

England

H 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 1920. If you refuse to complete it, or give false information, you may have to pay a fine of up to £400.

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

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

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

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

I nank you for your co-operation.

PJ Wormald

Registrar General Office of Population Censuses and Surveys

Telephone: 0329 844444

PO Box 100 Fareham PO16 0AL

To be completed by the Enumerator

Census District	Enumeration District Form Number
Name	(V) V
Address	
	(OV
Postcode	ABS

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

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) in a block of flats or tenement

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

Please read these instructions before filling in this form

A Household:

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

People staying temporarily with the household are included.

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

H1 Rooms

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

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

bathrooms

toilets

Do count: living rooms

bedrooms

kitchens at least 2 metres (6 feet 6 inches) wide all other rooms in your accommodation

The total number of rooms is

H2 Accommodation

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

A	one	roo	m	ed	fla	tlet

with private bath or shower, WC and kitchen facilities. 1

One room or bedsit, not self-contained

(to move from your room to bathroom, WC or kitchen facilities you have to use a hall, landing or stairway open to other household(s)).

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.

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

		E-BOOK TOWN TO THE PARTY OF THE	The state of the s
	Important: please read the notes before answering the questions.	Name and surname	Name and surname
	In answering the rest of the questions please include: every person who spends census night (21-22 April) in this household,	Difference	
	including anyone staying temporarily.	Maria di Januari da .	
-	any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any		
	other reason, even if they are being included on another census form elsewhere.	Sex Male 1	Sex Male 1
-	anyone who arrives here on Monday 22nd April who was in Great	Female 2	Female 2
	Britain on the Sunday and who has not been included as present on another census form.	Date of birth	Date of birth
	any newly born baby born before the 22nd April, even if still in	Day Month Year	Day Month Year
	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	Single (never married) 1	Single (never married) 1
	On the 21st April what is the person's marital status?	Married (first marriage) 2	Married (first marriage) 2
	If separated but not divorced, please tick 'Married (first marriage)'	Re-married 3	Re-married 3
	or 'Re-married' as appropriate. Please tick one box.	Divorced (decree absolute) 44 Widowed 5	Divorced (decree absolute) 4 Widowed 5
5	Relationship in household	widowed [Relationship to Person No.1
	Please tick the box which indicates the relationship of each person		Husband or wife 1
	to the person in the first column.	(DA)	Living together
	A step child or adopted child should be included as the son or daughter of the step or adoptive parent.	15	as a couple 2 Son or daughter 3
	Write in relationship of 'Other relative' — for example, father,		Other relative
	daughter-in-law, niece, uncle, cousin.	My	please specify
	7	11/5	
	Write in position in household of an 'Unrelated' person for	112	Unrelated
	example, boarder, housekeeper, friend, flatmate, foster child	7	please specify
	(()	V	
6	Whereabouts on night of 21-22 April 1991	At this address, out on	At this address, out on
	Please tick the appropriate box to indicate where the person was on	night work or travelling to this address 0	night work or travelling to this address 0
	the night of 21-22 April 1991.	Elsewhere in England,	Elsewhere in England,
	6/4	Scotland or Wales 1 Outside Great Britain 2	Scotland or Wales 1
7	Timeladdees		Outside Great Britain 2
1	Usual address	This address 1	This address 1
	If the person usually lives here, please tick 'This address'. If not, tick 'Elsewhere' and write in the person's usual address.	If elsewhere, please write the	If elsewhere, please write the
	For students and children away from home during term time, the	person's usual address and postcode below in	person's usual address and postcode below in
	home address should be taken as the usual address. For any person who lives away from home for part of the week, the	BLOCK CAPITALS	BLOCK CAPITALS
	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.	David Laboratoria	
		Post- code	Post- code
8	Term time address of students and schoolchildren	Not a student	Not a student
	If not a student or schoolchild, please tick first box.	or schoolchild This address 1	or schoolchild This address 1
	For a student or schoolchild who lives here during term time, tick 'This address'.	Elsewhere	Elsewhere
	If he or she does not live here during term time, tick 'Elsewhere'	If elsewhere, please write the	If elsewhere, please write the
	and write in the current or most recent term time address.	term time address and postcode below in BLOCK CAPITALS	term time address and postcode below in BLOCK CAPITALS

