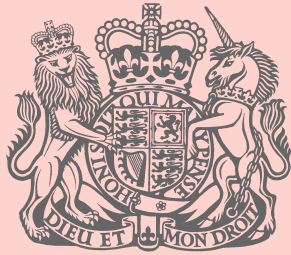


H1



29 April

count me in Census2001

England Household Form

Census Helpline 0845 301 2001 Text Phone for the Deaf 0845 303 2001 Website www.statistics.gov.uk

Name

CD

Address

ED

Form Number

Postcode

* Form of

*Multi-form households only

To the Householder, Joint Householders or members of the household aged 16 or over

The Census is a count every ten years of all people and households in the country. Census information is used by central and local government, health authorities and many other organisations to allocate resources and plan services for everyone. The Office for National Statistics conducts the Census in England and Wales.

Completing your form

Completion of the Census form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may be liable to a fine. This liability does not apply to question 10 on religion. The requirements for you to return a completed form will not be satisfied until such a form has been received. If you need help please contact the Census Helpline.

Confidentiality

The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes, and any misuse or disclosing Census information improperly will be liable to prosecution. Census forms will be held securely. Under the current terms of the Public Records Act 1958, the data will be treated as confidential for a period of 100 years.

Thank you for counting yourself in.



Len Cook
REGISTRAR GENERAL FOR ENGLAND AND WALES

What you have to do

- ◆ Your household should complete this form in **black or blue ink**. A household is:
 - one person living alone, or
 - a group of people (not necessarily related) living at the same address with common housekeeping - sharing either a living room or sitting room, or at least one meal a day.
- ◆ This form covers five people. If there are more than five people in your household you will need an extra form.
- ◆ Identify household members in Table 1 (page 2). It will help you to complete the form if you use Table 2 to identify visitors.
- ◆ Answer the questions about your accommodation (page 3).
- ◆ Complete the relationship question (pages 4 and 5).
- ◆ Answer the remaining questions for every member of your household.
- ◆ Sign the Declaration and **post the form back** in the envelope supplied.

For help or extra forms, call the Census Helpline on 0845 301 2001 (local rate number).

Declaration

◆ To be signed after completing this form. Please check that you have not missed any pages or questions.

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

Signature/s

Date

Table 1 Household Members

- ◆ List all members of your household who usually live at this address, including yourself.
 - Start with the Householder or Joint Householders.
 - Include anyone who is temporarily away from home on the night of 29 April 2001 who usually lives at this address.
 - Include schoolchildren and students if they live at this address during the school, college or university term.
 - Also include schoolchildren and students who are away from home during the school, college or university term and for whom only basic information is required.
 - Include any baby born before 30 April 2001, even if still in hospital.
 - Include people with more than one address if they live at this address for the *majority of time*.
 - Include anyone who is staying with you who has no other usual address.
 - Remember to include a spouse or partner who works away from home, or is a member of the armed forces, and usually lives at *this address*.
- ◆ If any member of your household aged 16 or over requires a separate form for privacy reasons, please contact the Census Helpline and ✓ the relevant box in the column marked 'Individual Form'.

Person No.	First name and surname	Individual Form
Person 1		<input type="checkbox"/>
Person 2		<input type="checkbox"/>
Person 3		<input type="checkbox"/>
Person 4		<input type="checkbox"/>
Person 5		<input type="checkbox"/>
If you have more than 5 people in your household, you will need an extra form.		
Person 6		<input type="checkbox"/>
Person 7		<input type="checkbox"/>
Person 8		<input type="checkbox"/>
Person 9		<input type="checkbox"/>
Person 10		<input type="checkbox"/>

Table 2 Visitors

- ◆ To help you complete the form you may use Table 2 to list any visitors at this address, on the night of 29 April 2001, who usually live elsewhere.
- ◆ If there are only visitors at this address, please complete questions **H1** to **H5** on page 3. No further questions need to be answered.

First name and surname	Usual address

How to complete the remaining questions

Remember to use black or blue ink.

Put a tick in the appropriate box, like this . If you mark the wrong box, fill in the box and put a tick in the right one, like this

Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.

7 What is your country of birth?

Elsewhere, *please write in the present name of the country*

S	O	U	T	H					
A	F	R	I	C	A				

Household Accommodation

H1 What type of accommodation does your household occupy?

