week)	<input type="checkbox"/> 1	Was working for an employer full time (more than 30 hours a week)	<input type="checkbox"/> 1
Was working for an employer part time (one hour or more a week)	<input type="checkbox"/> 2	Was working for an employer part time (one hour or more a week)	<input type="checkbox"/> 2
Was self-employed, employing other people	<input type="checkbox"/> 3	Was self-employed, employing other people	<input type="checkbox"/> 3
Was self-employed, not employing other people	<input type="checkbox"/> 4	Was self-employed, not employing other people	<input type="checkbox"/> 4
Was on a government employment or training scheme	<input type="checkbox"/> 5	Was on a government employment or training scheme	<input type="checkbox"/> 5
Was waiting to start a job he/she had already accepted	<input type="checkbox"/> 6	Was waiting to start a job he/she had already accepted	<input type="checkbox"/> 6
Was unemployed and looking for a job	<input type="checkbox"/> 7	Was unemployed and looking for a job	<input type="checkbox"/> 7
Was at school or in other full time education	<input type="checkbox"/> 8	Was at school or in other full time education	<input type="checkbox"/> 8
Was unable to work because of long term sickness or disability	<input type="checkbox"/> 9	Was unable to work because of long term sickness or disability	<input type="checkbox"/> 9
Was retired from paid work	<input type="checkbox"/> 10	Was retired from paid work	<input type="checkbox"/> 10
Was looking after the home or family	<input type="checkbox"/> 11	Was looking after the home or family	<input type="checkbox"/> 11
Other <input type="checkbox"/>		Other <input type="checkbox"/>	
<i>please specify</i>		<i>please specify</i>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	

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Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>

This question is for all persons aged 3 or over (born before 22nd April 1988)

Speaks Welsh <input type="checkbox"/> 1	Speaks Welsh <input type="checkbox"/> 1	Speaks Welsh <input type="checkbox"/> 1	Speaks Welsh <input type="checkbox"/> 1
Reads Welsh <input type="checkbox"/> 2	Reads Welsh <input type="checkbox"/> 2	Reads Welsh <input type="checkbox"/> 2	Reads Welsh <input type="checkbox"/> 2
Writes Welsh <input type="checkbox"/> 4	Writes Welsh <input type="checkbox"/> 4	Writes Welsh <input type="checkbox"/> 4	Writes Welsh <input type="checkbox"/> 4
Does not speak, read or write Welsh <input type="checkbox"/> 0	Does not speak, read or write Welsh <input type="checkbox"/> 0	Does not speak, read or write Welsh <input type="checkbox"/> 0	Does not speak, read or write Welsh <input type="checkbox"/> 0

Answers to the remaining questions are not required for any person under 16 years of age (born after 21st April 1975)

Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1
Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2	Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2	Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2	Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2
Was self-employed, employing other people <input type="checkbox"/> 3	Was self-employed, employing other people <input type="checkbox"/> 3	Was self-employed, employing other people <input type="checkbox"/> 3	Was self-employed, employing other people <input type="checkbox"/> 3
Was self-employed, not employing other people <input type="checkbox"/> 4	Was self-employed, not employing other people <input type="checkbox"/> 4	Was self-employed, not employing other people <input type="checkbox"/> 4	Was self-employed, not employing other people <input type="checkbox"/> 4
Was on a government employment or training scheme <input type="checkbox"/> 5	Was on a government employment or training scheme <input type="checkbox"/> 5	Was on a government employment or training scheme <input type="checkbox"/> 5	Was on a government employment or training scheme <input type="checkbox"/> 5
Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6	Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6	Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6	Was waiting to start a job he/she had already accepted <input type="checkbox"/> 6
Was unemployed and looking for a job <input type="checkbox"/> 7	Was unemployed and looking for a job <input type="checkbox"/> 7	Was unemployed and looking for a job <input type="checkbox"/> 7	Was unemployed and looking for a job <input type="checkbox"/> 7
Was at school or in other full time education <input type="checkbox"/> 8	Was at school or in other full time education <input type="checkbox"/> 8	Was at school or in other full time education <input type="checkbox"/> 8	Was at school or in other full time education <input type="checkbox"/> 8
Was unable to work because of long term sickness or disability <input type="checkbox"/> 9	Was unable to work because of long term sickness or disability <input type="checkbox"/> 9	Was unable to work because of long term sickness or disability <input type="checkbox"/> 9	Was unable to work because of long term sickness or disability <input type="checkbox"/> 9
Was retired from paid work <input type="checkbox"/> 10	Was retired from paid work <input type="checkbox"/> 10	Was retired from paid work <input type="checkbox"/> 10	Was retired from paid work <input type="checkbox"/> 10
Was looking after the home or family <input type="checkbox"/> 11	Was looking after the home or family <input type="checkbox"/> 11	Was looking after the home or family <input type="checkbox"/> 11	Was looking after the home or family <input type="checkbox"/> 11
Other <input type="checkbox"/> please specify <input type="text"/>	Other <input type="checkbox"/> please specify <input type="text"/>	Other <input type="checkbox"/> please specify <input type="text"/>	Other <input type="checkbox"/> please specify <input type="text"/>

Please turn over ►

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

1-3 Name, sex and date of birth of people to be included

Important: please read the notes before answering the questions. In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, including anyone staying temporarily.
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form.
- ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write BABY and the surname.

