

WE NEED YOUR HELP WITH THE 1991 CENSUS

Census day, Sunday 21 April, will soon be here. The Census is compulsory, but to make sure it runs smoothly and gives the best possible results we need your help.



Facts for the Future

The Government needs to plan for the future. Decisions that will be of benefit to the community as a whole in the years to come, must be taken now.

Decisions as important as these cannot be based on guesswork - they must be built on up-to-date and reliable information. The regular census of the population ensures that this information is available.



What is the Census?

The main job of the Census is very simple. It is a count of people and homes. In addition, taking the Census gives us the opportunity to get an up-to-date picture of the people who make up the population in each area.

To take just one example, knowing everyone's age tells us straight away how many elderly people there are and where they live. These essential facts enable plans to be made about community care.

Such important information is of great use in the planning of all public services for **your** area.

This is the sort of detailed information required, for example by your health authority to help it direct future resources and services where they are most needed.



The Census is Confidential

The information you put on your census form is used only to produce statistics. The Census Office and its staff are bound by law to make sure that the information you give on your form remains entirely confidential.

The completed forms will be kept in strict confidence and only used to produce information about the population in general. The Census Office will not give any information about identified people or households to anyone else, in central government or elsewhere*.

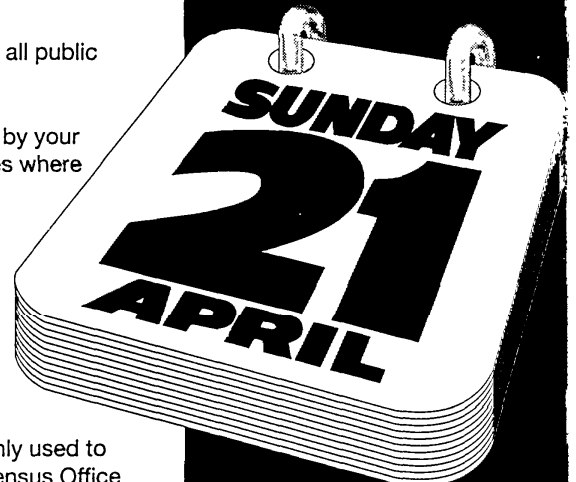
* There is one possible exception to this rule. The Census is compulsory. If you were to refuse to complete your form properly it could be produced as evidence in court.



CENSUS 1991

We're counting on you

Remember



**is
CENSUS DAY**

WHY IS THIS INFORMATION NEEDED?

The Census provides essential information for central and local government, health authorities and businesses. Here are some examples of how this information is used.



People

Accurate statistics on people and where they live will give a new and up-to-date base for estimating the population each year for the community as a whole and for local areas. This information is used widely, for example estimating the demand for public services and to distribute resources where they are most needed.



Housing

The Census will provide counts of households and dwellings, and extensive information on the size, type, tenure and location of the housing stock for local areas. This will show how the housing stock is being used and establish a firm basis for assessing current and future demands for, and supply of, housing.



Language

The information obtained in the Census about the number of people who can speak, read or write Irish will help in the development of policy on the language in Northern Ireland. It will also bring Northern Ireland into line with the Censuses for Scotland and Wales which will include a question on Scottish Gaelic and Welsh respectively.



Health

The question on long-term illness will provide the only consistent source of such information for each local area. It will help health authorities plan services and facilities for long-term sick and elderly people.



Employment

The questions related to work will provide comprehensive information about people at work for each local area, their ages, occupations and the industries in which they work. This information will help in the planning for jobs and training.



Transport

The questions on availability of cars, place of work and means of transport to work will help in estimating future levels of car ownership and assessing the need for roads and other transport facilities. The information will be used as the basis for measuring commuting patterns.

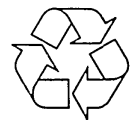


Religion

Religion is an important factor in understanding all aspects of Northern Ireland society.

Remember
Sunday 21 April 1991
is Census day

(The Census Office for Northern Ireland)



Recycled Paper



1991 Census
NORTHERN IRELAND
HE Form for Private Households

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

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

Completion of the form is compulsory under the Census Act (Northern Ireland) 1969. If you refuse to complete it, or give false information, you may have to pay a fine of up to 400. There is no penalty for refusing to state religious denomination as this is a voluntary question.

Your answers will be treated in strict confidence and used only to produce statistics. No names and addresses will be put into the computer, only the postcode will be entered. The forms will be kept securely and treated as confidential. No information about named individuals will be passed by the Census Office to any other Government Department or to any other authority or person.

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

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

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

B McMurtry
Registrar General

A household comprises either one person living alone or a group of people (not necessarily related) living at the same address with common housekeeping - that is, sharing at least one meal a day or sharing a living room or sitting room.

People staying temporarily with the household are included.

