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Confidential



2008 CENSUS OF ST HELENA



**The information in this Census is Confidential
It will be used for Statistical Purposes only.**

Prepared pursuant to Census Ordinance CAP 159

Form - A -

**It is a legal obligation to complete the Census.
Not to do so is a legal offence punishable by a fine,
and/or imprisonment.**

Census Night is Sunday 10 February 2008

The completed Schedules must be available for collection by
Monday 11 February 2008

The declaration **must** be signed by the Head of Household or the person responsible.
Please read the guidance notes before completing the Schedules.

Thank you for your co-operation

For official use only

Date of Distribution:

Date of Collection:

Enumerator

SCHEDULE 1: HOUSEHOLD INFORMATION

1 Name and address of head of household or other resident in charge of household.

Full
NAME

ADDRESS

Table 1 Household members

List all members of your household who are on St Helena and usually live at this address, including yourself.

(Please write in capital letters)

Person No.	First name and Surname or Family name
	Please start with Head of household
Person 1	
Person 2	
Person 3	
Person 4	

If you have more than 4 people in your household, you need an extra form

Person 5	
Person 6	
Person 7	
Person 8	

Table 2 HOUSEHOLD MEMBERS LIVING OUTSIDE OF ST HELENA AND EXPECTED TO RETURN TO RESIDE PERMANENTLY WITHIN 2 YEARS

First name and surname/family name		Usual address
Person	A	
Person	B	
Person	C	
Person	D	

DECLARATION

I declare this to be a true return!

Signed..... Date.....

(by or on behalf of the person in charge of this dwelling)

SCHEDULE 1: HOUSEHOLD INFORMATION**2 Number of people in the household on Census night**
 (Please enter number)
INCLUDE night workers, fishermen etc returning to the household*EXCLUDE* other absent members such as those in hospital or not on the island**3 Number of people usually resident in the household**
 (Please enter number)
INCLUDE night workers etc returning to the household and persons temporarily absent e.g. in hospital*EXCLUDE* other absent members such as those not on the island**4 Household members living outside St Helena and EXPECTED TO RETURN WITHIN 2 YEARS**

Complete Schedule 3 for each of these household members.

(Please enter number

To stay for longer than 1 year 1 of members in box)To stay for less than 1 year 2 (Please enter number of members in box)**5 Dwelling type/building**(Please tick **one** box only)

Detached house

1

Semi-detached/terraced

2

Flat

3

Other

4 **6. Is the dwelling you live in, shared with or occupied by any other household?**(Please tick **one** box only)

Yes

No

1 2 If **YES** state the total number of households in the dwelling, including your own household(enter **number** in box)
TENURE AND OWNERSHIP**7 Is the accommodation used by your household:**(Please tick **one** box only)

Owner-Occupied?

1

Rented untied

2

Rented tied

3

Rent free

4 **8 Is the accommodation used by your household:**(Please tick **one** box only)

Rented/rent free

1 Owned
Outright2 Being bought
on loan3 From
Government4 From
Non-Govt
Employer5 Private
Landlord/
Other**9 Do you own or look after a dwelling that is completed but not occupied at this time?**

Yes

No

1 2 If **YES** please state its full address.

10 How many rooms are there in your household's accommodation?

(Please enter number in box)

EXCLUDE bathrooms, toilets, hallways, broom cupboards utility rooms/ laundry etc. and kitchens unless you sit down to eat in them.

11 Bedrooms: How many rooms are usually used for sleeping in?

(Please enter number in box)

12 Is there a bathroom in your household's accommodation?

(Please tick **one** box only)

Yes 1

No 2

13 Is the main water supply to this household:

(Please tick the appropriate box or boxes)

Piped 1

(inside dwelling)

Rainwater tank 3

Standpipe 2

(Please include piped to tank outside dwelling)

Spring or stream 4

Other 5

Other (please state) 5

.....

14 Are the main toilet facilities for this household:

(Please tick **one** box only)

Flush toilet 1

Other (please state) 2

.....

