



Isle of Man Government

Reiltys Ellan Vannin

ISLE OF MAN CENSUS 2001

FORM FOR PRIVATE HOUSEHOLDS H1.01

TO BE COMPLETED BY THE ENUMERATOR AND AMENDED, IF NECESSARY, BY THE PERSON SIGNING THIS FORM

Name

Address

Postcode

Habitation code CD ED Form No.

Please tick one box to show the nature of the accommodation which the household occupies:

A house or bungalow that is:	A flat or maisonette that is:	A non permanent structure (such as a caravan)
1 <input type="checkbox"/> Detached	4 <input type="checkbox"/> in a purpose-built block or development	7 <input type="checkbox"/> Please specify
2 <input type="checkbox"/> Semi-detached	5 <input type="checkbox"/> in a converted house	<input type="text"/>
3 <input type="checkbox"/> Terraced (including end terrace)	6 <input type="checkbox"/> in a commercial building	<input type="text"/>

TO THE HOUSEHOLDER, JOINT HOUSEHOLDERS OR MEMBERS OF THE HOUSEHOLD AGED 16 OR OVER

Please complete this Census Form on **SUNDAY 29th APRIL 2001** and have it ready for collection the following week. Should this form not be collected by Monday 7th May 2001, please contact the Census Office on (01624) 686589 or email us at census@gov.im

If you are unsure how to answer any of the questions, the person who collects your form (your enumerator) will be glad to help you.

If you will not be present at this address on Census Night (evening of 29th/morning of the 30th), please complete the form before you leave. If you are unlikely to return before 14th May 2001, please contact the Census Office.

Completion of the Census Form is compulsory under the Census Act 1929. Any person knowingly supplying false information or refusing to complete a Census form is liable to prosecution.

All the details that you provide are protected by law and will be treated in strict confidence. The information is only used for statistical purposes and anyone involved in the Census who improperly uses or discloses the information provided will be prosecuted. Names and addresses will not be entered on the Census database.

INSTRUCTIONS TO HELP YOU COMPLETE THE FORM

- Use blue or black ink or ball point pen when filling in the form (please do not use a felt tipped pen).
- Please **read the notes** accompanying each question before giving your answers.
- A household comprises either of one person living alone, or a group of people (who may or may not be related) living at the same address with common housekeeping, such as sharing one meal a day together or sharing a living room or sitting room.

- Answer questions H1 - H6 about your household's accommodation and amenities.
- Answer the remaining questions for every member of the household by **ticking** the appropriate box or boxes or by giving the requested **written details**. You are required to answer all the questions unless otherwise instructed.

- **WHEN YOU HAVE COMPLETED THIS FORM PLEASE SIGN THE DECLARATION BELOW.**

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

Signature(s)

Date

IMPORTANT INFORMATION

WHO SHOULD YOU INCLUDE ON THE FORM?

- Include everyone who spends Census Night (evening of 29th/morning of 30th April) in your household **EXCEPT** anyone who lives elsewhere on the Isle of Man. These people must complete (or be included on) a Census Form **at their own address**.
- Include everyone who usually lives in your household but who spends Census Night elsewhere, e.g. with a friend in the Isle of Man, at University in the United Kingdom or elsewhere, on business or holiday abroad, serving with H.M. Forces, etc.
- Include anyone who is staying temporarily and who does not normally live in the Isle of Man, e.g. a visitor from the UK.
- **Do not include** anyone who is in hospital or in a nursing home on Census Night - they will be included on the institution's return.

Is there is any one else that has not been included (such as visitors) because there is no room on the form?

Yes **Yes** (PLEASE ASK YOUR ENUMERATOR FOR ANOTHER FORM)

No

May the Enumerator telephone you if he or she has a query about your form?
If so please write the number below

REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF THE FORM

Lift this page for Question H1 of Household Questions

PERSON 1 (Head or Joint Head of Household)	PERSON 2	PERSON 3	PERSON 4
Surname <input type="text" value="Cubbon"/>	Surname <input type="text" value="Cubbon"/>	Surname <input type="text" value="Cubbon"/>	Surname <input type="text" value="Cubbon"/>
Forename(s) <input type="text" value="David"/>	Forename(s) <input type="text" value="Alison"/>	Forename(s) <input type="text" value="Ruth"/>	Forename(s) <input type="text" value="John"/>
	Relationship of person 2 to person: 1 Husband or wife <input checked="" type="checkbox"/> Partner <input type="checkbox"/> Son or Daughter <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Other relative <input type="checkbox"/> Unrelated <input type="checkbox"/>	Relationship of person 3 to person: 1 2 Husband or wife <input type="checkbox"/> <input type="checkbox"/> Partner <input type="checkbox"/> <input type="checkbox"/> Son or Daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Father or mother <input type="checkbox"/> <input type="checkbox"/> Grandchild <input type="checkbox"/> <input type="checkbox"/> Brother or Sister <input type="checkbox"/> <input type="checkbox"/> Other relative <input type="checkbox"/> <input type="checkbox"/> Unrelated <input type="checkbox"/> <input type="checkbox"/>	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"/> Father or mother <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grandchild <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brother or Sister <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Other relative <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unrelated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

EXAMPLE

GUIDANCE FOR COMPLETING QUESTION 3 ON PAGE 4

Please read the following information to assist you in completing question 3 - relationship in the household

- The example shows how to provide the relationship information requested in question 3 for David Cubbon, his wife (Alison) and their two children (Ruth and John).

HOUSEHOLD QUESTIONS

Please answer all household questions

H1 Accommodation

What type of accommodation does the household occupy?

- Please tick one box only.
- A self contained flat has its room(s) and facilities (i.e. bath or shower and W.C. and kitchen) behind its own private door.

- 1 House or bungalow not shared with another household
- 2 House or bungalow shared with another household
- 3 Self-contained flat not shared with another household
- 4 Self-contained flat shared with another household
- 5 Flat or bedsitter not self-contained
- 6 Other (please specify)

H2 Tenure

In what capacity do you and your household occupy your accommodation?

As an owner occupier

- 1 Buying the property through a mortgage or loan
- 2 Owning the property outright

By renting, rent-free or lease from

- 3 The Government or Local Authority
- 4 A private landlord, furnished
- 5 A private landlord, unfurnished
- 6 Your employer or the employer of another member of your household

In some other way

- 7 Please give details

H3 Motor Vehicles

(i) How many motor vehicles are normally available for use by you or by members of your household?

- Enter the number of vehicles of each type in the appropriate box. If no vehicles tick **BOX 5**.
- Include any vehicles provided by employers if used exclusively by you or by members of your household, but exclude vans used solely for carriage of goods.

- 1 Car(s)
- 2 Van(s)
- 3 Motorcycle(s), Scooter(s), Moped(s)
- 4 Other (please specify)

- 5 No motor vehicles (Now go to question H4)

(ii) How many of the vehicles are USUALLY left overnight in these places?

- Please enter the number of vehicles in the appropriate box or boxes.

- 1 A private garage or carport
- 2 A private parking area or driveway
- 3 A public parking area
- 4 A public road or street
- 5 Elsewhere

(iii) Please specify the fuel type(s) you and your household regularly use for your vehicle(s)

- Please enter the number of vehicles using the fuel type in the appropriate box or boxes.

- 1 Unleaded petrol
- 2 Diesel
- 3 Lead replacement petrol

HOUSEHOLD QUESTIONS

H4 Internet Access

(i) Does your household have access to the Internet within the household's accommodation?

- 1 Yes
2 No

(ii) How many people in your household have accessed the Internet in the last month and in what way?

- Please enter the number of household members who have accessed the Internet in the last month in the appropriate boxes.

- 1 At home
2 On an employer's work premises
3 At school
4 At a library
5 At a friend's house
6 Other (please specify)

H5 Rooms

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

- A large room divided by a fixed or sliding partition should be counted as **two rooms**. A room divided by curtains or portable screens should be counted as **one room**.

Please enter the number of rooms in this box

Do not include: kitchens less than 6 feet wide; bathrooms and/or toilets; landings or halls; cellars or attics; garages or rooms that can only be used for storage such as cupboards or larders. Offices or shops used solely for business purposes should be excluded.

H6 Household Heating

(i) What is your household's main form of heating?

- Please tick one box only.

- 1 Electricity
2 Gas (mains)
3 Gas (cylinders or tank on premises)
4 Oil
5 Coal or other solid fuel
6 Other

(ii) Is your main form of heating a central heating system?