		Name and surname	Name and surname
	Important: please read the notes before answering the questions.	Name and surname	Name and surname
	In answering the rest of the questions please include:	Difference of the	
	every person who spends census night (21-22 April) in this household, including anyone staying temporarily.	mine and more than	
	any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any		
	other reason, even if they are being included on another census form elsewhere.	Sex Male 1 1 Female 2	Sex Male 1 Female 2
	anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on another census form.	Date of birth Day Month Year	Date of birth Day Month Year
	any newly born baby born before the 22nd April, even if still in bornital. If not yet given a name write RARV and the surname		
9	Usual address one year ago	Same as question 7 1	Same as question 7 1
	If the person's usual address one year ago (on the 21st April 1990) was the same as his or her current usual address (given in answer to question 7), please tick 'Same'. If not, tick 'Different' and write in the usual address one year ago. If everyone on the form has moved from the same address, please write the address in full for the first person and indicate with an arrow that this applies to the other people on the form.	Different Child under one 3 If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS	Different Child under one 3 If different, please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS
	For a child born since the 21st April 1990, tick the 'Child under one' box.	Production	Rose
		Post-code	Post- code
10	Country of birth	England	England 1 1 Scotland 2
	Please tick the appropriate box. If the 'Elsewhere' box is ticked, please write in the present name of the country in which the birthplace is now situated.	Scotland 2 Wales 3 Northern Ireland 4 Irish Republic 5 Piscynere 1 If elsewhere, please write in the present name of the country	Wales 3 Northern Ireland 4 Irish Republic 5 Elsewhere
11	Ethnic group	White 0	White 0
	Please tick the appropriate box.	Black-Caribbean 1 Black-African 2 Black-Other please describe	Black-Caribbean Black-African Black-Other please describe
	6)	Indian 3 Pakistani 4 Bangladeshi 5	Indian 3 Pakistani 4 Bangladeshi 5
	If the person is descended from more than one ethnic or racial group, please tick the group to which the person considers he/she belongs, or tick the 'Any other ethnic group' box and describe the person's ancestry in the space provided.	Chinese 6 Any other ethnic group please describe	Chinese 6 Any other ethnic group please describe
12	Long-term illness		
	Does the person have any long-term illness, health problem or	Yes, has a health problem	Yes, has a health problem
	handiag which limits his/her daily activities or the work he/she	which limits activities 1 Has no such	which limits activities 1 Has no such

Male 1 Female 2 2 of birth Month Year	Name and surname Sex Male 1 Female 2
Female 2 2 of birth	
of birth	Female 2
	Date of birth
	Day Month Year
d for any person u	under 16 years of age
Was working for an	Was working for an
employer full time	employer full time
more than 30 hours	(more than 30 hours
a week) 1	a week) 1
	Was working for an
	employer part time (one hour or more a week) 2
at of more a news .	A MANUEL
Was self-employed	Was self-employed,
	cmploying other people 3
1	
self-employed not	Was self-employed, not
loying other people	employing other people 4
100	
as on a government	Was on a government
employment or	employment or
training scheme 5	training scheme 5
11	
	Was waiting to start a job he/she had
	already accepted 6
7	ancas) steepes 🗀 o
as unemployed and	Was unemployed and
	looking for a job 7
Was at school or in	Was at school or in
Was at school or in other full time	Was at school or in other full time
other full time education 8	other full time education 8
other full time education 8	other full time education 8
other full time education 8 Was unable to work ecause of long term	other full time education 8 Was unable to work because of long term
other full time education 8	other full time education 8
other full time education 8 Was unable to work ecause of long term ickness or disability 9	other full time education 8 Was unable to work because of long term sickness or disability 9
other full time education 8 Was unable to work ecause of long term ickness or disability 9 Was retired from	other full time education 8 Was unable to work because of long term sickness or disability 9 Was retired from
other full time education 8 Was unable to work ecause of long term ickness or disability 9	other full time education 8 Was unable to work because of long term sickness or disability 9
other full time education 8 Was unable to work ecause of long term ickness or disability 9 Was retired from paid work 10	other full time education 8 Was unable to work because of long term sickness or disability 9 Was retired from paid work 10
other full time education 8 Was unable to work ecause of long term ickness or disability 9 Was retired from paid work 10 Vas looking after the	other full time education 8 Was unable to work because of long term sickness or disability 9 Was retired from paid work 10 Was looking after the
other full time education 8 Was unable to work ecause of long term ickness or disability 9 Was retired from paid work 10	other full time education 8 Was unable to work because of long term sickness or disability 9 Was retired from paid work 10 Was looking after the
other full time education 8 Was unable to work ecause of long term ickness or disability 9 Was retired from paid work 10 as looking after the home or family 11	other full time education 8 Was unable to work because of long term sickness or disability 9 Was retired from paid work 10 Was looking after the home or family 11
other full time education 8 Was unable to work ecause of long term ickness or disability 9 Was retired from paid work 10 Vas looking after the	other full time education 8 Was unable to work because of long term sickness or disability 9 Was retired from paid work 10 Was looking after the
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Was working for an employer full time more than 30 hours a week)

