

CONFIDENTIAL

Any Census Officer or occupier of a dwelling disclosing any particulars from a Census Form is liable to a penalty of \$100.

COMMONWEALTH OF AUSTRALIA



State	Q.L.D.
Div.	
S. Div.	
C.D.	
Rec. No.	

**CENSUS OF
POPULATION AND HOUSING
AUSTRALIA
30 June 1971
HOUSEHOLDER'S SCHEDULE**

Under the provisions of the *Census and Statistics Act 1905-1966* you are required to fill in this form to the best of your knowledge and belief. However, there is no penalty for omitting information on a person's religious denomination.

The information supplied in this form is **CONFIDENTIAL**. The Act provides that it cannot be seen by any persons other than officers of the Bureau of Census and Statistics. It will be used only for obtaining totals for statistical purposes.

The completed schedule should be ready to hand to the Census Collector who will call on **THURSDAY 1 JULY** or as soon as possible after that day.

I certify that to the best of my knowledge and belief this form has been correctly filled in.

Signature of Collector

Bureau of Census and Statistics

● *Signature of Householder* *Date*

Street, etc.

City, town or village

HOW TO FILL IN THIS FORM

After you have read the instructions:

- **Step 1:** Lift this flap and fill in page 1 for all persons who spent the night of Wednesday 30 June in this household.
- **Step 2:** Give particulars of this dwelling on pages 2 and 3.
- **Step 3:** Complete a double page of personal particulars for each person listed on page 1.
- **Step 4:** Sign the form on the front page.

INSTRUCTIONS

1. FILL IN A SEPARATE FORM FOR EACH HOUSEHOLD.
A household is a domestic group living and eating together. A person living alone is also a household.
2. IF THERE IS MORE THAN ONE HOUSEHOLD OBTAIN EXTRA FORMS FROM THE CENSUS COLLECTOR WHEN HE RETURNS.
3. THIS BOOKLET HAS PAGES FOR 8 PERSONS. IF THERE ARE MORE THAN 8 PERSONS IN THE HOUSEHOLD OBTAIN PERSONAL SLIPS FOR THESE EXTRA PERSONS FROM THE CENSUS COLLECTOR WHEN HE RETURNS.
4. IF ANY PERSON IN THE HOUSEHOLD, SUCH AS A VISITOR OR BOARDER, PREFERS TO FILL IN A SEPARATE FORM TO MAINTAIN PRIVACY, ASK THE COLLECTOR FOR A 'PERSONAL SLIP' AND AN ENVELOPE. The Personal Slip should be filled in and sealed in the envelope by the person concerned, for delivery by you unopened to the Census Collector with this schedule.
5. FOR ANY PERSON WHO COMPLETES A PERSONAL SLIP, ENTER ON PAGE 1 OF THIS SCHEDULE THE NAME, RELATIONSHIP AND SEX OF THE PERSON AND WRITE 'P.S.' IN THE AGE COLUMN.
6. Not all questions have to be answered by everybody. Read each question carefully, give your answer, then follow the directions to the next question which applies. Most questions can be answered simply by placing a tick in the appropriate box, e.g.

Yes No

7. If you do not know the exact answer to a question, give the best estimate you can.
8. Please use ink or ball point pen.
9. The completed schedule should be ready to hand to the Census Collector who will call on THURSDAY 1 JULY or as soon as possible after that day.
10. If you need any help with this form, telephone the Divisional Returning Officer for your Commonwealth Electoral Division, or ask the Census Collector when he returns.

NOW LIFT THIS FLAP AND FILL IN PAGE 1

LIFT
THIS
FLAP

Appendix 1.1 (continued)

Page 1

- List in Column ① all persons (including visitors) who spent the night of **Wednesday 30 June** in this household (or returned on **Thursday 1 July** without having been counted elsewhere), and then fill in Columns ② to ⑥ for each person.