- 1 Yes
2 No

(iii) In addition to the main form of heating, which OTHER form(s) of heating, if any, does your household use?

- Please tick the appropriate box or boxes.

- 1 Electricity
2 Gas (mains)
3 Gas (cylinders or tank on premises)
4 Oil
5 Coal or other solid fuel
6 Other
7 None

QUESTIONS FOR INDIVIDUALS

Please answer questions for every member of your household, then sign the declaration on the front of this form.

1 Full Name

- Please write the names in **BLOCK CAPITALS** starting with the head or joint head of the household.
- For a baby not yet named, enter the surname and write 'BABY'.

2 Visitors

Is this person a visitor?

- A visitor is a person whose usual place of residence is **outside the Isle of Man**. This includes persons who are visiting the Isle of Man on holiday, on business or to work for a temporary period but who do not intend to take up residence on the Island.
- If either **BOXES 3** or **4** were ticked please answer no further questions for this person.

3 Relationship in Household

Please state the nature of the person's relationship to the other members of the household by ticking the relevant box

- The term 'Son or Daughter' includes a step-child or adopted child. Likewise the term 'Brother or Sister' includes step siblings.
- For guidance on completing this question please refer to the example on the **the fold out page** at the front of this booklet.

4 Sex

5 Date of Birth

- Please enter day, month and year in figures, showing all four digits of the year.

For example 28th April 1976 should be entered as:

2	8	0	4	1	9	7	6
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PERSON 1

(Head or Joint Head of Household)

Surname

Forename(s)

1 No

2 Yes - working in the Isle of Man for a temporary period (more than 3 days)

(Now answer questions 18, 19, & 20 only)

3 Yes - on a business trip or working for 3 days or less

4 Yes - visit not related to employment or business

PERSON 2

Surname

Forename(s)

1 No

2 Yes - working in the Isle of Man for a temporary period (more than 3 days)

(Now answer questions 18, 19, & 20 only)

3 Yes - on a business trip or working for 3 days or less

4 Yes - visit not related to employment or business

Relationship of person 2 to person:

1

Husband or wife

Partner

Son or Daughter

Father or mother

Grandchild

Brother or Sister

Other relative

Unrelated

1 Male

2 Female

1 Male

2 Female

Day Month Year

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes - working in the Isle of Man for a temporary period (more than 3 days) (Now answer questions 18, 19, & 20 only)</p> <p>3 <input type="checkbox"/> Yes - on a business trip or working for 3 days or less</p> <p>4 <input type="checkbox"/> Yes - visit not related to employment or business</p>	<p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes - working in the Isle of Man for a temporary period (more than 3 days) (Now answer questions 18, 19, & 20 only)</p> <p>3 <input type="checkbox"/> Yes - on a business trip or working for 3 days or less</p> <p>4 <input type="checkbox"/> Yes - visit not related to employment or business</p>	<p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes - working in the Isle of Man for a temporary period (more than 3 days) (Now answer questions 18, 19, & 20 only)</p> <p>3 <input type="checkbox"/> Yes - on a business trip or working for 3 days or less</p> <p>4 <input type="checkbox"/> Yes - visit not related to employment or business</p>	<p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes - working in the Isle of Man for a temporary period (more than 3 days) (Now answer questions 18, 19, & 20 only)</p> <p>3 <input type="checkbox"/> Yes - on a business trip or working for 3 days or less</p> <p>4 <input type="checkbox"/> Yes - visit not related to employment or business</p>
<p>Relationship of person 3 to person:</p> <p style="text-align: center;">1 2</p> <p>Husband or wife <input type="checkbox"/><input type="checkbox"/></p> <p>Partner <input type="checkbox"/><input type="checkbox"/></p> <p>Son or Daughter <input type="checkbox"/><input type="checkbox"/></p> <p>Father or mother <input type="checkbox"/><input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/><input type="checkbox"/></p> <p>Brother or Sister <input type="checkbox"/><input type="checkbox"/></p> <p>Other relative <input type="checkbox"/><input type="checkbox"/></p> <p>Unrelated <input type="checkbox"/><input type="checkbox"/></p>	<p>Relationship of person 4 to person:</p> <p style="text-align: center;">1 2 3</p> <p>Husband or wife <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Partner <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Son or Daughter <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Father or mother <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Brother or Sister <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Other relative <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Unrelated <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>Relationship of person 5 to person:</p> <p style="text-align: center;">1 2 3 4</p> <p>Husband or wife <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Partner <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Son or Daughter <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Father or mother <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Brother or Sister <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Other relative <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Unrelated <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>Relationship of person 6 to person:</p> <p style="text-align: center;">1 2 3 4 5</p> <p>Husband or wife <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Partner <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Son or Daughter <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Father or mother <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Brother or Sister <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Other relative <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Unrelated <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>	<p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>	<p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>	<p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>
<p>Day Month Year</p> <p><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>Day Month Year</p> <p><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>Day Month Year</p> <p><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>Day Month Year</p> <p><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>