A whole house or bungalow that is:

- Detached
 Semi-detached
 Terraced (including end-terrace)

A flat, maisonette, or apartment that is:

- In a purpose-built block of flats or tenement
 Part of a converted or shared house (includes bed-sits)
 In a commercial building (for example, in an office building, or hotel, or over a shop)

Mobile or temporary structure:

- A caravan or other mobile or temporary structure

H2 Is your household's accommodation self-contained?

◆ This means that *all* the rooms, including the kitchen, bathroom and toilet are behind a door that only your household can use.

- Yes, all the rooms are behind a door that only our household can use
 No

H3 How many rooms do you have for use only by your household?

- ◆ *Do not count* bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards.
 ◆ *Do count* all other rooms, for example kitchens, living rooms, bedrooms, utility rooms and studies.
 ◆ If two rooms have been converted into one, count them as one room.

Number of rooms

--	--

H4 Do you have a bath/shower and toilet for use only by your household?

- Yes
 No

H5 What is the lowest floor level of your household's living accommodation?

- Basement or semi-basement
 Ground floor (street level)
 First floor (floor above street level)
 Second floor
 Third or fourth floor
 Fifth floor or higher

H6 Does your accommodation have central heating?

◆ If you have central heating available, tick 'Yes' whether or not you use it.

◆ Central heating includes:

- gas, oil or solid fuel central heating
- night storage heaters
- warm air heating
- underfloor heating

- Yes, in some or all rooms
 No

H7 How many cars or vans are owned, or available for use, by one or more members of your household?

◆ Include any company car or van if available for private use.

- None
 One
 Two
 Three
 Four or more, *please write in number*

--	--

H8 Does your household own or rent the accommodation?

◆ *one box only.*

- Owns outright
 ▶ Go to **H10**
- Owns with a mortgage or loan
 ▶ Go to **H10**
- Shares part rent and part mortgage (shared ownership)
 ▶ Go to **H10**
- Rents
 ▶ Go to **H9**
- Lives here rent free
 ▶ Go to **H9**

H9 Who is your landlord?

- Council (Local Authority)
 Housing Association
 Housing Co-operative
 Charitable Trust
 Registered Social Landlord
 Private landlord or letting agency
 Employer of a household member
 Relative or friend of a household member
 Other

H10 Please turn the page.

Household Members and their Relationships within the Household

- ◆ The example below shows how to provide the relationship information for John Smith, his wife (Mary) and their three children (Alison, Steven and James).
- ◆ In this example Steven's (Person 4) relationship to Person 1 is son, to Person 2 is son and to Person 3 is brother.

Name of Person 1	Name of Person 2	Name of Person 3
First name JOHN	First name MARY	First name ALISON
Surname SMITH	Surname SMITH	Surname SMITH
ENTER NAME OF PERSON 1 ABOVE	Relationship of Person 2 to Person → 1	Relationship of Person 3 to Person → 1 2
	Husband or wife <input checked="" type="checkbox"/>	Husband or wife <input type="checkbox"/> <input type="checkbox"/>
	Partner <input type="checkbox"/>	Partner <input type="checkbox"/> <input type="checkbox"/>
	Son or daughter <input type="checkbox"/>	Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
	Step-child <input type="checkbox"/>	Step-child <input type="checkbox"/> <input type="checkbox"/>
	Brother or sister <input type="checkbox"/>	Brother or sister <input type="checkbox"/> <input type="checkbox"/>

- ◆ Use the same order and person numbers as in Table 1 (page 2), starting with Person 1.
- ◆ Print the name of each household member in the space at the top of each column.
- ◆ a box to show the relationship of each person to each of the other members of your household.
- ◆ Include relationship information for household members who require an individual Form for privacy reasons. Questions on the following pages should be left blank for these people.