Write the names in BLOCK CAPITALS starting with the head or a joint head of household.

Person No. 1		
Name and surname		
<input type="text"/>		
Sex	Male	<input type="checkbox"/> 1
	Female	<input type="checkbox"/> 2
Date of birth		
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Person No. 2		
Name and surname		
<input type="text"/>		
Sex	Male	<input type="checkbox"/> 1
	Female	<input type="checkbox"/> 2
Date of birth		
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please read A below, tick the box that applies and follow the instruction by the box ticked.

A Did the person have a paid job last week (any of the boxes 1, 2, 3 or 4 ticked at question 13)?

YES Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19

NO Answer B

YES Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19

NO Answer B

B Has the person had a paid job within the last 10 years?

YES Answer questions 14, 15 and 16 about the most recent job, then go on to question 19

NO Go on to question 19

YES Answer questions 14, 15 and 16 about the most recent job, then go on to question 19

NO Go on to question 19

14 Hours worked per week

How many hours per week does or did the person usually work in his or her main job? Do not count overtime or meal breaks.

Number of hours worked per week

Number of hours worked per week

15 Occupation

Please give the full title of the person's present or last job and describe the main things he/she does or did in the job. At a, give the full title by which the job is known, for example: 'packing machinist'; 'poultry processor'; 'jig and tool fitter'; 'supervisor of typists'; 'accounts clerk'; rather than general titles like 'machinist'; 'process worker'; 'supervisor' or 'clerk'. Give rank or grade if the person has one. At b, write down the main things the person actually does or did in the job. If possible ask him/her to say what these things are and write them down. Armed Forces — enter 'commissioned officer' or 'other rank' as appropriate at a, and leave b blank. Civil Servants — give grade at a and discipline or specialism, for example: 'electrical engineer'; 'accountant'; 'chemist'; 'administrator' at b.

a Full job title

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

b Main things done in job

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

a Full job title

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

b Main things done in job

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

16 Name and business of employer (if self-employed give the name and nature of the person's business)

At a, please give the name of the employer. Give the trading name if one is used. Do not use abbreviations. At b, describe clearly what the employer (or the person if self-employed) makes or does (or did). Armed Forces — write 'Armed Forces' at a and leave b blank. For a member of the Armed Forces of a country other than the UK — add the name of the country. Civil Servants — give name of Department at a and write 'Government Department' at b. Local Government Officers — give name of employing authority at a and department in which employed at b.

a Name of employer

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

b Description of employer's business

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

a Name of employer

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

b Description of employer's business

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>

This will tell you which questions to answer for each person.

YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19 NO <input type="checkbox"/> Answer B	YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19 NO <input type="checkbox"/> Answer B	YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19 NO <input type="checkbox"/> Answer B	YES <input type="checkbox"/> Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19 NO <input type="checkbox"/> Answer B
YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19 NO <input type="checkbox"/> Go on to question 19	YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19 NO <input type="checkbox"/> Go on to question 19	YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19 NO <input type="checkbox"/> Go on to question 19	YES <input type="checkbox"/> Answer questions 14, 15 and 16 about the most recent job, then go on to question 19 NO <input type="checkbox"/> Go on to question 19
Number of hours worked per week <input type="text"/>	Number of hours worked per week <input type="text"/>	Number of hours worked per week <input type="text"/>	Number of hours worked per week <input type="text"/>
a Full job title <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a Full job title <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a Full job title <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a Full job title <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b Main things done in job <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b Main things done in job <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b Main things done in job <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b Main things done in job <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
a Name of employer <input type="text"/> <input type="text"/> <input type="text"/>	a Name of employer <input type="text"/> <input type="text"/> <input type="text"/>	a Name of employer <input type="text"/> <input type="text"/> <input type="text"/>	a Name of employer <input type="text"/> <input type="text"/> <input type="text"/>
b Description of employer's business <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b Description of employer's business <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b Description of employer's business <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b Description of employer's business <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please turn over ►

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1-3 Name, sex and date of birth of people to be included

Important: please read the notes before answering the questions.
 In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form.
- ▶ any newly born baby born before the 22nd April, even if still in hospital. If not yet given a name, write BABY and the surname.

Write the names in BLOCK CAPITALS starting with the head or a joint head of household.

Person No. 1	
Name and surname	
<input type="text"/>	
Sex	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth	
Day	Month Year
<input type="text"/>	<input type="text"/> <input type="text"/>

Person No. 2	
Name and surname	
<input type="text"/>	
Sex	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth	
Day	Month Year
<input type="text"/>	<input type="text"/> <input type="text"/>

17 Address of place of work

Please give the full address of the person's place of work.
 For a person employed on a site for a long period, give the address of the site.
 For a person not working regularly at one place who reports daily to a depot or other fixed address, give that address.
 For a person not reporting daily to a fixed address, tick box 1.
 For a person working mainly at home, tick box 2.
Armed Forces — leave blank.