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

Enquires to:-

Census Office
Department of Health and Social Services
Castle Buildings
Sturmeel
BELFAST BT4 5RA
Telephone Belfast 763949

SPECIMEN

FOR OFFICE USE ONLY					
E.D. No.	1	Form No.	Grid Reference	Males	Females
District Council		Ward		Townland	
Town or Village				BUA Code	Family Type
Street etc. with No. or name of house					
Postcode	B	T			
Name of head of household					

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

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

A caravan or other mobile or temporary structure 1

A whole house or bungalow that is { detached 2
semi-detached 3
terraced (include end of terrace) 4

The whole of a purpose built flat or maisonette { in a commercial building (for example in an office building or hotel or over a shop) 5
in a block of flats 6

Part of a converted or shared house, bungalow or flat { separate entrance into the building 7
shared entrance into the building 8

H 1 Accommodation
If box 7 or box 8 in Panel A is ticked, tick one box below to show the type of accommodation which your household occupies.

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

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

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

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

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

Important - please read the notes before answering the questions.

In answering the rest of the questions please include:

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

4 Marital status

On the 21st April what is the person's marital status?

If separated but not divorced, please tick 'Married (first marriage)' or 'Re-married' as appropriate. Please tick one box.

5 Relationship in household

Tick the box which indicates the relationship of each person to the person in the first column.

A stepchild or adopted child should be included as the son or daughter of the step or adoptive parent.

Write in relationship of 'Other relative' - for example, father, daughter-in-law, niece, uncle, cousin. Write in position in household of an 'Unrelated' person - for example, boarder, housekeeper, friend, flatmate, foster child.

6 Whereabouts on night of 21-22 April 1991

Please tick the appropriate box to indicate where the person was on the night of 21-22 April 1991.

7 All married, widowed, separated and divorced women

All married, widowed, separated and divorced women in the household.
a - enter in Box 1 the total number of children born alive to her.
b - enter in Box 2 how many of these children were born alive after 21st April 1990.

8 Usual address

If the person usually lives here please tick 'This address'. If not, tick 'Elsewhere' and write in the person's usual address.

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

For any person who lives away from home for part of the week, the home address should be taken as the usual address.

Any person who is not a permanent member of the household should be asked what he or she considers to be his or her usual address.

9 Term time address of students and school children

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

For a student or schoolchild who lives here during term time, tick 'This address'.

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

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

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

Relationship to Person No.1

1 Husband or wife
 2 Living together as a couple
 3 Son or daughter
 4 Other relative
 please specify

5 Unrelated
 please specify

1 At this address, out on night work or travelling to this address
 2 Elsewhere in Northern Ireland
 3 Outside Northern Ireland

a Number of children 1
 b Number of children 2

1 This address
 2 Elsewhere

If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS

Postcode

1 Not a student or schoolchild
 2 This address
 3 Elsewhere

If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS

Postcode

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

Relationship to Person No.1

1 Husband or wife
 2 Living together as a couple
 3 Son or daughter
 4 Other relative
 please specify

5 Unrelated
 please specify

1 At this address, out on night work or travelling to this address
 2 Elsewhere in Northern Ireland
 3 Outside Northern Ireland

a Number of children 1
 b Number of children 2

1 This address
 2 Elsewhere

If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS

Postcode

1 Not a student or schoolchild
 2 This address
 3 Elsewhere

If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS

Postcode

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

Relationship to Person No.1

1 Husband or wife
 2 Living together as a couple
 3 Son or daughter
 4 Other relative
 please specify

5 Unrelated
 please specify

1 At this address, out on night work or travelling to this address
 2 Elsewhere in Northern Ireland
 3 Outside Northern Ireland

a Number of children 1
 b Number of children 2

1 This address
 2 Elsewhere

If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS

Postcode

1 Not a student or schoolchild
 2 This address
 3 Elsewhere

If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS

Postcode

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 2 Married (first marriage)
 3 Re-married
 4 Divorced (decree absolute)
 5 Widowed

Relationship to Person No.1

1 Husband or wife
 2 Living together as a couple
 3 Son or daughter
 4 Other relative
 please specify

5 Unrelated
 please specify

1 At this address, out on night work or travelling to this address
 2 Elsewhere in Northern Ireland
 3 Outside Northern Ireland

a Number of children 1
 b Number of children 2

1 This address
 2 Elsewhere

If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS

Postcode

1 Not a student or schoolchild
 2 This address
 3 Elsewhere

If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS

Postcode

10 Usual address one year ago

If the person's usual address one year ago (on the 21st April 1990) was the same as his or her current usual address (given in answer to question 8), please tick 'Same'. If not tick 'Different' and write in the usual address one year ago.

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

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

11 Country of birth

Please tick the appropriate box.

12 Religion

Please state the Religion, Religious Denomination or Body to which the person belongs. The general term 'Protestant' should not be used alone and the denomination should be given as precisely as possible.

If none write NONE.

13 Long term illness

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

Include problems which are due to old age.