In answering the rest of the ques	tions please include:		
 every person who spends census including anyone staying ten 	night (21-22 April) in this household, appearily.		
census night are absent on holidi other reason, even if they are bei	members of the household but on ay, at school or college, or for any ng included on another census form	Sex Male 1	Sex Male 1
	day 22nd April who was in Great has not been included as present on	Female 2 Date of birth Day Month Year	Female 2 Date of birth Day Month Year
any newly born baby born before	e the 22nd April, even if still in		
Please read A below, t	ick the box that applies a	and follow the instruction	on by the box ticked.
A Did the person have a p 1, 2, 3 or 4 ticked at que	aid job last week (any of the boxes stion 13)?	YES Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19	YES Answer questions 14, 15, 16, 17 and 18 about the main job last week, then go on to question 19
		NO Answer B	NO Answer B
B Has the person had a pa	id job within the last 10 years?	YES Answer questions 14, 15 and 16 about the most recent job, then go on to question 19	YES Answer questions 14, 15 and 16 about the most recent job, then go on to question 19
		NO Go on to question 19	NO Go on to question 19
14 Hours worked per wee	k	50	
The state of the s	es or did the person usually work in	Number of hours worked per week	Number of hours worked per week
15 Occupation		a Full job title	a Collisionale
Please give the full title of the describe the main things he/sl	person's present or last job and ne does or did in the job. th the job is known, for example:	a run jao mie	a Full job title
'packing machinist'; 'poultry p 'supervisor of typists'; 'accoun	processor'; 'jig and tool fitter'; its clerk'; rather than general titles er'; 'supervisor' or 'clerk'. Give rank		
At b, write down the main thi the job. If possible ask him/he write them down.	ngs the person actually does or did in r to say what these things are and	6 Main things done in job	b Main things done in job
appropriate at a, and leave b b Civil Servants — give grade	at a and discipline or specialism, for		7
example: 'electrical engineer': 'administrator' at b.	'accountant'; 'chemist';		
	employer (if self-employed ure of the person's business)	a Name of employer	a Name of employer
At a, please give the name of the if one is used. Do not use abbri	he employer. Give the trading name eviations.		
At b, describe clearly what the self-employed) makes or does (b Description of employer's business	b Description of employer's business
For a member of the Armed For and the name of the country	orces of a country other than the UK y.		
Civil Servants — give name 'Government Department' at			
Local Government Officers authority at a and department			

-	every person who spends census night (21-22 April) in this household, including anyone staying temporarily.		The state of the s
	any other people who are usually members of the household but on	Participant de la	
	census night are absent on holiday, at school or college, or for any other reason, even if they are being included on another census form		
	elsewhere.	Sex Male 1 Female 2	Sex Male 1 Female 2
-	anyone who arrives here on Monday 22nd April who was in Great Britain on the Sunday and who has not been included as present on	Date of birth	Date of birth
	another census form.	Day Month Year	Day Month Year
•	any newly born baby born before the 22nd April, even if still in		
17	Address of place of work	Please write full address and	Please write full address and
	Please give the full address of the person's place of work.	postcode of workplace below in BLOCK CAPITALS	postcode of workplace below in BLOCK CAPITALS
	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.	Post-	Poşt-
	For a person working mainly at home, tick box 2.	No fixed place 1	code No fixed place 1
	Armed Forces — leave blank.	Mainly at home 2	Mainly at home 2
18	Daily journey to work	British Rail train 🔲 1	British Rail train 1
	Please tick the appropriate box to show how the longest part, by	Underground, tube, metro 2	Underground, tube, metro
	distance, of the person's daily journey to work is normally made.	Bus, minibus or coach	Bus, minibus or coach
	For a person using different means of transport on different days,	(public or private)	(public or private) 3
	show the means most often used.	Motor cycle, scooter, moped	Motor cycle, scooter, moped 4
	Car or van includes three-wheeled cars and motor caravans.	Driving a car or van 5	Driving a car or van 5
		Passenger in car or van 6	Passenger in car or van 6
		Pedal cyule 7	Pedal cycle 7
		Other 9	Other 9
	1	pleasespecify	please specify
	_	Works mainly at home 0	Works mainly at home 0
19	Degrees, professional and	NO — no such	NO — no such
	vocational qualifications	qualifications 1	qualifications 1
	Has the person obtained any qualifications after reaching the age	YES — give details 2	YES — give details 2
	of 18 such as: -degrees, diplomas, HNC, HND,	1 Title	1 Title
	-nursing qualifications,	Subject(s)	Subject(s)
	-teaching qualifications (see * below).	Year	Year
	-graduate or corporate membership of professional institutions, -other professional, educational or vocational qualifications?	Institution	Institution
	9/7		
	Do not count qualifications normally obtained at school such as GCE, CSE, GCSE, SCE and school certificates.	2 Title	2 Title
	If box 2 is ticked, write in all qualifications even if they are not relevant to the person's present job or if the person is not working.	Subject(s)	Subject(s)
	Please list the qualifications in the order in which they were	Year	Year
	obtained.	Institution	Institution
	If more than three, please enter in a spare column and link with an arrow.	3 Title	3 Title
	For a person with school teaching qualifications, give the full	Subject(s)	Subject(s)
	title of the qualification, such as 'Certificate of Education' and the		
	subject(s) which the person is qualified to teach. The subject 'education' should then only be shown if the course had no other	Year Institution	Year
	subject specialisation.	Institution	Institution