<p>6 Whereabouts on Census Night (Evening of 29th/morning of 30th April)</p> <p>Was the person present or absent from this address on Census night?</p>	<p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man</p> <p>3 <input type="checkbox"/> Absent from the Isle of Man</p>	<p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man</p> <p>3 <input type="checkbox"/> Absent from the Isle of Man</p>
<p>7 Place of Birth</p> <p>(i) Where was the person born?</p> <ul style="list-style-type: none"> If born in the Isle of Man please answer parts (i) and (ii). If born elsewhere please answer parts (i) and (iii). <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>Box 7: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Italy, Luxembourg, Netherlands, Portugal, Spain and Sweden.</p> </div> <p style="text-align: right; margin-top: 20px;"><i>For office use</i></p>	<p>1 <input type="checkbox"/> Isle of Man</p> <p>2 <input type="checkbox"/> England</p> <p>3 <input type="checkbox"/> Wales</p> <p>4 <input type="checkbox"/> Scotland</p> <p>5 <input type="checkbox"/> Northern Ireland</p> <p>6 <input type="checkbox"/> Republic of Ireland</p> <p>7 <input type="checkbox"/> Other European Union Country</p> <p>8 <input type="checkbox"/> Channel Islands</p> <p>9 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>	<p>1 <input type="checkbox"/> Isle of Man</p> <p>2 <input type="checkbox"/> England</p> <p>3 <input type="checkbox"/> Wales</p> <p>4 <input type="checkbox"/> Scotland</p> <p>5 <input type="checkbox"/> Northern Ireland</p> <p>6 <input type="checkbox"/> Republic of Ireland</p> <p>7 <input type="checkbox"/> Other European Union Country</p> <p>8 <input type="checkbox"/> Channel Islands</p> <p>9 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>
<p>(ii) If the person was born in the Isle of Man, were any of their parents or grandparents born in England, Scotland, Wales or Northern Ireland?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>(iii) If the person was not born in the Isle of Man, were either of their parents born in the Isle of Man?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>8 Full time Students</p> <p>(i) Is this person in full time education?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (Now go to question 9)</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (Now go to question 9)</p>
<p>(ii) Does this person live at the address shown at the front of this form during the school, college or university term?</p> <ul style="list-style-type: none"> Only answer this question if you answered 'Yes' to 8 (i). 	<p>1 <input type="checkbox"/> Yes - lives at this address during term-time</p> <p>2 <input type="checkbox"/> No - lives elsewhere in the Isle of Man during term-time</p> <p>3 <input type="checkbox"/> No - lives elsewhere outside the Isle of Man during term-time</p>	<p>1 <input type="checkbox"/> Yes - lives at this address during term-time</p> <p>2 <input type="checkbox"/> No - lives elsewhere in the Isle of Man during term-time</p> <p>3 <input type="checkbox"/> No - lives elsewhere outside the Isle of Man during term-time</p>

