



1981 Census Scotland

To the Head, Joint Heads or Acting Head of the Household

Please complete this form and have it ready for collection by the enumerator who will call on Monday, 6 April or soon after that day. If you need help in answering any of the questions, do not hesitate to ask the enumerator or to use the "Freefone" service mentioned below. The enumerator has to ensure that you have completed the form and you should give him any further information he may need for this purpose.

The form is used only for compiling statistics and when you have completed it in accordance with the instructions, it will be treated as CONFIDENTIAL and no information about named individuals will be passed by the Census Office to any other Government Department or any other authority or person. If anyone employed in taking the Census improperly discloses information you provide, he will be liable to prosecution. Similarly, you must not disclose information which anyone (for example, a visitor or boarder) gives you to enable you to complete the form.

The legal obligation to fill in the whole form rests on YOU, but each person who has to be included is required to give you the information you need. However, if anyone aged 16 or over does not wish to give you his or her personal information, the enumerator or local Census Officer should be asked for an individual form and official envelope in which to return it. Then you need answer only questions 1a, 3 and 4 for that person. If the person leaves his completed form with you for collection, pass the envelope unopened to the enumerator.

Completion of this form is compulsory under the Census Act 1920 and there are penalties of up to £50 for failing to comply with the requirements described above or for giving false information.

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

Census Headquarters
Ladywell Road
EDINBURGH
EH12 7TF

VC STEWART
Registrar General

SPECIMEN

To be completed by the enumerator and amended, if necessary, by the person(s) signing this form

(a) ED No

Form No

Continuation form reference no.

(b) Name _____

(c) Address _____

Postcode

(d) Type of building in which household's accommodation is situated - tick only one box

- House that is:
- 1 Detached
 - 2 Semi-detached
 - 3 Terraced (including end of terrace)
- Flat or rooms in a building with:
- 4 2 storeys
 - 5 3 or 4 storeys
 - 6 5 storeys or over
 - 7 A single flat with a shop, office or other business

- Non-permanent structure:
- 8 Caravan
 - 9 Other non-permanent structure

Please note

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

Answers Please answer questions where boxes are provided by putting a tick in the box against the answer which applies. For example the answer for a female member of your household at question 1b would be:

- 1 Male 2 Female

Lines are provided where a written answer is required.

Additional information If you are in doubt about a question, and the notes given in this form and the Information Leaflet do not clarify the situation, please ask the enumerator for an explanation when he calls again or ask the telephone operator for Freefone 8485 and speak to a member of the Census Headquarters staff. Freefone is available from 8.30 am to 8 pm, Monday to Friday, between 30 March and 10 April and between 2 and 8 pm on Sunday 5 April.

Extra forms If the forms provided are insufficient for the number of persons in your household, additional forms may be obtained from your enumerator or by contacting Census Headquarters by Freefone.

Households without a head If there is no recognised head or acting head of the household the legal obligation to complete the form rests with each member of the household aged 16 or over, any one of whom may complete the form.

(e) Level of household's accommodation - tick only one box

- a All on ground or on ground and other floors
 - b All in basement
 - c All on first or higher floor
- State actual floor of entry to household's accommodation if box c is ticked

(f) Means of access to household's accommodation - either tick box 1 or any of boxes 2-4 that apply

- 1 No lift; no external or internal stair (with 6 or more steps) for access
- 2 External stair or outside steps (with 6 or more steps) for access
- 3 Internal stair (with 6 or more steps) for access
- 4 Lift

PLEASE USE INK OR
BALLPOINT PEN TO
COMPLETE THIS FORM

Include on this form:

- each person who spends the night of 5-6 April in this household
- each person who usually lives in this household but spends the during term time and persons on holiday or in hospital even if y
- each person who arrives in this household on Monday 6 April y

Question

1st person

2nd person

1 Name, sex and date of birth

- a Write surname and forename(s) in full.
- b Please tick the appropriate box.
- c Enter the person's date of birth.