H3 Tenure		Panel B
Please tick the box which best de household occupy your accomm If buying by stages from a Council, Housing Association or New Town (under shared ownership, co-ownership or equity sharing scheme), answer as an owner-occupier	As an owner-occupier: -buying the property through mortgage or loan 1 -owning the property outright (no loan) 2 renting, rent free or by lease: -with a job, farm, shop or other business 3 -from a local authority	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? 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? Yes If yes ticked, please give their names and the reason why you were not sure about including them. Name Reason
A private landlord may be a person or a company or another organisation not mentioned at 3, 4, 5 or 6 above.	or charitable trust 6 -from a private landlord,	Name Reason
Does your household — that live here with you — have the ua A bath or shower?	is, you and any people who usually use of: Yes — for use only by this household 1 Yes — for use also by another household 2	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
b A flush toilet (WC) with entre	No no bath or shower available 3 ance inside the building? Yes — for use only by this household 0	April in your household that you have included everyone who usually lives here but we away from home on the night of 21-22 April that no visitors, boarders or newly born children, even if still i hospital, have been missed
0	No — flush toilet with outside entrance only 2 No — no flush toilet indoors or outdoors 3	It would help the Enumerator to be able to telephone you i there is a query on, or an omission from, your form. If you have no objection, please write your telephone number here.
storage heaters, warm air or u	yes — some (not all) living rooms and bedrooms Yes — some (not all) living rooms and bedrooms centrally heated 1 Yes — some (not all) living rooms and bedrooms centrally heated 2	Telephone number Declaration This form is correctly completed to the best of my knowledge and belief.
H5 Cars and vans	No — no living rooms or bedrooms centrally heated 3	Signature(s)
Please tick the appropriate box t vans normally available for use t household (other than visitors). Include any car or van provide by employers if normally		THE RESERVE TO SHEET THE PARTY OF THE PARTY



1991 Census England

I form for making an individual return

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

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

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

Names and addresses will not be put into the computer; only the postcode will be entered. The forms will be kept securely within my Office and treated as confidential for 100 years.

one using or disclosing Census intormation improperly will be liable to prosecution.

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

Thank you for your co-operation.

Promate

P J Wormald Registrar General

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

Telephone 0329 844444

To be completed by the Enumerator

Census District

Enumeration District

Form Number

Serial Number

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

Name	e of Establishment
980	
Addr	CSS CSS
1	
	製 對500
	Postcode

To be completed by or for the Individual

Please answer question by ticking the appropriate box or boxes $\boxed{\ }$ 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.

3 Date of birth

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

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.

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

7 Usual address

If you usually live here, please tick 'This address'.

If not, tick 'Elsewhere' and write in your usual address.