Column ①	Column ②	Column ③	Column ④		Column ⑤	Column ⑥
First Name and Surname List LAST any persons in this household who have completed Personal Slips (See Instruction 5 on previous page) For unnamed baby write 'BABY' and surname.	Relationship to head of household For example: head wife daughter son brother son-in-law grandchild visitor boarder co-tenant etc.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age (In years and completed months)		Present Marital Status <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Married but permanently separated	Is this person a usual resident of this dwelling? NOTE A 'usual' resident is any person who has lived here for the last 6 months, or who will be spending 6 months or more during 1971 in this dwelling. OR any person who is here now and who has no usual place of residence.
			Years	Mths		
1 First name Surname						<input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Give State, Territory or Country of usual residence
2 First name Surname						<input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Give State, Territory or Country of usual residence
3 First name Surname						<input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Give State, Territory or Country of usual residence
4 First name Surname						<input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Give State, Territory or Country of usual residence
5 First name Surname						<input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Give State, Territory or Country of usual residence
6 First name Surname						<input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Give State, Territory or Country of usual residence
7 First name Surname						<input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Give State, Territory or Country of usual residence
⑧ First name Surname						<input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Give State, Territory or Country of usual residence

For Census Collector's use only

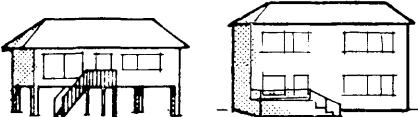
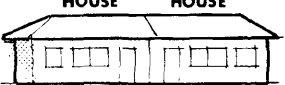
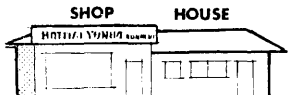


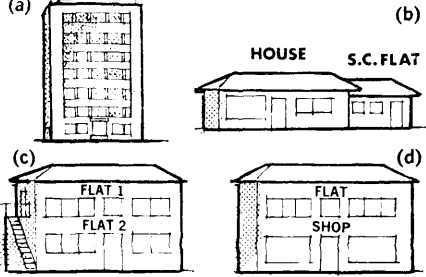
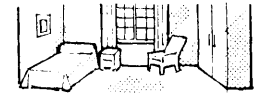
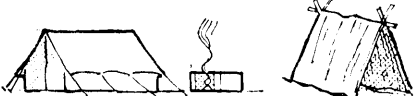
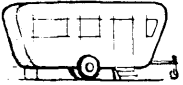

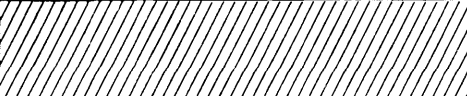
PP

Total persons in household i.e. listed in Column ① and on any extra Personal Slips issued.	Males	Females	Persons

PARTICULARS OF THIS DWELLING

These questions should preferably be answered by the Head of the Household.
The dwelling for which particulars are sought is the house, flat, or other premises occupied solely by your household on 30 June 1971.

D 1. Tick the box opposite the description which best describes your dwelling. The sketches and comments will help you decide which box to tick. (Tick one box only.)

Sketch	Description	Dwelling type
	<p>Generally a structure containing only one dwelling on its own block of land, separated by open space from other dwellings. <u>However, if the house has only one flat attached to or incorporated in it, tick this box if you occupy the main part of the structure.</u></p>	<p>1 <input type="checkbox"/> Separate House</p>
	<p>One of a set of two houses (single or double storey) joined together and separated only by a wall extending from foundation to ceiling.</p>	<p>2 <input type="checkbox"/> Semi-detached or Maisonette House</p>
	<p>A house attached to business premises separated only by a wall extending from foundation to ceiling.</p>	<p>3 <input type="checkbox"/> Attached House</p>
	<p>One of a set of houses (single or double storey) in a row of 3 or more separated only by walls extending from foundation to ceiling. (exclude Villa or Cottage Units—see below).</p>	<p>4 <input type="checkbox"/> Terrace or Row House</p>
	<p>One of a group (three or more) of single or double storey homes separate or joined together in sets of 2 or more <u>all occupying a common block of land.</u></p>	<p>5 <input type="checkbox"/> Villa or Cottage Unit</p>
	<p>(a) One of a block of rental or own-your-own flats or home units. (b) A self-contained flat <u>in or attached to</u> a house. (Tick this box if you live in the flat) (c) A pair of self-contained flats or home units. (d) A flat in or above business premises. (e) A self-contained flat situated on the same block of land as a house, but not attached to the house.</p>	<p>6 <input type="checkbox"/> Self-contained Flat or Home Unit (Self-contained means able to be completely closed off and with own cooking and bathing facilities.) How many Flats or Home Units are there in this building?</p>
	<p>A non-self-contained part of a house, flat or other premises (including room or rooms).</p>	<p>7 <input type="checkbox"/> Non-self-contained Flat (Self-contained means able to be completely closed off and with own cooking and bathing facilities.)</p>
	<p>Shed, tent, garage, etc. occupied on a permanent or semi-permanent basis.</p>	<p>8 <input type="checkbox"/> Improvised Home</p>
	<p>Mobile unit occupied on a permanent or semi-permanent basis.</p>	<p>9 <input type="checkbox"/> Caravan, Houseboat, etc.</p>
		<p>X <input type="checkbox"/> Other—describe</p>