Include any newly born baby even if still in hospital. If not yet given a name write 'BABY' and the surname.

a Surname _____
Forenames _____
b 1 Male 2 Female
c Day Month Year

a Surname _____
Forenames _____
b 1 Male 2 Female
c Day Month Year

2 Marital status

Please tick the box showing the present status.
If separated but not divorced tick box 2 'Married'.

- 1 Single 3 Divorced
- 2 Married 4 Widowed

- 1 Single 3 Divorced
- 2 Married 4 Widowed

3 Relationship in the household

Please tick the box which indicates the relationship of each person to the person entered in the first column.

Please write in relationship of other relatives - for example father, daughter-in-law, brother-in-law, niece, uncle, cousin, grandchild.

Please write in position in household of unrelated persons - for example boarder, friend, housekeeper, flatmate, foster child etc.

Step children and adopted children should be returned as son or daughter of their step or adoptive parents.

Relationship to first person

- 1 Husband or wife
- 2 Son or daughter
- Other relative, please specify
- Unrelated, please specify

4 Whereabouts on the night of 5-6 April 1981

Please tick the appropriate box to indicate where the person was on the night of 5-6 April 1981.

- 1 At this address, out on night work or travelling to this address
- 2 Elsewhere in Scotland, England or Wales
- 3 Outside Great Britain

- 1 At this address, out on night work or travelling to this address
- 2 Elsewhere in Scotland, England or Wales
- 3 Outside Great Britain

5 Usual address

If the person usually lives here, please tick box 1 'This address'.

If not, tick box 2 'Elsewhere' and write in the person's usual address.

The home address should be taken as the usual address for a household head who lives away from home for part of the week.

For students and children away from home during term time, the home address should be regarded as the usual address.

Boarders should be asked what they consider to be their usual address.

- 1 This address
- 2 Elsewhere - write the person's usual address and postcode

Address (Block capitals please)

- 1 This address
- 2 Elsewhere - write the person's usual address and postcode

Address (Block capitals please)

including Postcode

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

including Postcode

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

6 Usual address one year ago

If the person's usual address one year ago, on 5 April 1980, was the same as that given in answer to question 5, please tick box 1 'Same'. If not, please tick box 2 'Different' and write in the usual address.

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 5 April 1980 write 'UNDER ONE'.

- 1 Same as at Question 5
- 2 Different - write the person's address and postcode on 5 April 1980

Address (Block capitals please)

- 1 Same as at Question 5
- 2 Different - write the person's address and postcode on 5 April 1980

Address (Block capitals please)

including Postcode

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

including Postcode

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

7 Country of birth

Please tick the appropriate box.

If box 6 'Elsewhere' is ticked, please write in the present name of the country in which the birthplace is now situated.

- 1 Scotland
- 2 England
- 3 Wales
- 4 Northern Ireland
- 5 Irish Republic
- 6 Elsewhere. Please write the present name of the country

- 1 Scotland
- 2 England
- 3 Wales
- 4 Northern Ireland
- 5 Irish Republic
- 6 Elsewhere. Please write the present name of the country

Question 8 is for all persons aged 3 or over (born before 6 April 1978).

8 Scottish Gaelic

Can the person speak, read or write Scottish Gaelic?

Please tick the appropriate box(es).

- 1 Can speak Gaelic
- 2 Can read Gaelic
- 3 Can write Gaelic
- 4 Does not know Gaelic

- 1 Can speak Gaelic
- 2 Can read Gaelic
- 3 Can write Gaelic
- 4 Does not know Gaelic

including visitors to the household
 night of 5-6 April elsewhere, including school pupils or students away from home
 you know they are being included in a Census form elsewhere
 you has not been included as present on a Census form elsewhere.