<p>Same as Question 8 <input type="checkbox"/> 1 Different <input type="checkbox"/> 2 Child under one <input type="checkbox"/> 3</p> <p>If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS</p> <p>_____ _____ _____ _____ Postcode: _____</p> <p>Northern Ireland <input type="checkbox"/> 1 England <input type="checkbox"/> 2 Scotland <input type="checkbox"/> 3 Wales <input type="checkbox"/> 4 Republic of Ireland <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> 6</p> <p>If 'Elsewhere', please write in the present name of the country</p> <p>_____</p> <p>Religion</p> <p>_____</p> <p>Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2</p>	<p>Same as Question 8 <input type="checkbox"/> 1 Different <input type="checkbox"/> 2 Child under one <input type="checkbox"/> 3</p> <p>If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS</p> <p>_____ _____ _____ _____ Postcode: _____</p> <p>Northern Ireland <input type="checkbox"/> 1 England <input type="checkbox"/> 2 Scotland <input type="checkbox"/> 3 Wales <input type="checkbox"/> 4 Republic of Ireland <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> 6</p> <p>If 'Elsewhere', please write in the present name of the country</p> <p>_____</p> <p>Religion</p> <p>_____</p> <p>Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2</p>
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<p>Northern Ireland <input type="checkbox"/> 1 England <input type="checkbox"/> 2 Scotland <input type="checkbox"/> 3 Wales <input type="checkbox"/> 4 Republic of Ireland <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> 6</p> <p>If 'Elsewhere', please write in the present name of the country</p> <p>SPECIMEN</p>	<p>Northern Ireland <input type="checkbox"/> 1 England <input type="checkbox"/> 2 Scotland <input type="checkbox"/> 3 Wales <input type="checkbox"/> 4 Republic of Ireland <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> 6</p> <p>If 'Elsewhere', please write in the present name of the country</p> <p>SPECIMEN</p>	<p>Northern Ireland <input type="checkbox"/> 1 England <input type="checkbox"/> 2 Scotland <input type="checkbox"/> 3 Wales <input type="checkbox"/> 4 Republic of Ireland <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> 6</p> <p>If 'Elsewhere', please write in the present name of the country</p>	<p>Northern Ireland <input type="checkbox"/> 1 England <input type="checkbox"/> 2 Scotland <input type="checkbox"/> 3 Wales <input type="checkbox"/> 4 Republic of Ireland <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> 6</p> <p>If 'Elsewhere', please write in the present name of the country</p>
<p>Religion</p>	<p>Religion</p>	<p>Religion</p>	<p>Religion</p>
<p>Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2</p>	<p>Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2</p>	<p>Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2</p>	<p>Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2</p> <p>SPECIMEN</p>

Please turn over →

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

14 Irish language

Can the person speak, read or write Irish?
Please tick the appropriate box(es).

- Can speak Irish 1
Can read Irish 2
Can write Irish 4
Does not know Irish 0

- Can speak Irish 1
Can read Irish 2
Can write Irish 4
Does not know Irish 0

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

15 Whether working, retired, looking after the home etc. last week

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

Please read carefully right through the list. If the person did more than one of the things listed last week, **tick all the descriptions that apply.**

Casual or temporary work should be counted at boxes 1, 2, 3 or 4. Also tick boxes 1, 2, 3 or 4 if the person had a job last week but was off sick, on holiday, temporarily laid off or on strike. Working for an employer is **part time** if the hours worked, excluding any overtime and meal breaks, are usually 30 hours or less a week (box 2).

Unpaid work in a family business including a shop or farm.

Include for example ACE Scheme, Youth Training Programme and Job Training Programme.

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

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

Include voluntary work and any other activity.

- Was working for an employer full time (more than 30 hours a week) 1
Was working for an employer part time (one hour or more a week) 2
Was self-employed, employing other people 3
Was self-employed, not employing other people 4
Unpaid work 5
Was on a government employment or training scheme 6
Was waiting to start a job he/she had already accepted 7
Was unemployed and looking for a job 8
Was at school or in other full time education 9
Was unable to work because of long term sickness or disability 10
Was retired from paid work 11
Was looking after the home or family 12
Other 13
please specify

- Was working for an employer full time (more than 30 hours a week) 1
Was working for an employer part time (one hour or more a week) 2
Was self-employed, employing other people 3
Was self-employed, not employing other people 4
Unpaid work 5
Was on a government employment or training scheme 6
Was waiting to start a job he/she had already accepted 7
Was unemployed and looking for a job 8
Was at school or in other full time education 9
Was unable to work because of long term sickness or disability 10
Was retired from paid work 11
Was looking after the home or family 12
Other 13
please specify

SPECIMEN

SPECIMEN

16

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

Can speak Irish <input type="checkbox"/> 1 Can read Irish <input type="checkbox"/> 2 Can write Irish <input type="checkbox"/> 4 Does not know Irish <input type="checkbox"/> 0	Can speak Irish <input type="checkbox"/> 1 Can read Irish <input type="checkbox"/> 2 Can write Irish <input type="checkbox"/> 4 Does not know Irish <input type="checkbox"/> 0	Can speak Irish <input type="checkbox"/> 1 Can read Irish <input type="checkbox"/> 2 Can write Irish <input type="checkbox"/> 4 Does not know Irish <input type="checkbox"/> 0	Can speak Irish <input type="checkbox"/> 1 Can read Irish <input type="checkbox"/> 2 Can write Irish <input type="checkbox"/> 4 Does not know Irish <input type="checkbox"/> 0
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Answers to the remaining questions are not required for any person under 16 years of age (born after 21st April 1975)

Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1 Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2 Was self-employed, employing other people <input type="checkbox"/> 3 Was self-employed, not employing other people <input type="checkbox"/> 4 Unpaid work <input type="checkbox"/> 5 Was on a government employment or training scheme <input type="checkbox"/> 6 Was waiting to start a job he/she had already accepted <input type="checkbox"/> 7 Was unemployed and looking for a job <input type="checkbox"/> 8 Was at school or in other full time education <input type="checkbox"/> 9 Was unable to work because of long term sickness or disability <input type="checkbox"/> 10 Was retired from paid work <input type="checkbox"/> 11 Was looking after the home or family <input type="checkbox"/> 12 Other please specify <input type="checkbox"/> 13	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1 Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2 Was self-employed, employing other people <input type="checkbox"/> 3 Was self-employed, not employing other people <input type="checkbox"/> 4 Unpaid work <input type="checkbox"/> 5 Was on a government employment or training scheme <input type="checkbox"/> 6 Was waiting to start a job he/she had already accepted <input type="checkbox"/> 7 Was unemployed and looking for a job <input type="checkbox"/> 8 Was at school or in other full time education <input type="checkbox"/> 9 Was unable to work because of long term sickness or disability <input type="checkbox"/> 10 Was retired from paid work <input type="checkbox"/> 11 Was looking after the home or family <input type="checkbox"/> 12 Other please specify <input type="checkbox"/> 13	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1 Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2 Was self-employed, employing other people <input type="checkbox"/> 3 Was self-employed, not employing other people <input type="checkbox"/> 4 Unpaid work <input type="checkbox"/> 5 Was on a government employment or training scheme <input type="checkbox"/> 6 Was waiting to start a job he/she had already accepted <input type="checkbox"/> 7 Was unemployed and looking for a job <input type="checkbox"/> 8 Was at school or in other full time education <input type="checkbox"/> 9 Was unable to work because of long term sickness or disability <input type="checkbox"/> 10 Was retired from paid work <input type="checkbox"/> 11 Was looking after the home or family <input type="checkbox"/> 12 Other please specify <input type="checkbox"/> 13	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1 Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2 Was self-employed, employing other people <input type="checkbox"/> 3 Was self-employed, not employing other people <input type="checkbox"/> 4 Unpaid work <input type="checkbox"/> 5 Was on a government employment or training scheme <input type="checkbox"/> 6 Was waiting to start a job he/she had already accepted <input type="checkbox"/> 7 Was unemployed and looking for a job <input type="checkbox"/> 8 Was at school or in other full time education <input type="checkbox"/> 9 Was unable to work because of long term sickness or disability <input type="checkbox"/> 10 Was retired from paid work <input type="checkbox"/> 11 Was looking after the home or family <input type="checkbox"/> 12 Other please specify <input type="checkbox"/> 13
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Please turn over →

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

<p>A Did the person have a paid job last week or do unpaid work in a family business, including a shop or farm (any of the boxes 1, 2, 3, 4 or 5 ticked at question 15)?</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17, 18, 19 and 20 about the main job last week, then go to question 21</p> <p>NO <input type="checkbox"/> Answer B</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17, 18, 19 and 20 about the main job last week, then go to question 21</p> <p>NO <input type="checkbox"/> Answer B</p>
<p>B Has the person had a paid job within the last 10 years?</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17 and 18 about the most recent job, then go on to question 21</p> <p>NO <input type="checkbox"/> Go on to question 21</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17 and 18 about the most recent job, then go on to question 21</p> <p>NO <input type="checkbox"/> Go on to question 21</p>
<p>16 Occupation</p> <p>How many hours a week does or did the person usually work in his or her main job?</p> <p>Do not count overtime or meal breaks.</p>	<p>Number of hours worked a week</p> <p><input type="text"/></p>	<p>Number of hours worked a week</p> <p><input type="text"/></p>
<p>17 Occupation</p> <p>Please give the full title of the person's present or last job and describe the main things he/she does or did in the job.</p> <p>At a, give the full title by which the job is known, for example, 'packing machinist', 'poultry processor', 'jig and tool fitter', 'supervisor of typists', 'accounts clerk', rather than general titles like 'machinist', 'process worker', 'supervisor' or 'clerk'. Give rank or grade if the person has one.</p> <p>At b, write down the main things the person actually does or did in the job. If possible ask him/her to say what these things are and write them down.</p> <p>Armed Forces - enter 'commissioned officer' or 'other rank' as appropriate at a, and leave b blank.</p> <p>Civil Servants - give grade at a, and at b state discipline or specialism, for example 'electrical engineer', 'accountant', 'chemist', 'administrator'.</p> <p>Other Public Officials - give rank or grade at a and description of duties at b.</p>	<p>a Full job title</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>b Main things done in job</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>a Full job title</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>b Main things done in job</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>18 Name and business of employer (if self-employed, give that name and nature of person's business)</p> <p>At a, please give the name of the employer. Give the trading name if one is used. Do not use abbreviations.</p> <p>At b, describe clearly what the employer (or the person if self-employed) makes or does (or did).</p> <p>Armed Forces - write 'Armed Forces' at a and leave b blank. For a member of the Armed Forces of a country other than the UK - add the name of the country.</p> <p>Civil Servants - give name of Department at a and write 'Government Department' at b.</p> <p>Other Public Officials - give name of employing authority at a and department in which employed at b.</p>	<p>a Name of employer</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>b Description of employer's business</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>a Name of employer</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>b Description of employer's business</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>