Please write full address and postcode of workplace below in BLOCK CAPITALS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Post-code

No fixed place 1
 Mainly at home 2

Please write full address and postcode of workplace below in BLOCK CAPITALS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Post-code

No fixed place 1
 Mainly at home 2

18 Daily journey to work

Please tick the appropriate box to show how the longest part, by distance, of the person's daily journey to work is normally made.
 For a person using different means of transport on different days, show the means most often used.
 Car or van includes three-wheeled cars and motor caravans.

British Rail train 1
 Underground, tube, metro 2
 Bus, minibus or coach (public or private) 3
 Motor cycle, scooter, moped 4
 Driving a car or van 5
 Passenger in car or van 6
 Pedal cycle 7
 On foot 8
 Other 9
please specify

Works mainly at home 0

British Rail train 1
 Underground, tube, metro 2
 Bus, minibus or coach (public or private) 3
 Motor cycle, scooter, moped 4
 Driving a car or van 5
 Passenger in car or van 6
 Pedal cycle 7
 On foot 8
 Other 9
please specify

Works mainly at home 0

19 Degrees, professional and vocational qualifications

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

- degrees, diplomas, HNC, HND,
- nursing qualifications,
- teaching qualifications (see * below),
- graduate or corporate membership of professional institutions,
- other professional, educational or vocational qualifications?

Do not count qualifications normally obtained at school such as GCE, CSE, GCSE, SCE and school certificates.

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

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

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

*For a person with **school teaching qualifications**, give the full title of the qualification, such as 'Certificate of Education' and the subject(s) which the person is qualified to teach. The subject 'education' should then only be shown if the course had no other subject specialisation.

NO — no such qualifications 1
 YES — give details 2

1 Title
Subject(s)
Year
Institution

2 Title
Subject(s)
Year
Institution

3 Title
Subject(s)
Year
Institution

NO — no such qualifications 1
 YES — give details 2

1 Title
Subject(s)
Year
Institution

2 Title
Subject(s)
Year
Institution

3 Title
Subject(s)
Year
Institution

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Person No. 3	Person No. 4	Person No. 5	Person No. 6
Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>	Name and surname <input type="text"/>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Date of birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Please write full address and postcode of workplace below in BLOCK CAPITALS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Post-code <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2	Post-code <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2	Post-code <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2	Post-code <input type="text"/> No fixed place <input type="checkbox"/> 1 Mainly at home <input type="checkbox"/> 2
British Rail train <input type="checkbox"/> 1 Underground, tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle, scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>	British Rail train <input type="checkbox"/> 1 Underground, tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle, scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>	British Rail train <input type="checkbox"/> 1 Underground, tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle, scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>	British Rail train <input type="checkbox"/> 1 Underground, tube, metro <input type="checkbox"/> 2 Bus, minibus or coach (public or private) <input type="checkbox"/> 3 Motor cycle, scooter, moped <input type="checkbox"/> 4 Driving a car or van <input type="checkbox"/> 5 Passenger in car or van <input type="checkbox"/> 6 Pedal cycle <input type="checkbox"/> 7 On foot <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 <i>please specify</i> <input type="text"/>
Works mainly at home <input type="checkbox"/> 0	Works mainly at home <input type="checkbox"/> 0	Works mainly at home <input type="checkbox"/> 0	Works mainly at home <input type="checkbox"/> 0
NO — no such qualifications <input type="checkbox"/> 1 YES — give details <input type="checkbox"/> 2	NO — no such qualifications <input type="checkbox"/> 1 YES — give details <input type="checkbox"/> 2	NO — no such qualifications <input type="checkbox"/> 1 YES — give details <input type="checkbox"/> 2	NO — no such qualifications <input type="checkbox"/> 1 YES — give details <input type="checkbox"/> 2
1 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	1 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	1 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	1 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>
2 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	2 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	2 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	2 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>
3 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	3 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	3 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>	3 Title <input type="text"/> Subject(s) <input type="text"/> Year <input type="text"/> Institution <input type="text"/>

Please turn over and complete Panels B and C ►

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H3 Tenure

Please tick the box which best describes how you and your household occupy your accommodation.

If buying by stages from a Council, Housing Association or New Town (under shared ownership, co-ownership or equity sharing scheme), answer as an owner-occupier at box 1.

As an owner-occupier:
 -buying the property through mortgage or loan 1
 -owning the property outright (no loan) 2

By renting, rent free or by lease:
 -with a job, farm, shop or other business 3
 -from a local authority (Council) 4
 -from a New Town Development Corporation (or Commission) or from a Housing Action Trust 5
 -from a housing association or charitable trust 6
 -from a private landlord, furnished 7
 -from a private landlord, unfurnished 8

If your accommodation is occupied by lease originally granted for, or extended to, more than 21 years, answer as an owner-occupier. For shorter leases, answer 'By renting'.

A private landlord may be a person or a company or another organisation not mentioned at 3, 4, 5 or 6 above.

In some other way:
 -please give details below

Panel B

Was there anyone else (such as a visitor) here on the night of 21-22 April whom you have not included because there was no room on the form? No
 Yes

If **yes** ticked, please ask the Enumerator for another form.

Have you left anyone out because you were not sure whether they should be included on the form? No
 Yes

If **yes** ticked, please give their names and the reason why you were not sure about including them.