15 Is the main power/ fuel used for LIGHTING in this household:

(Please tick **one** box only)

Electric Mains Only 1

Mobil/Calor Gas 2

Other (please state) 3

.....

16 Fuel or Power used for cooking by the household.

*Tick in section A the sole or main fuel type used.
Tick in section B the principal second fuel type if used.*

A. Sole or main fuel used for cooking

(Please tick **one** box only)

Electricity 1

Mobil/Calor gas 2

Paraffin/Kerosene 3

Wood 4

Other 5

B. Secondary fuel used for cooking

(Please tick **one** box only if applicable)

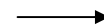
Electricity 1

Mobil/Calor gas 2

Paraffin/Kerosene 3

Wood 4

Other 5



17-20 Does this household have:

(Please tick, for each item, **one** box only)

	Yes	No		Yes	No
17. A fitted bath	<input type="checkbox"/> 1	<input type="checkbox"/> 2	19. A shower	<input type="checkbox"/> 1	<input type="checkbox"/> 2
18. A wash-hand basin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	20. A kitchen sink	<input type="checkbox"/> 1	<input type="checkbox"/> 2

21 Is the roof of the dwelling you occupy made of:

(Please tick **one** box only)

Galvanised iron	<input type="checkbox"/> 1	Other	<input type="checkbox"/> 4
Asbestos sheeting	<input type="checkbox"/> 2	Don't know	<input type="checkbox"/> 5
Galvanised iron and asbestos	<input type="checkbox"/> 3		

22 Does the dwelling have an operational solar water heater?

(Please tick **one** box only)

Yes	No
<input type="checkbox"/> 1	<input type="checkbox"/> 2

23 Is the sewer system to this dwelling a:

Public (Mains system)	<input type="checkbox"/> 1	Shared Septic System	<input type="checkbox"/> 3
Septic Tank	<input type="checkbox"/> 2	No sewer system	<input type="checkbox"/> 4

HOUSEHOLD ASSETS

24 Household assets which members of your household OWN, RENT or have MAIN use of

(Please tick each item that is used by your household , e.g. Cars , Landrovers)

1 Motor Vehicles		2 Boats		3 Other	
Cars	<input type="checkbox"/> 1	Boats with motors	<input type="checkbox"/> 1	Fridge/freezer	<input type="checkbox"/> 1
Landrovers, Vans & Pickups	<input type="checkbox"/> 2	other boats	<input type="checkbox"/> 2	Video equipment	<input type="checkbox"/> 2
Motor cycles, Scooters	<input type="checkbox"/> 3			Television	<input type="checkbox"/> 3
Other motor vehicles	<input type="checkbox"/> 4			Computer	<input type="checkbox"/> 4

Now complete

SCHEDULE 2 Person Information and

SCHEDULE 3 Household Members living outside of St Helena.