**THE QUESTIONS OVERLEAF
 SHOULD BE ANSWERED
 FOR EACH HOUSEHOLD**

3rd person

4th person

5th person

6th person

For
 Official
 Use
 Persons
 on
 form
 M
 F

a Surname _____
 Forenames _____

b 1 Male 2 Female

c Day | Month | Year

a Surname _____
 Forenames _____

b 1 Male 2 Female

c Day | Month | Year

a Surname _____
 Forenames _____

b 1 Male 2 Female

c Day | Month | Year

a Surname _____
 Forenames _____

b 1 Male 2 Female

c Day | Month | Year

1 Single 3 Divorced
 2 Married 4 Widowed

1 Single 3 Divorced
 2 Married 4 Widowed

1 Single 3 Divorced
 2 Married 4 Widowed

1 Single 3 Divorced
 2 Married 4 Widowed

Relationship to first person

1 Husband or wife
 2 Son or daughter
 Other relative, please specify

Unrelated, please specify

Relationship to first person

1 Husband or wife
 2 Son or daughter
 Other relative, please specify

Unrelated, please specify

Relationship to first person

1 Husband or wife
 2 Son or daughter
 Other relative, please specify

Unrelated, please specify

Relationship to first person

1 Husband or wife
 2 Son or daughter
 Other relative, please specify

Unrelated, please specify

1 At this address, out on night work or travelling to this address
 2 Elsewhere in Scotland, England or Wales
 3 Outside Great Britain

1 At this address, out on night work or travelling to this address
 2 Elsewhere in Scotland, England or Wales
 3 Outside Great Britain

1 At this address, out on night work or travelling to this address
 2 Elsewhere in Scotland, England or Wales
 3 Outside Great Britain

1 At this address, out on night work or travelling to this address
 2 Elsewhere in Scotland, England or Wales
 3 Outside Great Britain

1 This address
 2 Elsewhere - write the person's usual address and postcode

Address (Block capitals please)

1 This address
 2 Elsewhere - write the person's usual address and postcode

Address (Block capitals please)

1 This address
 2 Elsewhere - write the person's usual address and postcode

Address (Block capitals please)

1 This address
 2 Elsewhere - write the person's usual address and postcode

Address (Block capitals please)

including Postcode

including Postcode

including Postcode

including Postcode

1 Same as at Question 5
 2 Different - write the person's address and postcode on 5 April 1980

Address (Block capitals please)

1 Same as at Question 5
 2 Different - write the person's address and postcode on 5 April 1980

Address (Block capitals please)

1 Same as at Question 5
 2 Different - write the person's address and postcode on 5 April 1980

Address (Block capitals please)

1 Same as at Question 5
 2 Different - write the person's address and postcode on 5 April 1980

Address (Block capitals please)

including Postcode

including Postcode

including Postcode

including Postcode

1 Scotland
 2 England
 3 Wales
 4 Northern Ireland
 5 Irish Republic
 6 Elsewhere. Please write the present name of the country

1 Scotland
 2 England
 3 Wales
 4 Northern Ireland
 5 Irish Republic
 6 Elsewhere. Please write the present name of the country

1 Scotland
 2 England
 3 Wales
 4 Northern Ireland
 5 Irish Republic
 6 Elsewhere. Please write the present name of the country

1 Scotland
 2 England
 3 Wales
 4 Northern Ireland
 5 Irish Republic
 6 Elsewhere. Please write the present name of the country

Question 8 is for all persons aged 3 or over (born before 6 April 1978).

1 Can speak Gaelic
 2 Can read Gaelic
 3 Can write Gaelic
 4 Does not know Gaelic

1 Can speak Gaelic
 2 Can read Gaelic
 3 Can write Gaelic
 4 Does not know Gaelic

1 Can speak Gaelic
 2 Can read Gaelic
 3 Can write Gaelic
 4 Does not know Gaelic

1 Can speak Gaelic
 2 Can read Gaelic
 3 Can write Gaelic
 4 Does not know Gaelic

PLEASE USE INK OR BALLPOINT PEN TO COMPLETE THIS FORM

Include on this form:

- each person who spends the night of 5-6 April in this household
- each person who usually lives in this household but spends the during term time and persons on holiday or in hospital even if y
- each person who arrives in this household on Monday 6 April w

Question	1st person	2nd person
<p>1 Name, sex and date of birth</p> <p>a Write surname and forename(s) in full.</p> <p>b Please tick the appropriate box.</p> <p>c Enter the person's date of birth.</p> <p><i>Include any newly born baby even if still in hospital. If not yet given a name write 'BABY' and the surname.</i></p>	<p>a Surname _____</p> <p>Forenames _____</p> <p>b 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p> <p>c Day Month Year</p>	<p>a Surname _____</p> <p>Forenames _____</p> <p>b 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p> <p>c Day Month Year</p>

Questions 9-12 are for all persons aged 16 or over (born before 6 April 1965).