Name
 Reason

Name
 Reason

Name
 Reason

H4 Amenities

Does your household — that is, you and any people who usually live here with you — **have the use of:**

a A bath or shower? **Yes** — for use only by this household 1
Yes — for use also by another household 2
No — no bath or shower available 3

b A flush toilet (WC) with entrance inside the building? **Yes** — for use only by this household 0
Yes — for use also by another household 1
No — flush toilet with outside entrance only 2
No — no flush toilet indoors or outdoors 3

c Central heating in living rooms and bedrooms (including night storage heaters, warm air or under-floor heating), whether actually used or not? **Yes** — all living rooms and bedrooms centrally heated 1
Yes — some (not all) living rooms and bedrooms centrally heated 2
No — no living rooms or bedrooms centrally heated 3

Panel C

Before you sign the form, will you please check:

- ▶ that all questions which should have been answered have been answered for every member of your household
- ▶ that you have included everyone who spent the night of 21-22 April in your household
- ▶ that you have included everyone who usually lives here but was away from home on the night of 21-22 April
- ▶ that no visitors, boarders or newly born children, even if still in hospital, have been missed

It would help the Enumerator to be able to telephone you if there is a query on, or an omission from, your form.

If you have no objection, please write your telephone number here.

Telephone number

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

Signature(s)

Date April 1991

H5 Cars and vans


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

Include any car or van provided by employers if normally available for use by you or members of your household, but **exclude** vans used only for carrying goods.

None 0
 One 1
 Two 2
 Three or more 3

◀ Please turn to the first inside page

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**1991 Census
England**

**I form for
making an
individual return**

Please complete this form and have it ready for collection on Monday 22nd April.

Completion of the form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may have to pay a fine of up to £400.

Your answers will be treated in strict confidence and used only to produce statistics. Names and addresses will not be put into the computer; only the postcode will be entered. The forms will be kept securely within my Office and treated as confidential for 100 years.

Anyone using or disclosing Census information improperly will be liable to prosecution.

After completing the form, please sign the declaration on the last page.

Thank you for your co-operation.

P J Wormald

P J Wormald
Registrar General
Office of Population
Censuses and Surveys
PO Box 100
Fareham PO16 0AL
Telephone 0329 844444

To be completed by the Enumerator

Census District

Enumeration District

Form Number

Serial Number

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

Name of Establishment

Address

Postcode

To be completed by or for the Individual

Please answer question by ticking the appropriate box or boxes where they are provided. Please use ink or ballpoint pen.

1 **Name**
 Please write in your name and surname (BLOCK CAPITALS). For a baby who has not yet been given a name, write BABY and the surname.

2 **Sex**
 Please tick the appropriate box.
 Male 1
 Female 2

3 **Date of birth**
 Please write in the day, month and year of birth.
 Day Month Year

4 **Marital status**
 On the 21st April what is your marital status?
 If separated but not divorced, please tick 'Married (first marriage)' or 'Re-married' as appropriate.
 Please tick one box.
 Single (never married) 1
 Married (first marriage) 2
 Re-married 3
 Divorced (decree absolute) 4
 Widowed 5

5 **Position in establishment**
 Please write in your position in this establishment. For example, write 'Guest'; 'Patient'; 'Inmate'; 'Staff'; 'Student'; 'Boarder'.
 If you are completing the form in a private household, your relationship to the person making the return for the rest of the household should be stated.

6 **Whereabouts on night of 21-22 April 1991**
 Not applicable to this form

7 **Usual address**
 If you usually live here, please tick 'This address'. If not, tick 'Elsewhere' and write in your usual address.
 If you are a student or a schoolchild away from home during term time, your home address should be taken as your usual address.
 If you live away from home for part of the week, your home address should be taken as your usual address.
 This address 1
 Elsewhere
 If elsewhere, please write your usual address and postcode below in BLOCK CAPITALS

 Postcode

Please turn over ►

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

8 Term time address of students and schoolchildren

If not a student or schoolchild, please tick first box.
 If you are a student or schoolchild and you live here during term time, tick 'This address'.
 If you do not live here during term time, tick 'Elsewhere' and write in the current or most recent term time address.

Not a student or schoolchild 1
 This address 1
 Elsewhere

If elsewhere, please write your term time address and postcode below in BLOCK CAPITALS

Postcode

9 Usual address one year ago

If your usual address one year ago (on the 21st April 1990) was the same as your current usual address (given in answer to question 7), please tick 'Same'. If not, tick 'Different' and write in your usual address one year ago.
 For a child born since the 21st April 1990, tick the 'Child under one' box.

Same as Question 7 1
 Different 1
 Child under one 3

If different, please write your address and postcode on the 21st April 1990 below in BLOCK CAPITALS

Postcode

10 Country of birth

Please tick the appropriate box.
 If the 'Elsewhere' box is ticked, please write in the present name of the country in which your birthplace is now situated.

England 1
 Scotland 2
 Wales 3
 Northern Ireland 4
 Irish Republic 5
 Elsewhere

If elsewhere, please write in the present name of the country

11 Ethnic group

Please tick the appropriate box.
 If you are descended from more than one ethnic or racial group, please tick the group to which you consider you belong, or tick the 'Any other ethnic group' box and describe your ancestry in the space provided.