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

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

		iale 1
Day	Month	Year

				_
Single	(never	marri	ed)	1

Marrica	(first marriage)	12
	Re-married [] 3

Divorced	(decree absolute)	4	
	Widowed	5	

Not applicable to this form

i	This address	1
	Elsewhere	

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

_		_	

code

Please turn over

8	Term time address of students and schoolchildren	Not a student or schoolchild
	If not a student or schoolchild, please tick first box.	This address 1
	If you are a student or schoolchild and you live here during term time, tick 'This address'.	Elsewhere If elsewhere, please write your term time address and postcode below in BLOCK CAPITALS
	If you do not live here during term time, tick 'Elsewhere' and write in the current or most recent term time address.	
		Postcode
9	Usual address one year ago	Same as Question 7 1
*	If your usual address one year ago (on the 21st April 1990) was the	Different
	same as your current usual address (given in answer to question 7), please tick 'Same'. If not, tick 'Different' and write in your usual address one year ago.	Child under one 3 If different, please write your address and postcode on the 21st April 1990 below in BLOCK CAPITALS
	For a child born since the 21st April 1990, tick the 'Child under one'	
	box.	
		Postcode
10	Country of birth	England □ 1
	Please tick the appropriate box.	Scotland 2
	If the 'Elsewhere' box is ticked, please write in the present name of the	Wales 3
	country in which your birthplace is now situated.	Northern Ireland ☐ 4 Irish Republic ☐ 5
		Elsewhere
	CE	If elsewhere, please write in the present name of the country
		a closwife, peace write in the present name of the country
11	Ethnic group	300.2 □ A
11	Please tick the appropriate box.	White □ 0 Black-Caribbean □ 1
	Trease tick the appropriate ook.	Black-African 2
		Black-Other [
		please describe
		Indian 🔲 3
		Pakistani 4
		Bangladeshi 5 Chinese 6
	If you are descended from more than one ethnic or racial group,	Any other ethnic group
	please tick the group to which you consider you belong, or tick the 'Any other ethnic group' box and describe your ancestry in the space	please describe
	provided.	
12	Long-term illness	
	Do you have any long-term illness, health problem or handicap which limits your daily activities or the work you can do?	Yes, I have a health problem which limits activities 1 I have no such health problem 2
	Include problems which are due to old age.	

Answers to the remaining questions are not required for	anyone under 16 years of age (born after 21st April 1975)
13 Whether working, retired, looking after the home etc la	* Was working for an employer full time [1 (more than 30 hours a week)
Which of these things were you doing last week?	* Was working for an employer part time 2
Please read carefully right through the list and tick all the descriptions that apply.	(one hour or more a week)
descriptions that apply.	* Was self-employed, employing other people 3 * Was self-employed, not employing other people 4
* Casual or temporary work should be counted at boxes 1, 2,	
Also tick boxes 1, 2, 3 or 4 if you had a job last week but wer on holiday, temporarily laid off or on strike.	
Boxes 1, 2, 3 and 4 refer to work for pay or profit but not to	+ Was unamplaced and lashing for a job 7
work except in a family business.	§ Was at school or in other full time education 8
Working for an employer is part time (box 2) if the hours we excluding any overtime and mealbreaks, are usually 30 hours.	rs or less disability
per week.	Was retired from paid work 10
† Includes wanting a job but prevented from looking by holid temporary sickness.	ay or Other please specify
o not count training given or paid for by an employer.	
Please read A below, tick the box that applies and follow This will tell you which questions to answer.	the instruction by the box ticked.
The state of the s	es If yes ticked, answer questions 14, 15, 16, 17 and 18 about the
(any of the boxes 1, 2, 3 or 4 ticked at question 13)?	main job last week, then go on to question 19. If no ticked, answer B.
B Have you had a paid job within the last 10 years?	If yes ticked, answer questions 14, 15 and 16 about the most recent job, then go on to question 19. If no ticked, go on to question 19.
14 Hours worked per week	
How many hours per week do or did you usually work in yo	m main
job?	Number of hours worked per week
o not count overtime or meal breaks.	
15 Occupation	
Please give the full title of your present or last job and descrimain things you do or did in the job.	ibe the a Full job title
At a, give the full title by which the job is known, for examp 'packing machinist'; 'poultry processor'; 'jig and tool fitter'	ole:
'supervisor of typists'; 'accounts clerk'; rather than general 'machinist'; 'process worker'; 'supervisor' or 'clerk'. Give ra grade if you have one.	titles like
At b, write down the main things you actually do or did in t	the job. b Main things done in job
Armed Forces — enter 'commissioned officer' or 'other ra appropriate at a, and leave b blank.	nk' as
Civil Servants — give grade at a and discipline or speciali example: 'electrical engineer'; 'accountant'; 'chemist'; 'administrator' at b	sm, for