9 Whether working, retired, housewife etc. last week		
<p>Please tick all the boxes appropriate to the person's activity last week. A job (box 1 and box 2) means any type of work for pay or profit but not unpaid work. It includes:</p> <ul style="list-style-type: none"> casual or temporary work work on a person's own account work in a family business part-time work, even if only for a few hours <p>A part-time job (box 2) is a job in which the hours worked, excluding any overtime, are usually 30 hours or less per week.</p> <p>Tick box 1 or box 2, as appropriate, if the person had a job but was not at work for all or part of the week because he or she was:</p> <ul style="list-style-type: none"> on holiday temporarily laid off on strike sick <p>Tick box 1 if the job was normally full-time but was interrupted for any reason during the week.</p> <p><i>Do not count as a full-time student a person in a paid occupation in which training is also given, such as a student nurse, an apprentice or a management trainee.</i></p> <p><i>For a full-time student tick box 9 as well as any other appropriate boxes.</i></p>	<p>1 <input type="checkbox"/> In a full-time job at any time last week</p> <p>2 <input type="checkbox"/> In a part-time job at any time last week</p> <p>3 <input type="checkbox"/> Waiting to take up a job already accepted</p> <p>4 <input type="checkbox"/> Seeking work</p> <p>5 <input type="checkbox"/> Prevented by temporary sickness from seeking work</p> <p>6 <input type="checkbox"/> Permanently sick or disabled</p> <p>7 <input type="checkbox"/> Housewife</p> <p>8 <input type="checkbox"/> Wholly retired from employment</p> <p>9 <input type="checkbox"/> At school or a full-time student at an educational establishment not provided by an employer</p> <p>10 <input type="checkbox"/> Other, please specify _____</p>	<p>1 <input type="checkbox"/> In a full-time job at any time last week</p> <p>2 <input type="checkbox"/> In a part-time job at any time last week</p> <p>3 <input type="checkbox"/> Waiting to take up a job already accepted</p> <p>4 <input type="checkbox"/> Seeking work</p> <p>5 <input type="checkbox"/> Prevented by temporary sickness from seeking work</p> <p>6 <input type="checkbox"/> Permanently sick or disabled</p> <p>7 <input type="checkbox"/> Housewife</p> <p>8 <input type="checkbox"/> Wholly retired from employment</p> <p>9 <input type="checkbox"/> At school or a full-time student at an educational establishment not provided by an employer</p> <p>10 <input type="checkbox"/> Other, please specify _____</p>

Questions about present or previous employment

- For persons in a job last week (boxes 1 or 2 at Question 9 ticked) _____
- For wholly retired persons (box 8 at Question 9 ticked) or persons out of work (boxes 3, 4 or 5 ticked) — _____
- For persons who are permanently sick or disabled (box 6 ticked) _____
- For others, including those with no previous job _____

10 Name and nature of business of employer (or self-employed person's business)		
<p>a Please give the name of the person's employer</p> <p><i>For members of the Armed Forces, civil servants and local government officials see the notes at the foot of this page before answering questions 10-12.</i></p> <p><i>For a person employed in private domestic service write 'DOMESTIC SERVICE'.</i></p> <p>b Please describe clearly what the employer (or the person if self-employed) makes or does.</p> <p><i>General terms such as 'manufacturer', 'merchant', 'agent', 'dealer', 'engineering' are not enough and further details should be given.</i></p>	<p>a Name of employer _____</p> <p>b Nature of business _____</p>	<p>a Name of employer _____</p> <p>b Nature of business _____</p>