White 0
 Black-Caribbean 1
 Black-African 2
 Black-Other
please describe

Indian 3
 Pakistani 4
 Bangladeshi 5
 Chinese 6
 Any other ethnic group
please describe

12 Long-term illness

Do you have any long-term illness, health problem or handicap which limits your daily activities or the work you can do?
 Include problems which are due to old age.

Yes, I have a health problem which limits activities 1
 I have no such health problem 2

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Answers to the remaining questions are not required for anyone under 16 years of age (born after 21st April 1975)

13 Whether working, retired, looking after the home etc last week

Which of these things were you doing **last week**?

Please read carefully right through the list and **tick all the descriptions that apply**.

* Casual or temporary work should be counted at boxes 1, 2, 3 or 4. Also tick boxes 1, 2, 3 or 4 if you had a job last week but were off sick, on holiday, temporarily laid off or on strike.
Boxes 1, 2, 3 and 4 refer to work for pay or profit but not to unpaid work except in a family business.
Working for an employer is **part time** (box 2) if the hours worked, excluding any overtime and mealbreaks, are usually 30 hours or less per week.

† Includes wanting a job but prevented from looking by holiday or temporary sickness.

§ Do not count training given or paid for by an employer.

- * Was working for an employer full time (more than 30 hours a week) 1
 - * Was working for an employer part time (one hour or more a week) 2
 - * Was self-employed, employing other people 3
 - * Was self-employed, not employing other people 4
 - Was on a government employment or training scheme 5
 - Was waiting to start a job already accepted 6
 - † Was unemployed and looking for a job 7
 - § Was at school or in other full time education 8
 - Was unable to work because of long term sickness or disability 9
 - Was retired from paid work 10
 - Was looking after the home or family 11
 - Other
- please specify*

Please read A below, tick the box that applies and follow the instruction by the box ticked. This will tell you which questions to answer.

A Did you have a paid job last week (any of the boxes 1, 2, 3 or 4 ticked at question 13)? Yes
No

If **yes** ticked, answer questions **14, 15, 16, 17 and 18** about the main job last week, then go on to question **19**.
If **no** ticked, answer **B**.

B Have you had a paid job within the last 10 years? Yes
No

If **yes** ticked, answer questions **14, 15 and 16** about the most recent job, then go on to question **19**.
If **no** ticked, go on to question **19**.

14 Hours worked per week

How many hours per week do or did you usually work in your main job?

Do not count overtime or meal breaks.

Number of hours worked per week

15 Occupation

Please give the full title of your present or last job and describe the main things you do or did in the job.

At a, give the full title by which the job is known, for example: 'packing machinist'; 'poultry processor'; 'jig and tool fitter'; 'supervisor of typists'; 'accounts clerk'; rather than general titles like 'machinist'; 'process worker'; 'supervisor' or 'clerk'. Give rank or grade if you have one.

At b, write down the main things you actually do or did in the job.

Armed Forces — enter 'commissioned officer' or 'other rank' as appropriate at **a**, and leave **b** blank.

Civil Servants — give grade at **a** and discipline or specialism, for example: 'electrical engineer'; 'accountant'; 'chemist'; 'administrator' at **b**.

a Full job title

b Main things done in job

Please turn over ►

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

16 Name and business of employer (if self-employed give the name and nature of business)

At a, please give the name of your employer. Give the trading name if one is used. Do not use abbreviations.

At b, describe clearly what your employer (or yourself if self-employed) makes or does (or did).

Armed Forces — write 'Armed Forces' at a and leave b blank. For a member of the Armed Forces of a country other than the UK — add the name of the country.

Civil Servants — give name of Department at a and write 'Government Department' at b.

Local Government Officers — give name of employing authority at a and department in which employed at b.

a Name of employer

b Description of employer's business

17 Address of place of work

Please give the full address of your place of work.

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

If not working regularly at one place but reporting daily to a depot or other fixed address, give that address.

If not reporting daily to a fixed address, tick box 1.

If working mainly at home, tick box 2.

Armed Forces — leave blank.

Please write full address and postcode of workplace below in BLOCK CAPITALS

Postcode

--	--	--	--	--	--	--	--

No fixed place 1
Mainly at home 2

18 Daily journey to work

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

If using different means of transport on different days, show the means most often used.

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

British Rail train 1
Underground, tube, metro 2
Bus, minibus or coach (public or private) 3
Motor cycle, scooter, moped 4
Driving a car or van 5
Passenger in car or van 6
Pedal cycle 7
On foot 8
Other 9
please specify

Work mainly at home 0

19 Degrees, professional and vocational qualifications

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

- degrees, diplomas, HNC, HND,
- nursing qualifications,
- teaching qualifications (see * below),
- graduate or corporate membership of professional institutions,
- other professional, educational or vocational qualifications?

Do not count qualifications normally obtained at school such as GCE, CSE, GCSE, SCE and school certificates.

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

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

* If you have **school teaching qualifications**, give the full title of the qualification, such as 'Certificate of Education' and the subject(s) which you are qualified to teach. The subject 'education' should then only be shown if the course had no other subject specialisation.

NO - no such qualifications 1
YES - give details 2

1 Title	2 Title
Subject(s)	Subject(s)
Year	Year
Institution	Institution

3 Title	4 Title
Subject(s)	Subject(s)
Year	Year
Institution	Institution

Declaration

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

Signature

--

Date

--

April 1991

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.