PARTICULARS OF DWELLING

<p>D2(a). Was this dwelling built after 30 June 1966?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> → Go to question D3</p> <p style="text-align: center;">↓</p> <p>(b) In what year was this dwelling built?</p> <table style="width:100%; text-align: center;"> <tr> <td>1966</td><td>1967</td><td>1968</td><td>1969</td><td>1970</td><td>1971</td> </tr> <tr> <td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td><td>5 <input type="checkbox"/></td><td>6 <input type="checkbox"/></td> </tr> </table>	1966	1967	1968	1969	1970	1971	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	<p>D9. Does your household have the following facilities? (Tick one box for each line)</p> <table style="width:100%;"> <tr> <td>Electricity—</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>(i) Mains</td> <td>1 <input type="checkbox"/></td> <td>0 <input type="checkbox"/></td> </tr> <tr> <td>(ii) Home generated</td> <td>1 <input type="checkbox"/></td> <td>0 <input type="checkbox"/></td> </tr> <tr> <td>Gas—</td> <td></td> <td></td> </tr> <tr> <td>(i) Mains</td> <td>1 <input type="checkbox"/></td> <td>0 <input type="checkbox"/></td> </tr> <tr> <td>(ii) Bottled or L.P.</td> <td>1 <input type="checkbox"/></td> <td>0 <input type="checkbox"/></td> </tr> <tr> <td>Television set</td> <td>1 <input type="checkbox"/></td> <td>0 <input type="checkbox"/></td> </tr> </table>	Electricity—	Yes	No	(i) Mains	1 <input type="checkbox"/>	0 <input type="checkbox"/>	(ii) Home generated	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Gas—			(i) Mains	1 <input type="checkbox"/>	0 <input type="checkbox"/>	(ii) Bottled or L.P.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Television set	1 <input type="checkbox"/>	0 <input type="checkbox"/>
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<p>D2. What is the material of the outer walls of this building? If more than one, give main material. (Tick one box only)</p> <table style="width:100%;"> <tr> <td>1 <input type="checkbox"/> Brick</td> <td>4 <input type="checkbox"/> Timber</td> </tr> <tr> <td>7 <input type="checkbox"/> Brick veneer</td> <td>9 <input type="checkbox"/> Metal</td> </tr> <tr> <td>2 <input type="checkbox"/> Stone</td> <td>6 <input type="checkbox"/> Fibro-cement</td> </tr> <tr> <td>3 <input type="checkbox"/> Concrete</td> <td>7 <input type="checkbox"/> Other (please describe)</td> </tr> </table> <p style="text-align: center;">↓</p>	1 <input type="checkbox"/> Brick	4 <input type="checkbox"/> Timber	7 <input type="checkbox"/> Brick veneer	9 <input type="checkbox"/> Metal	2 <input type="checkbox"/> Stone	6 <input type="checkbox"/> Fibro-cement	3 <input type="checkbox"/> Concrete	7 <input type="checkbox"/> Other (please describe)	<p>D10. Is this dwelling owned (or being purchased) by you or any usual member of your household?</p> <p>Yes 0 <input type="checkbox"/> → Go to question D12 No <input type="checkbox"/></p>																									
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<p>D4. How many rooms are there in your dwelling?</p> <p>● Do not count bathrooms, toilets, pantries, laundries, storerooms, halls, or rooms used only for business purposes.</p> <p>● Count permanently enclosed sleep-outs.</p> <p>● Count a combined-purpose room, such as a living-dining, or a kitchen-dining room as one room.</p> <table style="width:100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8 or more</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> <p>A room shared with another household should be counted only by the principal householder.</p>	1	2	3	4	5	6	7	8 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D11.(a) Do you or any usual member of your household pay rent for this dwelling?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> → Go to question D12</p> <p style="text-align: center;">↓</p> <p>(b) To whom is this rent paid?</p> <p>1 <input type="checkbox"/> Queensland Housing Commission</p> <p>2 <input type="checkbox"/> Employer</p> <p>3 <input type="checkbox"/> Other landlord</p> <p>(c) Is this dwelling rented furnished or unfurnished?</p> <p>1 <input type="checkbox"/> Furnished 0 <input type="checkbox"/> Unfurnished</p> <p>(d) What is the weekly rent?</p> <p>● Include the weekly equivalent of any rates payable separately by this household; e.g. sanitation, garbage, water rates (other than excess water), etc.</p> <p style="text-align: center;">\$ C</p>																	
1	2	3	4	5	6	7	8 or more																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
<p>D5. How many bedrooms are there in your dwelling?</p> <p>● Include also permanently enclosed sleep-out. If one-room apartment or bed-sitting room, tick 'none'.</p> <table style="width:100%; text-align: center;"> <tr> <td>None</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5 or more</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	None	1	2	3	4	5 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D12.(a) Is this dwelling situated on a holding of one acre or more which is used principally for agricultural or pastoral purposes? (i.e. for any type of crop growing, animal or poultry farming)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> → Go to question D13</p> <p style="text-align: center;">↓</p> <p>(b) Is this dwelling less than one mile from the nearest Post Office?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> → Go to question D13</p> <p style="text-align: center;">↓</p> <p>(c) What is the name of that Post Office?</p> <p>.....</p>																					
None	1	2	3	4	5 or more																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													
<p>D6. Does your household have the use of a bathroom? (Tick one box only)</p> <p><input type="checkbox"/> Yes, for this household only</p> <p><input type="checkbox"/> Yes, but used also by another household</p> <p><input type="checkbox"/> No</p>	<p>D13. Excluding this dwelling, how many dwellings (other than caravans or houseboats) are owned or being purchased by you (or any usual member of this household) in which you or they live sometime during each year (e.g. for holidays)? (Tick one box only)</p> <table style="width:100%; text-align: center;"> <tr> <td>None</td><td>1</td><td>2</td><td>3 or more</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	None	1	2	3 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
None	1	2	3 or more																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
<p>D7. Does your household have the use of a kitchen? (Tick one box only)</p> <p><input type="checkbox"/> Yes, for this household only</p> <p><input type="checkbox"/> Yes, but used also by another household</p> <p><input type="checkbox"/> No</p>	<p>D14. How many motor vehicles owned or driven by members of your household were garaged or parked at or near this dwelling for the night of Wednesday 30 June 1971?</p> <p>● Exclude motor cycles, scooters, tractors.</p> <p>● Include company vehicles kept at home.</p> <table style="width:100%; text-align: center;"> <tr> <td>None</td><td>1</td><td>2</td><td>3</td><td>4 or more</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	None	1	2	3	4 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
<p>D8. What is the method of sewage disposal for this dwelling?</p> <p>1 <input type="checkbox"/> Flush toilet connected to public sewer</p> <p>4 <input type="checkbox"/> Flush toilet connected to individual system, e.g. septic tank</p> <p>3 <input type="checkbox"/> Sanitary pan collection</p> <p>4 <input type="checkbox"/> Other</p>																																		