Now go to next page please



SCHEDULE 2: PERSON INFORMATION ONLY RELATING TO PERSONS IN YOUR HOUSEHOLD WHO ARE ON

ST HELENA ON CENSUS NIGHT

1. Person No. 1	Person No. 2	Person No. 3	Person No. 4
HEAD OF HOUSEHOLD	<i>(Please tick one box for each question unless otherwise stated)</i>		<input checked="" 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	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
3 Date of birth Day Month Year _ _ _ _ _ _	Date of birth Day Month Year _ _ _ _ _ _	Date of birth Day Month Year _ _ _ _ _ _	Date of birth Day Month Year _ _ _ _ _ _
4 Marital Status Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Separated <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Marital Status Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Separated <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Marital Status Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Separated <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Marital Status Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Separated <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5
5 Relation to head of household Head <input type="checkbox"/> 1	Relation to head of household Spouse/Partner <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Brother/Sister <input type="checkbox"/> 4 Step-child <input type="checkbox"/> 5 Nephew or niece <input type="checkbox"/> 6 Grandchild <input type="checkbox"/> 7 Mother or father <input type="checkbox"/> 8 In-law <input type="checkbox"/> 9 Other relative <input type="checkbox"/> 10 Not related <input type="checkbox"/> 11	Relation to head of household Spouse/Partner <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Brother/Sister <input type="checkbox"/> 4 Step-child <input type="checkbox"/> 5 Nephew or niece <input type="checkbox"/> 6 Grandchild <input type="checkbox"/> 7 Mother or father <input type="checkbox"/> 8 In-law <input type="checkbox"/> 9 Other relative <input type="checkbox"/> 10 Not related <input type="checkbox"/> 11	Relation to head of household Spouse/Partner <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Brother/Sister <input type="checkbox"/> 4 Step-child <input type="checkbox"/> 5 Nephew or niece <input type="checkbox"/> 6 Grandchild <input type="checkbox"/> 7 Mother or father <input type="checkbox"/> 8 In-law <input type="checkbox"/> 9 Other relative <input type="checkbox"/> 10 Not related <input type="checkbox"/> 11
6 Place of usual Residence St Helena <input type="checkbox"/> 1 Ascension <input type="checkbox"/> 2 U.K. <input type="checkbox"/> 3 Falklands <input type="checkbox"/> 4 Other (specify) <input type="checkbox"/> 5 _ _ _ _ <input type="checkbox"/> <input type="checkbox"/>	Place of usual Residence St Helena <input type="checkbox"/> 1 Ascension <input type="checkbox"/> 2 U.K. <input type="checkbox"/> 3 Falklands <input type="checkbox"/> 4 Other (specify) <input type="checkbox"/> 5 _ _ _ _ <input type="checkbox"/> <input type="checkbox"/>	Place of usual Residence St Helena <input type="checkbox"/> 1 Ascension <input type="checkbox"/> 2 U.K. <input type="checkbox"/> 3 Falklands <input type="checkbox"/> 4 Other (specify) <input type="checkbox"/> 5 _ _ _ _ <input type="checkbox"/> <input type="checkbox"/>	Place of usual Residence St Helena <input type="checkbox"/> 1 Ascension <input type="checkbox"/> 2 U.K. <input type="checkbox"/> 3 Falklands <input type="checkbox"/> 4 Other (specify) <input type="checkbox"/> 5 _ _ _ _ <input type="checkbox"/> <input type="checkbox"/>
7 Are you a visitor to St Helena? Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Are you a visitor to St Helena? Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Are you a visitor to St Helena? Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Are you a visitor to St Helena? Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2