1991 Census Wales

Iw form for making an individual return

Please complete this form and have it ready for collection on Monday 22nd April.

Completion of the form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may have to pay a fine of up to £400.

Your answers will be treated in strict confidence and used only to produce statistics. Names and addresses will not be put into the computer; only the postcode will be entered. The forms will be kept securely within my Office and treated as confidential for 100 years.

Anyone using or disclosing Census information improperly will be liable to prosecution.

After completing the form, please sign the declaration on the last page.

Thank you for your co-operation.

P J Wormald

P J Wormald
Registrar General
Office of Population
Censuses and Surveys
PO Box 100
Fareham PO16 0AL
Telephone 0329 844444

This form is available in English and Welsh. If you have not received the version you require, please telephone 0329 844444
Mae'r ffurflen hon ar gael yn Gymraeg ac yn Saesneg. Os na chawsoch y fersiwn y mae ei eisiau arnoch, ffoniwch 0329 844444

To be completed by the Enumerator

Census District
[]
Enumeration District
[]
Form Number
[]
Serial Number
[]

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

Name of Establishment
[]
[]
Address
[]
[]
[]
Postcode [] [] [] [] [] [] [] [] [] []

To be completed by or for the Individual

Please answer question by ticking the appropriate box or boxes where they are provided.
Please use ink or ballpoint pen.

1 **Name**
Please write in your name and surname (BLOCK CAPITALS).
For a baby who has not yet been given a name, write BABY and the surname.

[]

2 **Sex**
Please tick the appropriate box.

Male 1
Female 2

3 **Date of birth**
Please write in the day, month and year of birth.

Day [] Month [] Year []

4 **Marital status**
On the 21st April what is your marital status?
If separated but not divorced, please tick 'Married (first marriage)' or 'Re-married' as appropriate.
Please tick one box.

Single (never married) 1
Married (first marriage) 2
Re-married 3
Divorced (decree absolute) 4
Widowed 5

5 **Position in establishment**
Please write in your position in this establishment.
For example, write 'Guest'; 'Patient'; 'Inmate'; 'Staff'; 'Student'; 'Boarder'.
If you are completing the form in a private household, your relationship to the person making the return for the rest of the household should be stated.

[]

6 **Whereabouts on night of 21-22 April 1991**

Not applicable to this form

7 **Usual address**
If you usually live here, please tick 'This address'.
If not, tick 'Elsewhere' and write in your usual address.
If you are a student or a schoolchild away from home during term time, your home address should be taken as your usual address.
If you live away from home for part of the week, your home address should be taken as your usual address.

This address 1
Elsewhere
If elsewhere, please write your usual address and postcode below in BLOCK CAPITALS
[]
[]
[]
[]
Postcode [] [] [] [] [] [] [] [] [] []

Please turn over ►

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

8 Term time address of students and schoolchildren

If not a student or schoolchild, please tick first box.

If you are a student or schoolchild and you live here during term time, tick 'This address'.

If you do not live here during term time, tick 'Elsewhere' and write in the current or most recent term time address.

Not a student or schoolchild

This address 1

Elsewhere

If elsewhere, please write your term time address and postcode below in BLOCK CAPITALS

Postcode

9 Usual address one year ago

If your usual address one year ago (on the 21st April 1990) was the same as your current usual address (given in answer to question 7), please tick 'Same'. If not, tick 'Different' and write in your usual address one year ago.

For a child born since the 21st April 1990, tick the 'Child under one' box.

Same as Question 7 1

Different

Child under one 3

If different, please write your address and postcode on the 21st April 1990 below in BLOCK CAPITALS

Postcode

10 Country of birth

Please tick the appropriate box.

If the 'Elsewhere' box is ticked, please write in the present name of the country in which your birthplace is now situated.

England 1

Scotland 2

Wales 3

Northern Ireland 4

Irish Republic 5

Elsewhere

If elsewhere, please write in the present name of the country

11 Ethnic group

Please tick the appropriate box.

If you are descended from more than one ethnic or racial group, please tick the group to which you consider you belong, or tick the 'Any other ethnic group' box and describe your ancestry in the space provided.

White 0

Black-Caribbean 1

Black-African 2

Black-Other

please describe

Indian 3

Pakistani 4

Bangladeshi 5

Chinese 6

Any other ethnic group

please describe

12 Long-term illness

Do you have any long-term illness, health problem or handicap which limits your daily activities or the work you can do?

Include problems which are due to old age.

Yes, I have a health problem which limits activities 1

I have no such health problem 2

This question is for all persons aged 3 or over (born before 22nd April 1988)

W Welsh language

Do you speak, read or write Welsh?

Please tick the appropriate box(es).

Speaks Welsh 1

Reads Welsh 2

Writes Welsh 4

Do not speak, read or write Welsh 0

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Answers to the remaining questions are not required for anyone under 16 years of age (born after 21st April 1975)

13 Whether working, retired, looking after the home etc last week

Which of these things were you doing **last week**?

Please read carefully right through the list and **tick all the descriptions that apply**.