TURN OVER

1. Name of person on line 1 of page 1
 First name.....
 Surname.....

2. What is this person's usual major activity?
 (Tick one box only)

1 Working in a job, trade, business or profession
 2 Engaged in home duties
 3 Child not yet attending primary school
 4 Child at primary or secondary school
 5 Full-time student (other than school child)
 6 Other, specify:

3. Was this person born in Australia?
 Yes
 Give State or Territory of birth.....
 No **Go to question 4**
 (a) Give country of birth (not town or locality)

(b) Give nationality or citizenship (e.g. 'Australian', 'British', 'Greek', 'Italian', 'Stateless', etc.)
 If Australian or British by naturalisation, write 'Australian' or 'British'.

(c) State whether a resident of Australia or a visitor to Australia
 Resident Give date of first arrival in Australia as a resident. Month.....Year.....
 Visitor Give date of arrival in Australia on this visit Month.....Year.....

4. Give the country of birth of—
 (a) this person's father.....
 (b) this person's mother.....

5. What is this person's racial origin?
 (If of mixed origin indicate the one to which he considers himself to belong)
 (Tick one box only or give one origin only)

1 European origin
 2 Aboriginal origin
 3 Torres Strait Islander origin
 4 Other origin (give one only).....

6. What is this person's religious denomination?
 (If no religion write 'none')

PERSONS UNDER 5 YEARS OF AGE NO MORE QUESTIONS

7. What is the highest level of schooling this person has ever attended?
 ● Answer for all persons 5 years of age and over.
 ● If schooling was completed several years ago, in another state or overseas, give the grade which is most nearly the same.
 ● If now attending school give the present grade.
 (Tick one box only)

	PRIMARY SCHOOL Grade or Form							SECONDARY SCHOOL Grade or Form				
Never attended school	1	2	3	4	5	6	7	8	9	10	11	12
	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTICULARS OF PERSON LISTED

8. If this person is now a child at school or a full-time or part-time student, print full name and address of school, university, college, etc.
 (If not applicable, write 'N.A.')

Name of school, etc.
 Address

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 G | T

9. Did this person live at this address in June 1966? (i.e. 5 years ago)
 Yes Go to instruction following this question
 No
Did this person live in a city, town or village in June 1966?
 Yes Give name of that city, town or village

No Give name of city, town or village which was NEAREST

(If overseas write 'O')

Name of city, town or village.....
 State, Territory

PERSONS UNDER 15 YEARS OF AGE NO MORE QUESTIONS

IF THIS PERSON IS NOT MARRIED AND HAS NEVER BEEN MARRIED GO TO QUESTION 12

10. (a) Has this person ever been a widow or widower?
 Yes No
 (b) If now widowed, give the length of this widowhood

(If less than one year, write 'O')

(c) If since remarried, give length of LAST widowhood

(If less than one year, write 'O')

IF THIS PERSON IS A MALE GO TO QUESTION 12

11. (a) How many babies has this person EVER had from all marriages?
 (Include adoptions. Exclude still births)
 Now living Not now living Total.....
 (If none write 'nil')

Is this person AT PRESENT married?
 Yes No Go to question 12

(b) What is the length of this PRESENT marriage?
 years
 (If less than 1 year, write 'O')

(c) How many babies has she had from this PRESENT marriage?
 (Include adoptions. Exclude still births)
 Now living Not now living Total.....
 (If none write 'nil')

ON LINE 1 OF PAGE 1