Please turn over

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

<p>YES <input type="checkbox"/> Answer questions 16, 17, 18, 19 and 20 about the main job last week, then go to question 21</p> <p>NO <input type="checkbox"/> Answer B</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17, 18, 19 and 20 about the main job last week, then go to question 21</p> <p>NO <input type="checkbox"/> Answer B</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17, 18, 19 and 20 about the main job last week, then go to question 21</p> <p>NO <input type="checkbox"/> Answer B</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17, 18, 19 and 20 about the main job last week, then go to question 21</p> <p>NO <input type="checkbox"/> Answer B</p>
<p>YES <input type="checkbox"/> Answer questions 16, 17 and 18 about the most recent job, then go on to question 21</p> <p>NO <input type="checkbox"/> Go on to question 21</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17 and 18 about the most recent job, then go on to question 21</p> <p>NO <input type="checkbox"/> Go on to question 21</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17 and 18 about the most recent job, then go on to question 21</p> <p>NO <input type="checkbox"/> Go on to question 21</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17 and 18 about the most recent job, then go on to question 21</p> <p>NO <input type="checkbox"/> Go on to question 21</p>
<p>Number of hours worked a week</p> <p><input type="text"/></p>	<p>Number of hours worked a week</p> <p><input type="text"/></p>	<p>Number of hours worked a week</p> <p><input type="text"/></p>	<p>Number of hours worked a week</p> <p><input type="text"/></p>
<p>a Full job title</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>a Full job title</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>a Full job title</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>a Full job title</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p>b Main things done in job</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>b Main things done in job</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>b Main things done in job</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>b Main things done in job</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p><input type="text"/></p>	<p><input type="text"/></p>	<p><input type="text"/></p>	<p><input type="text"/></p>
<p>a Name of employer</p> <p><input type="text"/> <input type="text"/></p>	<p>a Name of employer</p> <p><input type="text"/> <input type="text"/></p>	<p>a Name of employer</p> <p><input type="text"/> <input type="text"/></p>	<p>a Name of employer</p> <p><input type="text"/> <input type="text"/></p>
<p>b Description of employer's business</p> <p><input type="text"/> <input type="text"/></p>	<p>b Description of employer's business</p> <p><input type="text"/> <input type="text"/></p>	<p>b Description of employer's business</p> <p><input type="text"/> <input type="text"/></p>	<p>b Description of employer's business</p> <p><input type="text"/> <input type="text"/></p>
<p><input type="text"/></p>	<p><input type="text"/></p>	<p><input type="text"/></p>	<p><input type="text"/></p>

Please turn over →

19 Address of place of work

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

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

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

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

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

Armed Forces - leave blank.

20 Daily journey to work

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

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

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

21 Academic, professional and vocational qualifications

A. Please tick the appropriate boxes if the person has obtained any of the qualifications listed aside.

B. Has the person obtained professional or vocational qualifications such as nursing or teaching qualifications? If yes, please state qualifications held.

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

Postcode

No fixed place 1
 Mainly at home 2

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

Postcode

No fixed place 1
 Mainly at home 2

Train 1
 Public service bus 2
 Employer's bus 3
 Motor cycle, moped, scooter 4
 Car or van-pool, sharing driving 5
 Driving a car or van 6
 Passenger in a car or van 7
 Pedal cycle 8
 On foot 9
 Other 10

please specify

Works mainly at home 11

Train 1
 Public service bus 2
 Employer's bus 3
 Motor cycle, moped, scooter 4
 Car or van-pool, sharing driving 5
 Driving a car or van 6
 Passenger in a car or van 7
 Pedal cycle 8
 On foot 9
 Other 10

please specify

Works mainly at home 11

Degree level or higher 1
 BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND 2
 GCE 'A' Level, Advanced Senior Certificate 3
 BTEC (National), TEC (National), BEC (National), ONC, OND 4
 GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) 5
 CSE (other than Grade 1) 6
 No formal qualifications as above 7