11 Occupation		
<p>a Please give full and precise details of the person's occupation.</p> <p><i>If a person's job is known in the trade or industry by a special name, use that name.</i></p> <p><i>Precise terms should be used, for example, 'radio mechanic', 'chartered electrical engineer', 'jig and tool fitter' or 'toolroom foreman', rather than general terms such as 'mechanic', 'engineer', 'fitter' or 'foreman'.</i></p> <p>b Please describe the actual work done.</p>	<p>a Occupation _____</p> <p>b Description of work _____</p>	<p>a Occupation _____</p> <p>b Description of work _____</p>

12 Employment status		
<p>Please tick the appropriate box.</p> <p><i>Box 3 should be ticked for a person having management or supervisory responsibility for other employees.</i></p> <p><i>Persons employed as quality control inspectors and concerned only with the technical quality of a product should tick box 2.</i></p>	<p>1 <input type="checkbox"/> Apprentice or articled trainee</p> <p>2 <input type="checkbox"/> Employee not supervising other employees</p> <p>3 <input type="checkbox"/> Employee supervising other employees</p> <p>4 <input type="checkbox"/> Self-employed not employing others</p> <p>5 <input type="checkbox"/> Self-employed employing others</p>	<p>1 <input type="checkbox"/> Apprentice or articled trainee</p> <p>2 <input type="checkbox"/> Employee not supervising other employees</p> <p>3 <input type="checkbox"/> Employee supervising other employees</p> <p>4 <input type="checkbox"/> Self-employed not employing others</p> <p>5 <input type="checkbox"/> Self-employed employing others</p>

Notes: Armed Forces

For members of the Armed Forces write 'ARMED FORCES' in 10a; for a member of the armed forces of a country other than the UK add the name of the country.

At 11a give the rank or rating only.

Questions 10b, 11b and 12 should not be answered.

Local Government and other public officials

For local government officers and other public officials give the name of the local authority or public body at 10a and the branch in which they are employed at 10b.

At 11a give rank or grade and complete 11b and 12.

including visitors to the household
 light of 5-6 April elsewhere, including school pupils or students away from home
 you know they are being included in a Census form elsewhere
 who has not been included as present on a Census form elsewhere.

**THE QUESTIONS OVERLEAF
 SHOULD BE ANSWERED
 FOR EACH HOUSEHOLD**

3rd person			4th person			5th person			6th person		
a Surname			a Surname			a Surname			a Surname		
Forenames			Forenames			Forenames			Forenames		
b 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			b 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			b 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			b 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		
c Day	Month	Year	c Day	Month	Year	c Day	Month	Year	c Day	Month	Year

For Official Use

Persons on form

M

F

Questions 9-12 are for all persons aged 16 or over (born before 6 April 1965).

1 <input type="checkbox"/> In a full-time job at any time last week	1 <input type="checkbox"/> In a full-time job at any time last week	1 <input type="checkbox"/> In a full-time job at any time last week	1 <input type="checkbox"/> In a full-time job at any time last week
2 <input type="checkbox"/> In a part-time job at any time last week	2 <input type="checkbox"/> In a part-time job at any time last week	2 <input type="checkbox"/> In a part-time job at any time last week	2 <input type="checkbox"/> In a part-time job at any time last week
3 <input type="checkbox"/> Waiting to take up a job already accepted	3 <input type="checkbox"/> Waiting to take up a job already accepted	3 <input type="checkbox"/> Waiting to take up a job already accepted	3 <input type="checkbox"/> Waiting to take up a job already accepted
4 <input type="checkbox"/> Seeking work	4 <input type="checkbox"/> Seeking work	4 <input type="checkbox"/> Seeking work	4 <input type="checkbox"/> Seeking work
5 <input type="checkbox"/> Prevented by temporary sickness from seeking work	5 <input type="checkbox"/> Prevented by temporary sickness from seeking work	5 <input type="checkbox"/> Prevented by temporary sickness from seeking work	5 <input type="checkbox"/> Prevented by temporary sickness from seeking work
6 <input type="checkbox"/> Permanently sick or disabled	6 <input type="checkbox"/> Permanently sick or disabled	6 <input type="checkbox"/> Permanently sick or disabled	6 <input type="checkbox"/> Permanently sick or disabled
7 <input type="checkbox"/> Housewife	7 <input type="checkbox"/> Housewife	7 <input type="checkbox"/> Housewife	7 <input type="checkbox"/> Housewife
8 <input type="checkbox"/> Wholly retired from employment	8 <input type="checkbox"/> Wholly retired from employment	8 <input type="checkbox"/> Wholly retired from employment	8 <input type="checkbox"/> Wholly retired from employment
9 <input type="checkbox"/> At school or a full-time student at an educational establishment not provided by an employer	9 <input type="checkbox"/> At school or a full-time student at an educational establishment not provided by an employer	9 <input type="checkbox"/> At school or a full-time student at an educational establishment not provided by an employer	9 <input type="checkbox"/> At school or a full-time student at an educational establishment not provided by an employer
10 <input type="checkbox"/> Other, please specify	10 <input type="checkbox"/> Other, please specify	10 <input type="checkbox"/> Other, please specify	10 <input type="checkbox"/> Other, please specify