* Casual or temporary work should be counted at boxes 1, 2, 3 or 4. Also tick boxes 1, 2, 3 or 4 if you had a job last week but were off sick, on holiday, temporarily laid off or on strike.
Boxes 1, 2, 3 and 4 refer to work for pay or profit but not to unpaid work except in a family business.
Working for an employer is **part time** (box 2) if the hours worked, excluding any overtime and mealbreaks, are usually 30 hours or less per week.

† Includes wanting a job but prevented from looking by holiday or temporary sickness.

§ Do not count training given or paid for by an employer.

- * Was working for an employer full time (more than 30 hours a week) 1
 - * Was working for an employer part time (one hour or more a week) 2
 - * Was self-employed, employing other people 3
 - * Was self-employed, not employing other people 4
 - Was on a government employment or training scheme 5
 - Was waiting to start a job already accepted 6
 - † Was unemployed and looking for a job 7
 - § Was at school or in other full time education 8
 - Was unable to work because of long term sickness or disability 9
 - Was retired from paid work 10
 - Was looking after the home or family 11
 - Other
- please specify*

Please read A below, tick the box that applies and follow the instruction by the box ticked. This will tell you which questions to answer.

A Did you have a paid job last week (any of the boxes 1, 2, 3 or 4 ticked at question 13)? Yes
No

If **yes** ticked, answer questions **14, 15, 16, 17 and 18** about the main job last week, then go on to question **19**.
If **no** ticked, answer **B**.

B Have you had a paid job within the last 10 years? Yes
No

If **yes** ticked, answer questions **14, 15 and 16** about the most recent job, then go on to question **19**.
If **no** ticked, go on to question **19**.

14 Hours worked per week

How many hours per week do or did you usually work in your main job?

Do not count overtime or meal breaks.

Number of hours worked per week

15 Occupation

Please give the full title of your present or last job and describe the main things you do or did in the job.

At a, give the full title by which the job is known, for example: 'packing machinist'; 'poultry processor'; 'jig and tool fitter'; 'supervisor of typists'; 'accounts clerk'; rather than general titles like 'machinist'; 'process worker'; 'supervisor' or 'clerk'. Give rank or grade if you have one.

At b, write down the main things you actually do or did in the job.

Armed Forces — enter 'commissioned officer' or 'other rank' as appropriate at **a**, and leave **b** blank.

Civil Servants — give grade at **a** and discipline or specialism, for example: 'electrical engineer'; 'accountant'; 'chemist'; 'administrator' at **b**.

a Full job title

b Main things done in job

Please turn over ►

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

16 Name and business of employer (if self-employed give the name and nature of business)

At a, please give the name of your employer. Give the trading name if one is used. Do not use abbreviations.

At b, describe clearly what your employer (or yourself if self-employed) makes or does (or did).

Armed Forces — write 'Armed Forces' at **a** and leave **b** blank. For a member of the Armed Forces of a country other than the UK — add the name of the country.

Civil Servants — give name of Department at **a** and write 'Government Department' at **b**.

Local Government Officers — give name of employing authority at **a** and department in which employed at **b**.

17 Address of place of work

Please give the full address of your place of work.

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

If not working regularly at one place but reporting daily to a depot or other fixed address, give that address.

If not reporting daily to a fixed address, tick box 1.

If working mainly at home, tick box 2.

Armed Forces — leave blank.

18 Daily journey to work

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

If using different means of transport on different days, show the means most often used.

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

19 Degrees, professional and vocational qualifications

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

- degrees, diplomas, HNC, HND,
- nursing qualifications,
- teaching qualifications (see * below),
- graduate or corporate membership of professional institutions,
- other professional, educational or vocational qualifications?

Do not count qualifications normally obtained at school such as GCE, CSE, GCSE, SCE and school certificates.

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

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

* If you have **school teaching qualifications**, give the full title of the qualification, such as 'Certificate of Education' and the subject(s) which you are qualified to teach. The subject 'education' should then only be shown if the course had no other subject specialisation.

<p>a Name of employer</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>a Name of employer</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<p>b Description of employer's business</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>b Description of employer's business</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																
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<p>Postcode <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table></p>																	
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<p>Work mainly at home <input type="checkbox"/> 0</p>																	
<p>NO - no such qualifications <input type="checkbox"/> 1</p> <p>YES - give details <input type="checkbox"/> 2</p>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">1 Title</td><td style="width: 50%; height: 20px;">2 Title</td></tr> <tr><td style="height: 20px;">Subject(s)</td><td style="height: 20px;">Subject(s)</td></tr> <tr><td style="height: 20px;">Year</td><td style="height: 20px;">Year</td></tr> <tr><td style="height: 20px;">Institution</td><td style="height: 20px;">Institution</td></tr> </table>	1 Title	2 Title	Subject(s)	Subject(s)	Year	Year	Institution	Institution	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">3 Title</td><td style="width: 50%; height: 20px;">4 Title</td></tr> <tr><td style="height: 20px;">Subject(s)</td><td style="height: 20px;">Subject(s)</td></tr> <tr><td style="height: 20px;">Year</td><td style="height: 20px;">Year</td></tr> <tr><td style="height: 20px;">Institution</td><td style="height: 20px;">Institution</td></tr> </table>	3 Title	4 Title	Subject(s)	Subject(s)	Year	Year	Institution	Institution
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Subject(s)	Subject(s)																
Year	Year																
Institution	Institution																

Declaration					
This form is correctly completed to the best of my knowledge and belief.					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 20px; vertical-align: bottom;">Signature</td> <td style="width: 20%;"></td> </tr> </table>	Signature		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 20px; vertical-align: bottom;">Date</td> <td style="width: 20%; text-align: center; vertical-align: bottom;">April 1991</td> </tr> </table>	Date	April 1991
Signature					
Date	April 1991				

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.