Person No. 1	Person No. 2	Person No. 3	Person No. 4
<p>8 Religion</p> <p>Anglican/ C of E <input type="checkbox"/> 1</p> <p>Jehovah's Witness <input type="checkbox"/> 2</p> <p>Baptist <input type="checkbox"/> 3</p> <p>Roman Catholic <input type="checkbox"/> 4</p> <p>Apostolic <input type="checkbox"/> 5</p> <p>Seventh Day <input type="checkbox"/> 6</p> <p>Salvation Army <input type="checkbox"/> 7</p> <p>Bahai <input type="checkbox"/> 8</p> <p>Other (specify) <input type="checkbox"/> 9</p> <p style="border: 1px solid black; padding: 2px;">9 <input style="width: 20px;" type="text"/></p>	<p>Religion</p> <p>Anglican/ C of E <input type="checkbox"/> 1</p> <p>Jehovah's Witness <input type="checkbox"/> 2</p> <p>Baptist <input type="checkbox"/> 3</p> <p>Roman Catholic <input type="checkbox"/> 4</p> <p>Apostolic <input type="checkbox"/> 5</p> <p>Seventh Day <input type="checkbox"/> 6</p> <p>Salvation Army <input type="checkbox"/> 7</p> <p>Bahai <input type="checkbox"/> 8</p> <p>Other (specify) <input type="checkbox"/> 9</p> <p style="border: 1px solid black; padding: 2px;">9 <input style="width: 20px;" type="text"/></p>	<p>Religion</p> <p>Anglican/ C of E <input type="checkbox"/> 1</p> <p>Jehovah's Witness <input type="checkbox"/> 2</p> <p>Baptist <input type="checkbox"/> 3</p> <p>Roman Catholic <input type="checkbox"/> 4</p> <p>Apostolic <input type="checkbox"/> 5</p> <p>Seventh Day <input type="checkbox"/> 6</p> <p>Salvation Army <input type="checkbox"/> 7</p> <p>Bahai <input type="checkbox"/> 8</p> <p>Other (specify) <input type="checkbox"/> 9</p> <p style="border: 1px solid black; padding: 2px;">9 <input style="width: 20px;" type="text"/></p>	<p>Religion</p> <p>Anglican/ C of E <input type="checkbox"/> 1</p> <p>Jehovah's Witness <input type="checkbox"/> 2</p> <p>Baptist <input type="checkbox"/> 3</p> <p>Roman Catholic <input type="checkbox"/> 4</p> <p>Apostolic <input type="checkbox"/> 5</p> <p>Seventh Day <input type="checkbox"/> 6</p> <p>Salvation Army <input type="checkbox"/> 7</p> <p>Bahai <input type="checkbox"/> 8</p> <p>Other (specify) <input type="checkbox"/> 9</p> <p style="border: 1px solid black; padding: 2px;">9 <input style="width: 20px;" type="text"/></p>
<p>9 Country of Birth</p> <p>St Helena <input type="checkbox"/> 1</p> <p>United Kingdom <input type="checkbox"/> 2</p> <p>Ascension <input type="checkbox"/> 3</p> <p>South Africa <input type="checkbox"/> 4</p> <p>Other (specify) <input type="checkbox"/> 5</p> <p style="border: 1px solid black; padding: 2px;">5 <input style="width: 20px;" type="text"/></p>	<p>Country of Birth</p> <p>St Helena <input type="checkbox"/> 1</p> <p>United Kingdom <input type="checkbox"/> 2</p> <p>Ascension <input type="checkbox"/> 3</p> <p>South Africa <input type="checkbox"/> 4</p> <p>Other (specify) <input type="checkbox"/> 5</p> <p style="border: 1px solid black; padding: 2px;">5 <input style="width: 20px;" type="text"/></p>	<p>Country of Birth</p> <p>St Helena <input type="checkbox"/> 1</p> <p>United Kingdom <input type="checkbox"/> 2</p> <p>Ascension <input type="checkbox"/> 3</p> <p>South Africa <input type="checkbox"/> 4</p> <p>Other (specify) <input type="checkbox"/> 5</p> <p style="border: 1px solid black; padding: 2px;">5 <input style="width: 20px;" type="text"/></p>	<p>Country of Birth</p> <p>St Helena <input type="checkbox"/> 1</p> <p>United Kingdom <input type="checkbox"/> 2</p> <p>Ascension <input type="checkbox"/> 3</p> <p>South Africa <input type="checkbox"/> 4</p> <p>Other (specify) <input type="checkbox"/> 5</p> <p style="border: 1px solid black; padding: 2px;">5 <input style="width: 20px;" type="text"/></p>

TO BE COMPLETED IN RELATION TO ALL PERSONS 12 YEARS AND OVER

<p>10 Literacy</p> <p>Yes No</p> <p>1 Can Read <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>2 Can Write <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>Literacy</p> <p>Yes No</p> <p>Can Read <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Can Write <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>Literacy</p> <p>Yes No</p> <p>Can Read <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Can Write <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>Literacy</p> <p>Yes No</p> <p>Can Read <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>Can Write <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
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Person No. 1

Person No. 2

Person No. 3

Person No. 4

11 If over 18 years: Have you achieved any academic, trade or vocational qualifications since reaching the age of 18.

Do not include qualifications normally obtained at high school e.g. GCE, CSE

Yes 1 No 2

Yes 1 No 2

Yes 1 No 2

Yes 1 No 2

If Yes
(Please tick relevant box)

If Yes
(Please tick relevant box)

If Yes
(Please tick relevant box)

If Yes
(Please tick relevant box)

