



Scotland's CENSUS

29 APRIL 2001

count me in

This section to be completed by the Census Enumerator **Communal Establishment Form CE4**

Name

CD

Address

ED

Form Number

Postcode

To the manager or person in charge

Dear Sir or Madam

The Census is a count every ten years of all people and households in the country. This is the first to be carried out for the Scottish Parliament, and will be used to improve the economic and social condition of Scotland. Central and local government, health authorities and many other organisations use Census information to allocate resources and plan services for everyone.

Your legal obligation

I am seeking your help in conducting the 2001 Census. Completion of this Census form is compulsory, and the Scottish Parliament has approved the questions to be asked. You are also required to distribute and collect forms for all usual residents in your establishment. If you refuse to comply, or give false information, you may be liable to a fine.

Confidentiality

The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes. Anyone using or disclosing Census information improperly will be liable to prosecution. The information on your Census form will be treated as confidential for a period of 100 years.

Thank you for your co-operation.

J N Randall
**REGISTRAR GENERAL FOR SCOTLAND
Edinburgh**

What you have to do

This form collects important information about your establishment.

- ◆ Complete this form using **black or blue ink.**
- ◆ Answer the questions about your establishment (page 2).
- ◆ Prepare, issue and collect forms for all usual residents in your establishment using the instructions provided to help you.
- ◆ Sign the Declaration on this page.
- ◆ Return this form, and the *Individual Forms* completed by all the usual residents, as soon as possible after 29 April 2001 using the envelope provided. If you have not been left an envelope, the Census Enumerator will arrange to collect the completed forms.

Census Helpline

For extra forms or help in answering questions:

- Phone 0845 602 2001 (local rate number)
- Text phone for the Deaf 0845 303 2001 (local rate number)
- Website www.gro-scotland.gov.uk

Declaration

I have completed this form, and the issue and collection of forms for usual residents in this establishment, to the best of my knowledge and belief.

Number of *Individual Forms* Issued

Number of *Individual Forms* Collected

Signature

Date

How to complete this form

- ◆ 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 like this and the correct one.

1 Nature of Establishment

Please tick the box that best describes your establishment.

- ◆ ✓ *one box only*

Medical and Care Establishments

- General Hospital
- Psychiatric Hospital/Home
- Other Hospital
- Nursing Home
- Residential Care Home
- Children's Home (including secure units)
- Other Medical and Care Home

If you have ticked a box under 'Medical and Care Establishments' then Go to 2

Other Establishments

- Defence Establishment (including ships)
- Prison and Young Offenders' Institutions
- Educational Establishment (including Halls of Residence)
- Hotel, Boarding House, Guest House
- Hostels (including youth hostels, hostels for the homeless)
- Civilian Ship, Boat or Barge
- Other

If you have ticked a box under 'Other Establishments' then Go to 4

2 Registration Status

Is your establishment registered with a Health Board or Council?

- ◆ ✓ *one box only*

- Yes, with the Health Board
- Yes, with the Council (Local Authority)
- Yes, with both the Health Board and the Council (Local Authority)
- No

3 Type of Management

Who is responsible for the management of your establishment?

- ◆ ✓ *one box only*

- National Health Service
- Council (Local Authority)
- Housing Association
- Charity/Voluntary Organisation
- Sole Proprietor/Partnership/Private Company
- Other

4 Type of Resident

Which of the following client groups does your establishment cater for?

- ◆ ✓ *at least one box in Section A and at least one in Section B below*

A: Age group of clients

- Elderly
- Adults
- Children

B: Characteristics of clients

- Physical Disability
- Learning Disability
- Mental Health Problems
- Convalescent or Post-Operative Care
- Drug/Alcohol Problems
- Terminal Illness/Respite Care
- Chronic Illness Care
- Acute Illness Care
- Elderly
- Students
- Prisoners including Young Offenders
- Nurses
- Armed Forces Personnel
- Homeless
- Other

Enumerator use only

- Persons Sleeping Rough