<p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man</p> <p>3 <input type="checkbox"/> Absent from the Isle of Man</p>	<p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man</p> <p>3 <input type="checkbox"/> Absent from the Isle of Man</p>	<p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man</p> <p>3 <input type="checkbox"/> Absent from the Isle of Man</p>	<p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man</p> <p>3 <input type="checkbox"/> Absent from the Isle of Man</p>
<p>1 <input type="checkbox"/> Isle of Man</p> <p>2 <input type="checkbox"/> England</p> <p>3 <input type="checkbox"/> Wales</p> <p>4 <input type="checkbox"/> Scotland</p> <p>5 <input type="checkbox"/> Northern Ireland</p> <p>6 <input type="checkbox"/> Republic of Ireland</p> <p>7 <input type="checkbox"/> Other European Union Country</p> <p>8 <input type="checkbox"/> Channel Islands</p> <p>9 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> Isle of Man</p> <p>2 <input type="checkbox"/> England</p> <p>3 <input type="checkbox"/> Wales</p> <p>4 <input type="checkbox"/> Scotland</p> <p>5 <input type="checkbox"/> Northern Ireland</p> <p>6 <input type="checkbox"/> Republic of Ireland</p> <p>7 <input type="checkbox"/> Other European Union Country</p> <p>8 <input type="checkbox"/> Channel Islands</p> <p>9 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> Isle of Man</p> <p>2 <input type="checkbox"/> England</p> <p>3 <input type="checkbox"/> Wales</p> <p>4 <input type="checkbox"/> Scotland</p> <p>5 <input type="checkbox"/> Northern Ireland</p> <p>6 <input type="checkbox"/> Republic of Ireland</p> <p>7 <input type="checkbox"/> Other European Union Country</p> <p>8 <input type="checkbox"/> Channel Islands</p> <p>9 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> Isle of Man</p> <p>2 <input type="checkbox"/> England</p> <p>3 <input type="checkbox"/> Wales</p> <p>4 <input type="checkbox"/> Scotland</p> <p>5 <input type="checkbox"/> Northern Ireland</p> <p>6 <input type="checkbox"/> Republic of Ireland</p> <p>7 <input type="checkbox"/> Other European Union Country</p> <p>8 <input type="checkbox"/> Channel Islands</p> <p>9 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <p><input type="text"/></p>
<p><input type="checkbox"/> <input type="checkbox"/> <input type="text"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="text"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="text"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="text"/></p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (Now go to question 9)</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (Now go to question 9)</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (Now go to question 9)</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (Now go to question 9)</p>
<p>1 <input type="checkbox"/> Yes - lives at this address during term-time</p> <p>2 <input type="checkbox"/> No - lives elsewhere in the Isle of Man during term-time</p> <p>3 <input type="checkbox"/> No - lives elsewhere outside the Isle of Man during term-time</p>	<p>1 <input type="checkbox"/> Yes - lives at this address during term-time</p> <p>2 <input type="checkbox"/> No - lives elsewhere in the Isle of Man during term-time</p> <p>3 <input type="checkbox"/> No - lives elsewhere outside the Isle of Man during term-time</p>	<p>1 <input type="checkbox"/> Yes - lives at this address during term-time</p> <p>2 <input type="checkbox"/> No - lives elsewhere in the Isle of Man during term-time</p> <p>3 <input type="checkbox"/> No - lives elsewhere outside the Isle of Man during term-time</p>	<p>1 <input type="checkbox"/> Yes - lives at this address during term-time</p> <p>2 <input type="checkbox"/> No - lives elsewhere in the Isle of Man during term-time</p> <p>3 <input type="checkbox"/> No - lives elsewhere outside the Isle of Man during term-time</p>