please answer Questions 10-14 in respect of the main job last week.

please answer Questions 10-12 in respect of the last full-time job, if any. Leave Questions 13 and 14 blank and go on to Question 15.

please write 'not applicable' at Question 10. Leave Questions 11-14 blank and go on to Question 15.

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

Civil Servants

For civil servants give the name of their Department at 10a, write 'GOVERNMENT DEPARTMENT' at 10b and 'CIVIL SERVANT' at 11a.

At 11b for a non-industrial civil servant give the rank or grade only and complete 12.

At 11b for an industrial civil servant give the job title only which should be in precise terms, for example, 'radio mechanic', 'jig and tool fitter', 'toolroom foreman', rather than general terms such as 'mechanic', 'fitter' or 'foreman' and complete 12.

PLEASE USE INK OR BALLPOINT PEN TO COMPLETE THIS FORM

Include on this form:

- each person who spends the night of 5-6 April in this household.
- each person who usually lives in this household but spends the night during term time and persons on holiday or in hospital even if you do not.
- each person who arrives in this household on Monday 6 April with you.

Question

1st person

2nd person

1 Name, sex and date of birth

- a Write surname and forename(s) in full.
- b Please tick the appropriate box.
- c Enter the person's date of birth.

Include any newly born baby even if still in hospital. If not yet given a name write 'BABY' and the surname.

a Surname _____			a Surname _____		
Forenames _____			Forenames _____		
b 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			b 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		
c Day	Month	Year	c Day	Month	Year

Questions 13 and 14 are for all persons aged 16 or over (born before 6 April 1965) who were in a job last week. Give details for the main employment.

13 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.

Full address and postcode of workplace
Address (*Block capitals please*)

including Postcode

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

- 1 No fixed place
- 2 Mainly at home

Full address and postcode of workplace
Address (*Block capitals please*)

including Postcode

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

- 1 No fixed place
- 2 Mainly at home

14 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 give the means most often used.

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

Main means of transport to work

- 1 British Rail train
- 2 Underground, tube, metro, etc.
- 3 Bus, minibus or coach (public or private)
- 4 Motor cycle, moped or scooter
- 5 Car or van - pool, sharing driving
- 6 Car or van - driver
- 7 Car or van - passenger
- 8 Pedal cycle
- 9 On foot
- 10 Other, please specify

11 Works mainly at home

Main means of transport to work

- 1 British Rail train
- 2 Underground, tube, metro, etc.
- 3 Bus, minibus or coach (public or private)
- 4 Motor cycle, moped or scooter
- 5 Car or van - pool, sharing driving
- 6 Car or van - driver
- 7 Car or van - passenger
- 8 Pedal cycle
- 9 On foot
- 10 Other, please specify

11 Works mainly at home

Question 15 is for all persons aged 18 or over (born before 6 April 1963).