To the Manager, Chief Resident Officer, Commanding Officer or other person in charge of a communal establishment:

To the Captain, Master, Commanding Officer or other person in charge of a vessel or HM Ship:

I am seeking your help in conducting the Census. Under the Census Act 1920 you have a legal obligation to list the names of the people in your establishment or on your vessel, to distribute forms to them and to collect the forms on completion. In a communal establishment you must also complete the 'type of establishment' panel. If you refuse to complete this form, or give false information, you may have to pay a fine of up to £400. The instructions opposite tell you what to do and should be followed carefully.

The Individual forms with which you have been supplied are for the returns to be made by or for each person who spends the night of **21-22 April** at this establishment or on board this vessel. To assist you in issuing and collecting the individual forms, spaces have been provided overleaf for listing those people.

The answers given will be treated in strict confidence and used only to produce statistics. Names and addresses will not be put in the computer; only the postcode will be entered. The forms will be kept securely within my Office and treated as confidential for 100 years.

Anyone using or disclosing census information improperly will be liable to prosecution. For example, it would be improper for you to pass on to someone else, information which you have been given in confidence on, or for completion of, an individual form.

Thank you for your co-operation.

P J Wormald

P J Wormald
Registrar General
Office of Population Censuses and Surveys
PO Box 100 Fareham PO16 0AL
Telephone 0329 844444

To be completed by the Enumerator or Customs Officer

Name of Establishment/Vessel/HM Ship

For communal establishments: address of establishment

Postcode

For vessels other than HM Ships: port of registry

Place at which the form is delivered, that is: name of town or port and of harbour, dock, wharf, mooring etc.

Name of master or person in charge of vessel

For Enumerator/Census Office use

CD No.	ED No.	Form No.
--------	--------	----------

Instructions

Listing of names

List the names of all people present, as instructed overleaf.

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

Distribution

An Individual form (I form) must be completed for each person listed. Where a person is incapable of making a return, you must arrange for a form to be completed on his or her behalf.

Before you issue each form, enter the name of the establishment or vessel in the panel at top right hand corner on the front of the Individual form (a rubber stamp may be used).

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

For communal establishments, please give the type of establishment below.

When you have completed this form please fill in and sign the declaration overleaf.

Collection of forms

Communal Establishments

Please have all the completed forms ready for collection by the Enumerator, who will call on Monday 22nd April or soon afterwards.

Vessels other than HM Ships

Please have all of the completed forms ready for collection by the Enumerator who will call on Monday 22nd April, or return them to the Enumerator in accordance with the instructions issued at delivery.

HM Ships

Please despatch the completed forms as soon as possible after 21st April to:

Office of Population Censuses and Surveys
PO Box 100 Fareham PO16 0AL

Communal establishments: type of establishment

Please give a **full description of the type of establishment** and if the establishment caters for a specific group or groups, please describe; *for example mentally ill or handicapped, physically disabled, elderly, children, students, nurses.*

Hospitals, homes and hostels only

- **Please specify type of management:** *private, voluntary (charitable), central government, local authority, housing association, health authority etc.*

--

- **Please indicate if the establishment is registered** with a local authority or health authority

--

Hotels or boarding houses only

Please enter the number of rooms in the establishment, including any annexes in which meals are not provided. Do not count kitchens, bathrooms, WCs, rooms used as offices or stores.

--

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

List the names of all people present, that is:

everyone who spends Census night **21-22 April 1991** in this establishment or on board this vessel; and everyone who arrives in this establishment or on board on **Monday 22nd April** before the forms are collected by the Enumerator (or despatched in the case of HM Ships) and who was in Great Britain on Sunday but has not been included as present on another Census form.

In communal establishments do not list the names of any non-resident personnel who happen to be on duty on the premises on Census night.

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

Name	Individual form	
	Issued	Collected
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Name	Individual form	
	Issued	Collected
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Enter the number of **Individual** forms collected on this L form.

Declaration — If more than one 'L' form is used, only complete this panel on the first form	
Enter the total number of 'L' forms completed for this establishment/vessel. <input type="text"/>	Signature
Enter the total number of Individual forms collected (sum of all L forms). <input type="text"/>	
	Date April 1991

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations provide for the detailed arrangements necessary for the conduct of the census directed to be taken by the Census Order 1990.

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

Regulation 5 provides for all officers to sign the undertaking set out in Schedule 1, to fulfil all the obligations required of them under the Census Act 1920 and by these Regulations.

Regulation 6 provides that the forms of return to be completed in accordance with the Census Order 1990 are those which apply as set out in Schedule 2 and which are set out in full in Schedule 3.

Regulations 7 to 14 provide detailed arrangements for the delivery, completion and collection of the forms of return.

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