<p>12 Is this person now doing a course leading to a trade or other qualification?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> → Go to question 13</p> <p style="text-align: center;">↓</p> <p>Give full name of qualification for which studying (e.g. Automotive Engineering Certificate, B.Econ. etc.)</p> <p>.....</p> <hr/> <p>13 Since leaving school has this person obtained a trade or other qualification?</p> <p>(e.g. trade or apprenticeship certificate, diploma, degree)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> → Go to question 14</p> <p style="text-align: center;">↓</p> <p>Full name of qualification(s) (e.g. Fitter and Turner's Certificate, Diploma in Public Health, B.Eng. (Civil) etc.)</p> <p>.....</p> <p>Main field of training or study (e.g. brick laying, nursing, carpentry, economics, sociology, physics, electrical engineering, etc.)</p> <p>.....</p> <p>Name of training or educational institution(s) at which above qualification was obtained. (e.g. Sydney Technical College; University of Melbourne)</p> <p>.....</p>	<p>15. How many hours per week does this person usually work in the job or jobs held last week?</p> <p>Main job hours</p> <p>Other job(s) hours (If none write 'nil')</p> <hr/> <p>IN QUESTIONS 16 TO 18 GIVE DETAILS OF THE JOB (OR MAIN JOB) HELD BY THIS PERSON LAST WEEK. (If this person changed jobs last week give details of present job.)</p> <hr/> <p>16. In the job held last week, was this person— (Tick one box only)</p> <p><input type="checkbox"/> A wage or salary earner?</p> <p><input type="checkbox"/> Conducting own business but not employing others?</p> <p><input type="checkbox"/> Conducting own business and employing others?</p> <p><input type="checkbox"/> A helper not receiving wages or salary?</p> <hr/> <p>17. (a) What is the full trading name of this person's own or employer's business? (For government employees give full name of department.)</p> <p>.....</p> <p style="text-align: center;">(USE BLOCK LETTERS)</p> <p>(b) What is the full name of the Division, or Branch, or Section (if any) in which he works?</p> <p>.....</p> <p style="text-align: center;">(USE BLOCK LETTERS)</p> <p>(c) What is the full address of the Division, or Branch, or Section (if any) or business at which he works? (Persons with no fixed place of work last week, e.g. taxi-drivers, airline pilots, etc., write 'N.A'.)</p> <p>Number Street</p> <p>Suburb or town.....</p> <p style="text-align: center;">(USE BLOCK LETTERS)</p> <p>(d) What kind of industry, business or service is carried out at that address? (Use two or more words. For example, dairy farming, road construction, grain wholesaling, retail grocery, jewellery repairing, hospital administration, Public Service, etc.)</p> <p>.....</p>
<p>14. (a) Did this person have a full or part-time job, or business or farm of any kind last week?</p> <p>● Tick 'yes' even if this person was temporarily absent from a job because of sickness, holidays, industrial dispute, etc.</p> <p>● Tick 'no' if this person did not have a job or did only unpaid housework.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(b) Did this person do any work at all last week for payment or profit?</p> <p>● Tick 'yes' even if this person was working only part-time or helping without pay in a family business.</p> <p>● Tick 'no' if this person did not work or did only unpaid housework.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(c) Was this person temporarily laid off by his employer without pay for the WHOLE of last week?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(d) Did this person look for work last week?</p> <p>● Looking for work means being registered with the Commonwealth Employment Service, or approaching a prospective employer, or placing or answering advertisements, or writing letters of application, or awaiting the results of recent applications.</p> <p><input type="checkbox"/> Yes, looking for first job</p> <p><input type="checkbox"/> Yes, but not for first job</p> <p><input type="checkbox"/> No</p>	<p>18. What was this person's occupation (kind of work) last week?</p> <p>(Where possible give award or government designation. Otherwise describe as fully as possible using two or more words, e.g. builder's labourer, electrical fitter, retail shop proprietor, shearing contractor, insurance clerk.)</p> <p>.....</p>
<p>IF THE ANSWERS TO QUESTIONS 14 (a) and 14 (b) WERE BOTH 'NO', ANSWER NO MORE QUESTIONS FOR THIS PERSON</p>	