15 Degrees, professional and vocational qualifications

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

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

Exclude all qualifications normally obtained at school such as SCE, GCE or School Leaving Certificates.

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

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

Write for each qualification:

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

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

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

Title _____	Title _____
Subject _____	Subject _____
Year _____	Year _____
Institution _____	Institution _____

Title _____	Title _____
Subject _____	Subject _____
Year _____	Year _____
Institution _____	Institution _____

Title _____	Title _____
Subject _____	Subject _____
Year _____	Year _____
Institution _____	Institution _____

including visitors to the household
 night of 5-6 April elsewhere, including school pupils or students away from home
 you know they are being included in a Census form elsewhere
 who has not been included as present on a Census form elsewhere.

**THE QUESTIONS OVERLEAF
 SHOULD BE ANSWERED
 FOR EACH HOUSEHOLD**

3rd person			4th person			5th person			6th person			For Official Use
a Surname _____			a Surname _____			a Surname _____			a Surname _____			Persons on form
Forenames _____			Forenames _____			Forenames _____			Forenames _____			
b 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			b 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			b 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			b 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			M <input type="checkbox"/>
c Day	Month	Year	c Day	Month	Year	c Day	Month	Year	c Day	Month	Year	F <input type="checkbox"/>

Questions 13 and 14 are for all persons aged 16 or over (born before 6 April 1965) who were in a job last week. Give details for the main employment.

3rd person	4th person	5th person	6th person
Full address and postcode of workplace Address (Block capitals please)	Full address and postcode of workplace Address (Block capitals please)	Full address and postcode of workplace Address (Block capitals please)	Full address and postcode of workplace Address (Block capitals please)
including Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	including Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	including Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	including Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home	1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home	1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home	1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home
Main means of transport to work	Main means of transport to work	Main means of transport to work	Main means of transport to work
1 <input type="checkbox"/> British Rail train 2 <input type="checkbox"/> Underground, tube, metro, etc. 3 <input type="checkbox"/> Bus, minibus or coach (public or private) 4 <input type="checkbox"/> Motor cycle, moped or scooter 5 <input type="checkbox"/> Car or van - pool, sharing driving 6 <input type="checkbox"/> Car or van - driver 7 <input type="checkbox"/> Car or van - passenger 8 <input type="checkbox"/> Pedal cycle 9 <input type="checkbox"/> On foot 10 <input type="checkbox"/> Other, please specify	1 <input type="checkbox"/> British Rail train 2 <input type="checkbox"/> Underground, tube, metro, etc. 3 <input type="checkbox"/> Bus, minibus or coach (public or private) 4 <input type="checkbox"/> Motor cycle, moped or scooter 5 <input type="checkbox"/> Car or van - pool, sharing driving 6 <input type="checkbox"/> Car or van - driver 7 <input type="checkbox"/> Car or van - passenger 8 <input type="checkbox"/> Pedal cycle 9 <input type="checkbox"/> On foot 10 <input type="checkbox"/> Other, please specify	1 <input type="checkbox"/> British Rail train 2 <input type="checkbox"/> Underground, tube, metro, etc. 3 <input type="checkbox"/> Bus, minibus or coach (public or private) 4 <input type="checkbox"/> Motor cycle, moped or scooter 5 <input type="checkbox"/> Car or van - pool, sharing driving 6 <input type="checkbox"/> Car or van - driver 7 <input type="checkbox"/> Car or van - passenger 8 <input type="checkbox"/> Pedal cycle 9 <input type="checkbox"/> On foot 10 <input type="checkbox"/> Other, please specify	1 <input type="checkbox"/> British Rail train 2 <input type="checkbox"/> Underground, tube, metro, etc. 3 <input type="checkbox"/> Bus, minibus or coach (public or private) 4 <input type="checkbox"/> Motor cycle, moped or scooter 5 <input type="checkbox"/> Car or van - pool, sharing driving 6 <input type="checkbox"/> Car or van - driver 7 <input type="checkbox"/> Car or van - passenger 8 <input type="checkbox"/> Pedal cycle 9 <input type="checkbox"/> On foot 10 <input type="checkbox"/> Other, please specify
11 <input type="checkbox"/> Works mainly at home	11 <input type="checkbox"/> Works mainly at home	11 <input type="checkbox"/> Works mainly at home	11 <input type="checkbox"/> Works mainly at home

Question 15 is for all persons aged 18 or over (born before 6 April 1963).