Post graduate degree,
e.g. MSc or PHD 1

Post graduate degree,
e.g. MSc or PHD 1

Post graduate degree,
e.g. MSc or PHD 1

Post graduate degree,
e.g. MSc or PHD 1

First degree from
a university 2

First degree from
a university 2

First degree from
a university 2

First degree from
a university 2

Other Qualification of
degree level/ equivalent
e.g. HND, HNC 3

Other Qualification of
degree level/ equivalent
e.g. HND, HNC 3

Other Qualification of
degree level/ equivalent
e.g. HND, HNC 3

Other Qualification of
degree level/ equivalent
e.g. HND, HNC 3

Nursing or teaching
qualification 4

Nursing or teaching
qualification 4

Nursing or teaching
qualification 4

Nursing or teaching
qualification 4

Other academic, trade or
vocational qualification 5

Other academic, trade or
vocational qualification 5

Other academic, trade or
vocational qualification 5

Other academic, trade or
vocational qualification 5

Please state title of last awarding
body and qualification achieved

Please state title of last awarding
body and qualification achieved

Please state title of last awarding
body and qualification achieved

Please state title of last awarding
body and qualification achieved

(Please write in capital letters)

(Please write in capital letters)

(Please write in capital letters)

(Please write in capital letters)

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Code:



Person No. 1	Person No. 2	Person No. 3	Person No. 4

TO BE COMPLETED IN RELATION TO ALL PERSONS 14 YEARS OR OVER

ECONOMIC ACTIVITY Last week <i>(Please tick any box that applies)</i>	ECONOMIC ACTIVITY Last week <i>(Please tick any box that applies)</i>	ECONOMIC ACTIVITY Last week <i>(Please tick any box that applies)</i>	ECONOMIC ACTIVITY Last week <i>(Please tick any box that applies)</i>
12 Employment:	Employment:	Employment:	Employment:
Employed full-time <input type="checkbox"/> 1	Employed full-time <input type="checkbox"/> 1	Employed full-time <input type="checkbox"/> 1	Employed full-time <input type="checkbox"/> 1
Employed part-time <input type="checkbox"/> 2	Employed part-time <input type="checkbox"/> 2	Employed part-time <input type="checkbox"/> 2	Employed part-time <input type="checkbox"/> 2
Self-employed <input type="checkbox"/> 3	Self-employed <input type="checkbox"/> 3	Self-employed <input type="checkbox"/> 3	Self-employed <input type="checkbox"/> 3
Unemployed and looking for work <input type="checkbox"/> 4	Unemployed and looking for work <input type="checkbox"/> 4	Unemployed and looking for work <input type="checkbox"/> 4	Unemployed and looking for work <input type="checkbox"/> 4
Waiting to start job accepted <input type="checkbox"/> 5	Waiting to start job accepted <input type="checkbox"/> 5	Waiting to start job accepted <input type="checkbox"/> 5	Waiting to start job accepted <input type="checkbox"/> 5
3-day scheme <input type="checkbox"/> 6	3-day scheme <input type="checkbox"/> 6	3-day scheme <input type="checkbox"/> 6	3-day scheme <input type="checkbox"/> 6
Housewife/looking after family <input type="checkbox"/> 7	Housewife/looking after family <input type="checkbox"/> 7	Housewife/looking after family <input type="checkbox"/> 7	Housewife/looking after family <input type="checkbox"/> 7
Student <input type="checkbox"/> 8	Student <input type="checkbox"/> 8	Student <input type="checkbox"/> 8	Student <input type="checkbox"/> 8
Retired from paid work <input type="checkbox"/> 9	Retired from paid work <input type="checkbox"/> 9	Retired from paid work <input type="checkbox"/> 9	Retired from paid work <input type="checkbox"/> 9
Disabled <input type="checkbox"/> 10	Disabled <input type="checkbox"/> 10	Disabled <input type="checkbox"/> 10	Disabled <input type="checkbox"/> 10
Other (please specify) <input type="checkbox"/> 11	Other (please specify) <input type="checkbox"/> 11	Other (please specify) <input type="checkbox"/> 11	Other (please specify) <input type="checkbox"/> 11
For official use only <input type="checkbox"/>	For official use only <input type="checkbox"/>	For official use only <input type="checkbox"/>	For official use only <input type="checkbox"/>