Degree level or higher 1
 BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND 2
 GCE 'A' Level, Advanced Senior Certificate 3
 BTEC (National), TEC (National), BEC (National), ONC, OND 4
 GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) 5
 CSE (other than Grade 1) 6
 No formal qualifications as above 7

Name and surname

Sex Male 1
Female 2

Date of birth

Day Month Year
[][] [][] [][][][]

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

Postcode

[][][][] [][][][]

No fixed place 1
Mainly at home 2

Train 1
Public service bus 2
Employer's bus 3
Motor cycle, moped, scooter 4
Car or van-pool, sharing driving 5
Driving a car or van 6
Passenger in a car or van 7
Pedal cycle 8
On foot 9
Other 10

please specify

Works mainly at home 11

Degree level or higher 1
BTEC (Higher), BEC (Higher),
TEC (Higher), HNC, HND 2
GCE 'A' Level,
Advanced Senior Certificate 3
BTEC (National), TEC (National),
BEC (National), ONC, OND 4
GCSE, GCE 'O' Level
(including CSE Grade 1),
Senior Certificate,
BTEC (General),
BEC (General) 5
CSE (other than Grade 1) 6
No formal qualifications as above 7

Name and surname

SPECIMEN

Sex Male 1
Female 2

Date of birth

Day Month Year
[][] [][] [][][][]

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

Postcode

[][][][] [][][][]

No fixed place 1
Mainly at home 2

Train 1
Public service bus 2
Employer's bus 3
Motor cycle, moped, scooter 4
Car or van-pool, sharing driving 5
Driving a car or van 6
Passenger in a car or van 7
Pedal cycle 8
On foot 9
Other 10

please specify

Works mainly at home 11

Degree level or higher 1
BTEC (Higher), BEC (Higher),
TEC (Higher), HNC, HND 2
GCE 'A' Level,
Advanced Senior Certificate 3
BTEC (National), TEC (National),
BEC (National), ONC, OND 4
GCSE, GCE 'O' Level
(including CSE Grade 1),
Senior Certificate,
BTEC (General),
BEC (General) 5
CSE (other than Grade 1) 6
No formal qualifications as above 7

Name and surname

Sex Male 1
Female 2

Date of birth

Day Month Year
[][] [][] [][][][]

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

Postcode

[][][][] [][][][]

No fixed place 1
Mainly at home 2

Train 1
Public service bus 2
Employer's bus 3
Motor cycle, moped, scooter 4
Car or van-pool, sharing driving 5
Driving a car or van 6
Passenger in a car or van 7
Pedal cycle 8
On foot 9
Other 10

please specify

Works mainly at home 11

Degree level or higher 1
BTEC (Higher), BEC (Higher),
TEC (Higher), HNC, HND 2
GCE 'A' Level,
Advanced Senior Certificate 3
BTEC (National), TEC (National),
BEC (National), ONC, OND 4
GCSE, GCE 'O' Level
(including CSE Grade 1),
Senior Certificate,
BTEC (General),
BEC (General) 5
CSE (other than Grade 1) 6
No formal qualifications as above 7

Name and surname

Sex Male 1
Female 2

Date of birth

Day Month Year
[][] [][] [][][][]

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

Postcode

[][][][] [][][][]

No fixed place 1
Mainly at home 2

Train 1
Public service bus 2
Employer's bus 3
Motor cycle, moped, scooter 4
Car or van-pool, sharing driving 5
Driving a car or van 6
Passenger in a car or van 7
Pedal cycle 8
On foot 9
Other 10

please specify

Works mainly at home 11

Degree level or higher 1
BTEC (Higher), BEC (Higher),
TEC (Higher), HNC, HND 2
GCE 'A' Level,
Advanced Senior Certificate 3
BTEC (National), TEC (National),
BEC (National), ONC, OND 4
GCSE, GCE 'O' Level
(including CSE Grade 1),
Senior Certificate,
BTEC (General),
BEC (General) 5
CSE (other than Grade 1) 6
No formal qualifications as above 7

II-2 Rooms 7

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

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

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

Total number of rooms is

II-5 Cars and vans

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

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

None 0
One 1
Two 2
Three or more 3

II-3 Tenure

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

As an owner occupier:

through mortgage or loan 1
owning the property outright 2

By renting, rent free or by lease:

from a public authority (for example NI Housing Executive) 3
from a housing association or charitable trust 4
unfurnished from a private landlord, company or other organisation 5
furnished from a private landlord, company or other organisation 6

In some other way: Please give details below 7

Panel B

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

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

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

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

Name
Reason

Name
Reason

Name
Reason

SPECIMEN

II-4 Amenities

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

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

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

• A flush toilet (WC) with entrance **inside** the building?

Yes - for use only by this household 0
Yes - for use also by another household 1
No - flush toilet with outside entrance only 2
No - no flush toilet indoors or outdoors 3

• Central heating in living rooms and bedrooms (including night storage heaters, warm air or under-floor heating) whether actually used or not?