1 <input type="checkbox"/> No - none of these 2 <input type="checkbox"/> Yes - give details	1 <input type="checkbox"/> No - none of these 2 <input type="checkbox"/> Yes - give details	1 <input type="checkbox"/> No - none of these 2 <input type="checkbox"/> Yes - give details	1 <input type="checkbox"/> No - none of these 2 <input type="checkbox"/> Yes - give details
Title _____	Title _____	Title _____	Title _____
Subject _____	Subject _____	Subject _____	Subject _____
Year _____	Year _____	Year _____	Year _____
Institution _____	Institution _____	Institution _____	Institution _____
Title _____	Title _____	Title _____	Title _____
Subject _____	Subject _____	Subject _____	Subject _____
Year _____	Year _____	Year _____	Year _____
Institution _____	Institution _____	Institution _____	Institution _____
Title _____	Title _____	Title _____	Title _____
Subject _____	Subject _____	Subject _____	Subject _____
Year _____	Year _____	Year _____	Year _____
Institution _____	Institution _____	Institution _____	Institution _____

Please answer the following questions which relate to your household's accommodation.

16 Tenure

How do you and your household occupy your accommodation?

Please tick the appropriate box.

1 As an owner-occupier (including purchase by mortgage)

By renting, rent free or by lease:

- 2 from a local authority (council or New Town) or from the Scottish Special Housing Association (SSHA)
- 3 from a housing association other than the SSHA or from a charitable trust
- 4 with a job, shop, farm or other business
- 5 furnished from a private landlord, company or other organisation
- 6 unfurnished from a private landlord, company or other organisation

In some other way:

Please give details

If the accommodation is occupied by lease originally granted for 20 years or more, tick box 1 'As owner occupiers'.

If the accommodation is a tied house, or other accommodation provided in connection with the employment of a member of your household on the condition that its tenure is to be given up on leaving the employment, tick box 4 whether rent is paid or not. In the case of a tenancy originally granted by virtue of employment, but extended although the employment has now ceased, tick box 4 if no rent is paid (by yourself or anyone else) but tick box 5 or 6 if rent is paid.

17 Rooms

a How many rooms in your household's accommodation are dining rooms, living rooms or bedrooms? Count spare rooms if they could be used for these purposes.

_____ room(s)

b Is cooking generally done in one of the rooms entered in 'a' above?

Yes No

c Have you any room used for cooking but not included in 'a' above?

1 Yes 2 No

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

Rooms used solely for business, professional or trade purposes should be excluded.

18 Household amenities

Has your household the use of the following amenities on these premises?

Please tick the appropriate boxes.

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

- 1 Yes - for use only by this household
- 2 Yes - for use also by another household
- 3 No fixed bath or shower

b a flush toilet (WC) with entrance inside the dwelling (exclude any on common stair or landing)

- 1 Yes - for use only by this household
- 2 Yes - for use also by another household
- 3 No inside flush toilet (WC)

c a flush toilet (WC) with entrance outside the dwelling (include any on common stair or landing)

- 1 Yes - for use only by this household
- 2 Yes - for use also by another household
- 3 No outside flush toilet (WC)

19 Shared access

Does your household share the use of any hall, passage, landing or staircase with any other household?

- 1 Does not share
- 2 Shares only for entry to own household's accommodation
- 3 Shares for movement between the rooms of the household's accommodation, that is dining rooms, living rooms and bedrooms shown at question 17a.

20 Cars and vans

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

- 0 None 2 Two
- 1 One 3 Three or more

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

Before you sign the form will you please check -

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

Declaration:

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

Signature(s) _____

Date _____ April 1981.