TO BE COMPLETED IN RELATION TO ALL PERSONS ECONOMICALLY ACTIVE

13 Main Occupation Enter present main occupation (in capital letters)	Main Occupation Enter present main occupation (in capital letters)	Main Occupation Enter present main occupation (in capital letters)	Main Occupation Enter present main occupation (in capital letters)
----- <i>e.g. Shop Assistant, Thorpes Driver, PWSD</i> For those without a present occupation enter "NONE"	----- <i>e.g. Shop Assistant, Thorpes Driver, PWSD</i> For those without a present occupation enter "NONE"	----- <i>e.g. Shop Assistant, Thorpes Driver, PWSD</i> For those without a present occupation enter "NONE"	----- <i>e.g. Shop Assistant, Thorpes Driver, PWSD</i> For those without a present occupation enter "NONE"
14 Other occupation e.g. part time or weekend work, please state and include name of employer:			
-----	-----	-----	-----

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13					
14					

Person No. 1

Person No. 2

Person No. 3

Person No. 4

TO BE COMPLETED IN RELATION TO ALL PERSONS ECONOMICALLY ACTIVE

15 Nature of business/industry
e.g. Agriculture, Forestry,
Transport, Retailing (if
Government, state Department)

Nature of business/industry
e.g. Agriculture, Forestry,
Transport, Retailing (if
Government, state Department)

Nature of business/industry
e.g. Agriculture, Forestry,
Transport, Retailing (if
Government, state Department)

Nature of business/industry
e.g. Agriculture, Forestry,
Transport, Retailing (if
Government, state Department)

(Please write in capital letters)

(Please write in capital letters)

(Please write in capital letters)

(Please write in capital letters)

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ISIC
code

TO BE COMPLETED IN RELATION TO ALL FEMALES 12 YEARS OR OVER

16 Children ever born alive

Children ever born alive

Children ever born alive

Children ever born alive

(Please enter
total number)

(Please enter
total number)

(Please enter
total number)

(Please enter
total number)

17 Children still living

Children still living

Children still living

Children still living

(Please enter number)

(Please enter number)

(Please enter number)

(Please enter number)

**18 Date of birth of last
born child**

**Date of birth of last
born child**

**Date of birth of last
born child**

**Date of birth of last
born child**

e.g. 18.07.1989

e.g. 18.07.1989

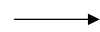
e.g. 18.07.1989

e.g. 18.07.1989

**For Household members living outside St Helena and
EXPECTED TO RETURN TO RESIDE PERMANENTLY WITHIN 2 YEARS**

Please fill in the next page

12



Schedule 3

2008 CENSUS OF ST HELENA

CONFIDENTIAL

SCHEDULE 3 HOUSEHOLD MEMBERS LIVING OUTSIDE OF ST HELENA ONLY

(PLEASE INCLUDE ONLY PERSONS EXPECTED TO RETURN TO RESIDE PERMANENTLY WITHIN 2 YEARS)