Yes - all living rooms and bedrooms centrally heated 1
Yes - some (not all) living rooms and bedrooms centrally heated 2
No - no living rooms or bedrooms centrally heated 3

• Water supply?

Public supply piped into the house 1
Public supply at a standpipe 2
Other 3

• Domestic sewage disposal?

Public Sewer 1
Septic tank/cesspit for use only by this household 2
Septic tank/cesspit for use also by another household 3

Panel C

Before you sign the form will you please check:

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

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

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

Telephone number

Declaration

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

Signature(s)

SPECIMEN



1991 Census

Northern Ireland

I form for making an individual return

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

Completion of the form is compulsory under the Census Act (Northern Ireland) 1969. If you refuse to complete it, or give false information, you may have to pay a fine of up to £400.

There is no penalty for refusing to state religious denomination as this is a voluntary question.

Your answers will be treated in strict confidence and used only to produce statistics.

No names and addresses will be put into the computer; only the postcode will be entered. The forms will be kept securely and treated as confidential.

No information about named individuals will be passed by the Census Office to any other Government Department or to any other authority or person. Anyone using or disclosing Census information improperly will be liable to prosecution.

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

Thank you for your co-operation.

R. McMurray
Registrar General

Enquiries to:-
Census Office
Department of
Health and Social Services
Castle Buildings
Stromont
BELFAST BT4 3RA
Telephone Belfast 763939

Enumerator

E.D. No.

Form No.

Format No.

Person No.

Establishment or vessel.

Name of Establishment or Vessel

Address

Postcode

To be completed by or for the individual

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

1 Name

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

2 Sex

Please tick the appropriate box.

Male 1

Female 2

3 Date of birth

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Marital status

On the 21st April what is your marital status?

If separated but not divorced, please tick 'Married (first marriage)' or 'Re-married' as appropriate.

Please tick one box.

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

5 Position in establishment

Please write in your position in this establishment. For example, write 'Guest', 'Patient', 'Inmate', 'Staff', 'Student', 'Boarder'.

If you are completing the form in a private household, your relationship to the person making the return for the rest of the household should be stated.

6 Whereabouts on night of 21-22 April 1991

Not applicable to this form

7 Married, widowed, separated and divorced women

a - enter in Box 1 the total number of children born alive to you.

b - enter in Box 2 how many of these children were born alive to you after 21st April 1990.

a Number of children 1

b Number of children 2

8 Usual address

If you usually live here, please tick 'This address'. If not, tick 'Elsewhere' and write in your usual address.

If you are a student or a schoolchild away from home during term time, your home address should be taken as your usual address.

If you live away from home for part of the week, your home address should be taken as your usual address.

This address 1
Elsewhere 2

If 'Elsewhere', please write your usual address and postcode below in BLOCK CAPITALS

Postcode

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

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

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

10 Usual address one year ago

If your usual address one year ago (on the 21st April 1990) was the same as your current usual address (given in answer to question 8), please tick 'Same'. If not, tick 'Different' and write in your usual address one year ago.

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

11 Country of birth

Please tick the appropriate box.

12 Religion

Please state the Religion, Religious Denomination or Body to which you belong. The general term 'Protestant' should not be used alone and the denomination should be given as precisely as possible.

If none write NONE.

13 Long term illness

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

Include problems which are due to old age.

This question is for all persons aged 5 or over (born before 22 April 1988)

14 Irish language

Can you speak, read or write Irish?
Please tick the appropriate box(es).

Elsewhere 3

If 'Elsewhere' please write your term time address and postcode below in BLOCK CAPITALS

Postcode

Same as Question 8 1
Different 2
Child under one 3

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

Postcode

Northern Ireland 1
England 2
Scotland 3
Wales 4
Republic of Ireland 5
Elsewhere 6

If 'Elsewhere', please write in the present name of the country

Religion

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

Can speak Irish 1
Can read Irish 2
Can write Irish 4
Do not know Irish 0

15 Whether working, retired, looking after the home etc. last week

Which of the following things were you doing **last week**?
Please read carefully right through the list. If you did more than one of the things listed last week, **tick all the descriptions that apply**.

Casual or temporary work should be counted at boxes 1, 2, 3 or 4. Also tick boxes 1, 2, 3 or 4 if you had a job last week but were off sick, on holiday, temporarily laid off or on strike.
Working for an employer is **part time** if the hours worked, excluding any overtime and meal breaks, are usually 30 hours or less a week (box 2).

Unpaid work in a family business including a shop or farm.

Include for example ACE Scheme, Youth Training Programme and Job Training Programme.

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

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

Include voluntary work and any other activity.