A FEW FACTS ABOUT THE CENSUS

*At the Census everybody in Australia contributes
to Australia's knowledge about itself*

YOUR FORM IS ABSOLUTELY CONFIDENTIAL. The LAW prevents anyone but the Commonwealth Statistician and his officers from seeing your return. OTHER PERSONS OR GOVERNMENT DEPARTMENTS CANNOT see your return for **any** purpose whatsoever.

THE STATISTICS ARE ESSENTIAL TO PEOPLE WORKING ON SUCH NATIONAL PROBLEMS AS:

- HOUSING NEEDS
- BETTER LIVING STANDARDS
- EDUCATION (SCHOOLS, TEACHERS, ETC.)
- WELFARE OF THE AGED, WIDOWS, ABORIGINES, MIGRANTS, ETC.
- CITY GROWTH, TRAFFIC PROBLEMS, ROADS
- SEWERAGE, WATER AND POWER SUPPLY
- EMPLOYMENT, UNEMPLOYMENT, VOCATIONAL TRAINING
- DECENTRALISATION, RURAL DEPOPULATION, LOCATION OF INDUSTRY

MOST CENSUS INFORMATION CANNOT BE OBTAINED IN ANY OTHER WAY. The great value of the Census is that all the information about everybody is obtained at the one time. This means that it can be added together and cross-tabulated to give a very detailed statistical picture of AUSTRALIA at a single point in time. Without you the picture would be incomplete.

THE STATISTICS ARE AVAILABLE TO YOU. All the statistical tables which are compiled from the Census serve important Governmental purposes, but they are also available to private individuals, the business community and researchers.

For Census Collector's use only

If this dwelling is unoccupied indicate—

1. The type of dwelling—

(Refer to sketches and descriptions on page 2)

- | | |
|--|--|
| <input type="checkbox"/> Separate house | <input type="checkbox"/> Self-contained flat |
| <input type="checkbox"/> Semi-detached or maisonette house | <input type="checkbox"/> Non self-contained flat |
| <input type="checkbox"/> Attached house | <input type="checkbox"/> Caravan, houseboat |
| <input type="checkbox"/> Terrace or row house | <input checked="" type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Villa or cottage unit | |

2. The reason for being unoccupied—

- | | |
|---|---|
| <input type="checkbox"/> For sale | <input type="checkbox"/> Holiday home |
| <input type="checkbox"/> To let (other than holiday home) | <input type="checkbox"/> Condemned or awaiting demolition |
| <input type="checkbox"/> Newly completed and awaiting occupancy | <input type="checkbox"/> Usual residents temporarily absent |
| <input type="checkbox"/> Vacant for repairs or alterations | <input type="checkbox"/> Other (describe) |