1 Person A	Person B	Person C	Person D
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	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
3 Age last birthday (in years) <input type="text"/>	Age last birthday (in years) <input type="text"/>	Age last birthday (in years) <input type="text"/>	Age last birthday (in years) <input type="text"/>
4 Marital Status Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Separated <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Marital Status Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Separated <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Marital Status Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Separated <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5	Marital Status Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Separated <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Widowed <input type="checkbox"/> 5
5 Relation to Head of Household Spouse/Partner <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother <input type="checkbox"/> 4 Sister <input type="checkbox"/> 5 Nephew <input type="checkbox"/> 6 Niece <input type="checkbox"/> 7 Grandchild <input type="checkbox"/> 8 Parent <input type="checkbox"/> 9 In-law <input type="checkbox"/> 10 Other (Specify) <input type="text"/> 11	Relation to Head of Household Spouse/Partner <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother <input type="checkbox"/> 4 Sister <input type="checkbox"/> 5 Nephew <input type="checkbox"/> 6 Niece <input type="checkbox"/> 7 Grandchild <input type="checkbox"/> 8 Parent <input type="checkbox"/> 9 In-law <input type="checkbox"/> 10 Other (Specify) <input type="text"/> 11	Relation to Head of Household Spouse/Partner <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother <input type="checkbox"/> 4 Sister <input type="checkbox"/> 5 Nephew <input type="checkbox"/> 6 Niece <input type="checkbox"/> 7 Grandchild <input type="checkbox"/> 8 Parent <input type="checkbox"/> 9 In-law <input type="checkbox"/> 10 Other (Specify) <input type="text"/> 11	Relation to Head of Household Spouse/Partner <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother <input type="checkbox"/> 4 Sister <input type="checkbox"/> 5 Nephew <input type="checkbox"/> 6 Niece <input type="checkbox"/> 7 Grandchild <input type="checkbox"/> 8 Parent <input type="checkbox"/> 9 In-law <input type="checkbox"/> 10 Other (Specify) <input type="text"/> 11
6 Country of Present Residence Ascension <input type="checkbox"/> 1 U.K. <input type="checkbox"/> 2 Falklands <input type="checkbox"/> 3 South Africa <input type="checkbox"/> 4 Other (specify) <input type="text"/> 5	Country of Present Residence Ascension <input type="checkbox"/> 1 U.K. <input type="checkbox"/> 2 Falklands <input type="checkbox"/> 3 South Africa <input type="checkbox"/> 4 Other (specify) <input type="text"/> 5	Country of Present Residence Ascension <input type="checkbox"/> 1 U.K. <input type="checkbox"/> 2 Falklands <input type="checkbox"/> 3 South Africa <input type="checkbox"/> 4 Other (specify) <input type="text"/> 5	Country of Present Residence Ascension <input type="checkbox"/> 1 U.K. <input type="checkbox"/> 2 Falklands <input type="checkbox"/> 3 South Africa <input type="checkbox"/> 4 Other (specify) <input type="text"/> 5
7 Occupation <input type="text"/> <i>e.g. Technician, Teacher, Driver etc</i>	Occupation <input type="text"/> <i>e.g. Technician, Teacher, Driver etc</i>	Occupation <input type="text"/> <i>e.g. Technician, Teacher, Driver etc</i>	Occupation <input type="text"/> <i>e.g. Technician, Teacher, Driver etc</i>
8 Nature of business/industry e.g. Agriculture, forestry etc. <input type="text"/>	Nature of business/industry e.g. Agriculture, forestry etc. <input type="text"/>	Nature of business/industry e.g. Agriculture, forestry etc. <input type="text"/>	Nature of business/industry e.g. Agriculture, forestry etc. <input type="text"/>

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7 <input type="text"/>	8 <input type="text"/>	7 <input type="text"/>	8 <input type="text"/>	7 <input type="text"/>	8 <input type="text"/>	7 <input type="text"/>	8 <input type="text"/>
9 Left St Helena: Month <input type="text"/> Year <input type="text"/>	Left St Helena: Month <input type="text"/> Year <input type="text"/>	Left St Helena: Month <input type="text"/> Year <input type="text"/>	Left St Helena: Month <input type="text"/> Year <input type="text"/>	Left St Helena: Month <input type="text"/> Year <input type="text"/>	Left St Helena: Month <input type="text"/> Year <input type="text"/>	Left St Helena: Month <input type="text"/> Year <input type="text"/>	Left St Helena: Month <input type="text"/> Year <input type="text"/>
10 Expected to return: Month <input type="text"/> Year <input type="text"/>	Expected to return: Month <input type="text"/> Year <input type="text"/>	Expected to return: Month <input type="text"/> Year <input type="text"/>	Expected to return: Month <input type="text"/> Year <input type="text"/>	Expected to return: Month <input type="text"/> Year <input type="text"/>	Expected to return: Month <input type="text"/> Year <input type="text"/>	Expected to return: Month <input type="text"/> Year <input type="text"/>	Expected to return: Month <input type="text"/> Year <input type="text"/>