- Was working for an employer full time (more than 30 hours a week) 1
 - Was working for an employer part time (one hour or more a week) 2
 - Was self-employed, employing other people 3
 - Was self-employed, not employing other people 4
 - Unpaid work 5
 - Was on a government employment or training scheme 6
 - Was waiting to start a job already accepted 7
 - Was unemployed and looking for a job 8
 - Was at school or in other full time education 9
 - Was unable to work because of long term sickness or disability 10
 - Was retired from paid work 11
 - Was looking after the home or family 12
 - Other 15
- please specify*

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

- A** Did you have a paid job last week or do unpaid work in a family business, including a shop or farm (any of boxes 1,2,3,4 or 5 ticked at question 15)? Yes No
- If **yes** ticked, answer questions 16, 17, 18, 19, and 20 about the main job last week, then go on to question 21.
If **no** ticked, answer **B**.
- B** Have you had a paid job within the last 10 years? Yes No
- If **yes** ticked, answer questions 16,17 and 18 about the most recent job, then go on to question 21.
If **no** ticked, go on to question 21.

16 Hours worked a week

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

Do not count overtime or meal breaks.

Number of hours worked a week

17 Occupation

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

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

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

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

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

- a** Full job title
-
- b** Main things done in job
-

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

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

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

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

Other Public Officials—give name of employing authority at **a** and department in which employed at **b**.

19 Address of place of work

Please give the full address of your place of work. If employed on a site for a long period, give the address of the site. If not working regularly at one place but reporting daily to a depot or other fixed address, give that address. If not reporting daily to a fixed address, tick box 1. If working mainly at home, tick box 2.

Armed Forces—leave blank.

a Name of employer

b Description of employer's business

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

Postcode

No fixed place 1

Mainly at home 2

20 Daily journey to work

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

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

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

- Trains 1
- Public service bus 2
- Employer's bus 3
- Motor cycle, scooter, moped 4
- Car or van-pool, sharing driving 5
- Driving a car or van 6
- Passenger in car or van 7
- Pedal cycle 8
- On foot 9
- Other 10

please specify

Work mainly at home 11

21 Academic, professional and vocational qualifications

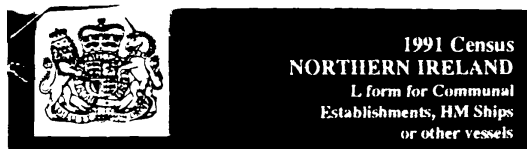
A. Please tick the appropriate boxes if you have obtained any of the qualifications listed aside.

- Degree level or higher 1
- BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND 2
- GCE 'A' Level, Advanced Service Certificate 3
- BTEC (National), TEC (National), BEC (National), ONC, OND 4
- GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) 5
- CSE (Other than Grade 1) 6
- No formal qualifications as above 7

B. Have you obtained professional or vocational qualifications such as nursing or teaching qualifications? If yes, please state qualifications held.

Declaration

SPECIMEN



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

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

I am seeking your help in conducting the Census. Under the Census Act (Northern Ireland) 1969 you have a legal obligation to list the names of the people in your establishment or on your vessel, to distribute forms to them and to collect the forms on completion. In a communal establishment you must also complete the 'type of establishment' panel. If you refuse to complete this form, or give false information, you may have to pay a fine of up to £400. The instructions opposite tell you what to do and should be followed carefully.

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

The answers given will be treated in strict confidence and used only to produce statistics. No names and addresses will be put into the computer; only the postcode will be entered. No information about named individuals will be passed by the Census Office to any other Government Department or to any other authority or person. The forms will be kept securely and treated as confidential.

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

Thank you for your co-operation.

R McMurray
Registrar General

Listing of names

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

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

Distribution

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

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

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

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

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

Collection of forms

Communal Establishments

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

Vessels other than HM Ships

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

HM Ships

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

Census Office
Department of Health and Social Services
Castle Buildings
Stormont
BELFAST BT4 3RA

Telephone Belfast 763939

SPECIAL NEW

Communal establishments: type of establishment

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

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Vessels or HM Ships only To be completed by the Enumerator or Customs Officer				
Name of Vessel/HM Ship				
For vessels other than HM Ships port of registry				
Place at which the form is delivered, that is name of town or port and of harbour, dock, wharf, mooring etc.				
Name of master or person in charge of vessel				
E.D. No.	8	Form No.	Males	Females
FOR OFFICE USE ONLY				
E.T.	Planning Code	Grid Reference		

Communal establishments only To be completed by the Enumerator				
E.D. No.	8	Form No.	Males	Females
FOR OFFICE USE ONLY				
E.T.	Planning Code	Grid Reference		
District Council		Ward		
Name of Establishment				
Townland/Street				
Town/Village				
Postcode	R	T		

List the names of all people present, that is:

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

In communal establishments do not list the names of any non-resident personnel who happen to be on duty on the premises on Census night. Please put a tick in the appropriate column when you issue each form and when you collect it.

Name	L form		Name	L form	
	Issued	Collected		Issued	Collected
1			31		
2			32		
3			33		
4			34		
5			35		
6			36		
7			37		
8			38		
9			39		
10			40		
11			41		
12			42		
13			43		
14			44		
15			45		
16			46		
17			47		
18			48		
19			49		
20			50		
21			51		
22			52		
23			53		
24			54		
25			55		
26			56		
27			57		
28			58		
29			59		
30			60		

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

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