Name and business of employer (if self-employed give the name and nature of business)	a Name of employer	
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).	b Description of employer	's business
Armed Forces — write 'Armed Forces' at a and leave b blank. For a member of the Armed Forces of a country other than the UK — add the name of the country.		
Civil Servants — give name of Department at a and write 'Government Department' at b.		
Local Government Officers — give name of employing authority at a and department in which employed at b.		
	Please write full address an BLOCK CAPITALS	nd postcode of workplace below in
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.	DIACK CHITING	
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.	Post	code No fixed place 1
Armed Forces — leave blank.		Mainly at home 2
18 Daily journey to work		British Rail train 1
Please tick the appropriate box to show how the longest part, by distance, of your daily journey to work is normally made.	Bus	Underground, tube, metro 2 minibus or coach (public or private) 3 Motor cycle, scooter, moped 4
If using different means of transport on different days, show the means most often used.	BEC.	Driving a car or van 5 Passenger in car or van 6
Car or van includes three-wheeled cars and motor caravans.		Pedal cycle
		Work mainly at home 0
19 Degrees, professional and vocational qualifications		NO - no such qualifications 1 YES - give details 2
Have you obtained any qualifications after reaching the age of 18 such as:	1 Title	2 Title
degrees, diplomas, HNC, HND, nursing qualifications,	Subject(s)	Subject(s)
teaching qualifications (see * below), graduate or corporate membership of professional institutions,		
— other professional, educational or vocational qualifications?	Year	Year
Do not count qualifications normally obtained at school such as GCE, CSE, GCSE, SCE and school certificates.	Institution	Institution
If box 2 is ticked, write in all qualifications even if they are not relevant to your present job or if you are not working.	3 Title	4 Title
Please list the qualifications in the order in which they were obtained.	Subject(s)	Subject(s)
* If you have school teaching qualifications, give the full title of the		Hara Barrier
and the same work as Contiference of the same of the s	V	Year
qualification, such as 'Certificate of Education' and the subject(s) which you are qualified to teach. The subject 'education' should then	Year	Itar
qualification, such as 'Certificate of Education' and the subject(s) which you are qualified to teach. The subject 'education' should then only be shown if the course had no other subject specialisation.	Institution	Institution
which you are qualified to teach. The subject 'education' should then	CONTRACTOR OF THE PARTY OF THE	2177
which you are qualified to teach. The subject 'education' should then only be shown if the course had no other subject specialisation.	Institution	2177



1991 Census England/Wales

L form for Communal Establishments, HM Ships or other vessels

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

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

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

The Individual forms with which you have been supplied are for the returns to be made by or for each person who spends the night of

-22 April at this establishment or on board this vessel. To assist you in issuing and collecting the individual forms, spaces have been provided overleaf for listing those people.

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

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

Thank you for your co-operation.

Phroman	
P J Wormald Registrar General Office of Population Co PO Box 100 Fareham	ensuses in Personal Pole Out
**lephone 0329 84444	

lo be com	pleted by the Enumerator or Customs Office
Name of Est	blishment/Vessel/HM Ship
or commun	al establishments: address of establishment
	W-10
	Postcode
or vessels of	Postcode her than HM Ships: port of registry

		THE RESERVE TO SHARE THE PARTY OF THE PARTY
The second second	erator/Census	Office man

CD No. ED No. Form No.

Instructions

Listing of names

List the names of all people present, as instructed overleaf. You may start drawing up the list in advance of Census day, but before collection or despatch you must bring it up to date.

Distribution

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

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

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

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

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

Collection of forms

Communal Establishments

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

Vessels other than HM Ships

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

HM Ships

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

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

Communal establishments: type of establishment

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

Hospitals, homes and hostels only

- Please specify type of management: private, voluntary (charitable), central government, local authority, housing association, health authority etc.
- Please indicate if the establishment is registered with a local authority or health authority

Hotels or boarding houses only

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



List the names of all people present, that is:

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

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

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

NAME OF TAXABLE PARTY.	Individual form				Individual form		
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14	24000	-3	44				
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28	Section 1		58				
29			59				
30			60				
Enter the number of Individual forms collected	on this L	form.					
Declaration — If more than one 'L' for	m is use	d, only co		100			
Enter the total number of 'L' forms completed for	or this esta	blishment/	vessel. Signature				
Enter the total number of Individual forms coll	lected (sun	n of all L for	ms). Date	Ap	ril 1991		