Name of Person 1	Name of Person 2	Name of Person 3
First name	First name	First name
Surname	Surname	Surname
ENTER NAME OF PERSON 1 ABOVE	Relationship of Person 2 to Person → 1	Relationship of Person 3 to Person → 1 2
	Husband or wife <input type="checkbox"/>	Husband or wife <input type="checkbox"/> <input type="checkbox"/>
	Partner <input type="checkbox"/>	Partner <input type="checkbox"/> <input type="checkbox"/>
	Son or daughter <input type="checkbox"/>	Son or daughter <input type="checkbox"/> <input type="checkbox"/>
	Step-child <input type="checkbox"/>	Step-child <input type="checkbox"/> <input type="checkbox"/>
	Brother or sister <input type="checkbox"/>	Brother or sister <input type="checkbox"/> <input type="checkbox"/>
	Mother or father <input type="checkbox"/>	Mother or father <input type="checkbox"/> <input type="checkbox"/>
	Step-mother or step-father <input type="checkbox"/>	Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/>
	Grandchild <input type="checkbox"/>	Grandchild <input type="checkbox"/> <input type="checkbox"/>
	Grandparent <input type="checkbox"/>	Grandparent <input type="checkbox"/> <input type="checkbox"/>
	Other related <input type="checkbox"/>	Other related <input type="checkbox"/> <input type="checkbox"/>
	Unrelated <input type="checkbox"/>	Unrelated <input type="checkbox"/> <input type="checkbox"/>

Name of Person 4

First name	STEVEN
Surname	SMITH

Relationship of

Person 4 to Person → 1 2 3

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 5

First name	JAMES
Surname	SMITH

Relationship of

Person 5 to Person → 1 2 3 4

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SPECIMEN

Name of Person 4

First name	
Surname	

Relationship of

Person 4 to Person → 1 2 3

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 5

First name	
Surname	

Relationship of

Person 5 to Person → 1 2 3 4

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remaining questions should be answered by each member of your household in the same order as Table 1 (page 2 of this Form). Where a household member is completing an Individual Form for privacy reasons, the remaining questions for this person should be left blank.

Person 1 - continued

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

◆ Include problems which are due to old age.

Yes No

14 What was your usual address one year ago?

◆ If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.

◆ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.

The address shown on the front of the form

No usual address one year ago

Elsewhere, *please write in below*

										Postcode	

15 If you are aged 16 to 74

▶ Go to **16**

If you are aged 15 and under, or 75 and over

▶ Go to **36**

16 Which of these qualifications do you have?

◆ ✓ *all the qualifications that apply or, if not specified, the nearest equivalent*

1+ O levels/CSEs/GCSEs (any grades)

NVQ Level 1, Foundation Certificate

5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate

NVQ Level 2, Intermediate GNVQ

1+ A levels/AS levels

NVQ Level 3, Advanced GNVQ

2+ A levels, 4+ AS levels, Higher School Certificate

NVQ Levels 4-5, HNC, HND

First Degree (eg BA, BSc)

Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel)

Higher Degree (eg MA, PhD, PGCE, post-graduate certificate/diplomas)

No Qualifications

17 Do you have any of the following professional qualifications?

◆ ✓ *all the boxes that apply.*

No Professional Qualifications

Qualified Dentist

Qualified Teacher Status (for schools)

Qualified Nurse, Midwife, Health Visitor

Qualified Medical Doctor

Other Professional Qualifications

18 Last week, were you doing any work:

- as an employee, or on a Government sponsored training scheme,
- as self-employed/freelance, or in your own/family business?

◆ ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.

◆ ✓ 'Yes' for any paid work, including casual or temporary work, even if only for one hour.

◆ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

Yes ▶ Go to **24**

No ▶ Go to **19**

19 Were you actively looking for any kind of paid work during the last 4 weeks?

Yes No

20 If a job had been available last week, could you have started it within 2 weeks?

Yes No

21 Last week, were you waiting to start a job already obtained?

Yes No

22 Last week, were you any of the following?

◆ ✓ *all the boxes that apply.*

Retired

Student

Looking after home/family

Permanently sick/disabled

None of the above

23 Have you ever worked?

Yes, *please write in the year you last worked*

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▶ Go to **24**

No, have never worked

▶ Go to **36**

24 Answer the remaining questions for the *main* job you were doing last week, or if not working last week, your last *main* job.

◆ *Your main job is the job in which you usually work the most hours.*

25 Do (did) you work as an employee or are (were) you self-employed?

Employee

Self-employed with employees

Self-employed/freelance without employees

26 How many people work (worked) for your employer at the place where you work (worked)?

◆ If you are (were) self-employed, ✓ to show how many people you employ (employed).

1 - 9 10 - 24

25 - 499 500 or more