<p>9 Manx Language</p> <p>Can the person speak, read or write Manx Gaelic?</p> <ul style="list-style-type: none"> Please tick the appropriate box or boxes. If the person does not speak, read or write Manx Gaelic, or only knows a few words or phrases, tick BOX 1. 	<p>1 <input type="checkbox"/> No - cannot speak, read or write Manx</p> <p>2 <input type="checkbox"/> Yes - speaks Manx</p> <p>3 <input type="checkbox"/> Yes - reads Manx</p> <p>4 <input type="checkbox"/> Yes - writes Manx</p>	<p>1 <input type="checkbox"/> No - cannot speak, read or write Manx</p> <p>2 <input type="checkbox"/> Yes - speaks Manx</p> <p>3 <input type="checkbox"/> Yes - reads Manx</p> <p>4 <input type="checkbox"/> Yes - writes Manx</p>
<p>10 Present Marital Status</p> <p>What is the person's present marital status?</p> <ul style="list-style-type: none"> Tick one box only. 	<p>1 <input type="checkbox"/> Single (never married)</p> <p>2 <input type="checkbox"/> Married (first marriage)</p> <p>3 <input type="checkbox"/> Re-married</p> <p>4 <input type="checkbox"/> Separated (but still legally married)</p> <p>5 <input type="checkbox"/> Widowed</p> <p>6 <input type="checkbox"/> Divorced</p>	<p>1 <input type="checkbox"/> Single (never married)</p> <p>2 <input type="checkbox"/> Married (first marriage)</p> <p>3 <input type="checkbox"/> Re-married</p> <p>4 <input type="checkbox"/> Separated (but still legally married)</p> <p>5 <input type="checkbox"/> Widowed</p> <p>6 <input type="checkbox"/> Divorced</p>
<p>11 Long-term Illness</p> <p>Does this person have any long-term illness, health problem or handicap which limits his/her daily activities or the work he/she can do?</p> <ul style="list-style-type: none"> Include problems which arise from old age. 	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>12 Carers</p> <p>(i) Does this person look after, or give any significant help or support to family members OR friends, neighbours and others because of their:</p> <ul style="list-style-type: none"> long-term physical or mental ill-health or disability, OR problems related to old age? Do not count anything you do as part of your paid employment. If the person does not provide any significant help or support please tick BOX 3 and go to question 13. 	<p>1 <input type="checkbox"/> Family members</p> <p>2 <input type="checkbox"/> Friends, neighbours and others</p> <p>3 <input type="checkbox"/> No - person does not provide any significant help/support. (Now go to question 13)</p>	<p>1 <input type="checkbox"/> Family members</p> <p>2 <input type="checkbox"/> Friends, neighbours and others</p> <p>3 <input type="checkbox"/> No - person does not provide any significant help/support. (Now go to question 13)</p>
<p>(ii) If the person does look after, or give any significant help or support to family members, friends, neighbours or others, please indicate time spent in a typical week.</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> Hours</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> Hours</p>

<p>1 <input type="checkbox"/> No - cannot speak, read or write Manx</p> <p>2 <input type="checkbox"/> Yes - speaks Manx</p> <p>3 <input type="checkbox"/> Yes - reads Manx</p> <p>4 <input type="checkbox"/> Yes - writes Manx</p>	<p>1 <input type="checkbox"/> No - cannot speak, read or write Manx</p> <p>2 <input type="checkbox"/> Yes - speaks Manx</p> <p>3 <input type="checkbox"/> Yes - reads Manx</p> <p>4 <input type="checkbox"/> Yes - writes Manx</p>	<p>1 <input type="checkbox"/> No - cannot speak, read or write Manx</p> <p>2 <input type="checkbox"/> Yes - speaks Manx</p> <p>3 <input type="checkbox"/> Yes - reads Manx</p> <p>4 <input type="checkbox"/> Yes - writes Manx</p>	<p>1 <input type="checkbox"/> No - cannot speak, read or write Manx</p> <p>2 <input type="checkbox"/> Yes - speaks Manx</p> <p>3 <input type="checkbox"/> Yes - reads Manx</p> <p>4 <input type="checkbox"/> Yes - writes Manx</p>
<p>1 <input type="checkbox"/> Single (never married)</p> <p>2 <input type="checkbox"/> Married (first marriage)</p> <p>3 <input type="checkbox"/> Re-married</p> <p>4 <input type="checkbox"/> Separated (but still legally married)</p> <p>5 <input type="checkbox"/> Widowed</p> <p>6 <input type="checkbox"/> Divorced</p>	<p>1 <input type="checkbox"/> Single (never married)</p> <p>2 <input type="checkbox"/> Married (first marriage)</p> <p>3 <input type="checkbox"/> Re-married</p> <p>4 <input type="checkbox"/> Separated (but still legally married)</p> <p>5 <input type="checkbox"/> Widowed</p> <p>6 <input type="checkbox"/> Divorced</p>	<p>1 <input type="checkbox"/> Single (never married)</p> <p>2 <input type="checkbox"/> Married (first marriage)</p> <p>3 <input type="checkbox"/> Re-married</p> <p>4 <input type="checkbox"/> Separated (but still legally married)</p> <p>5 <input type="checkbox"/> Widowed</p> <p>6 <input type="checkbox"/> Divorced</p>	<p>1 <input type="checkbox"/> Single (never married)</p> <p>2 <input type="checkbox"/> Married (first marriage)</p> <p>3 <input type="checkbox"/> Re-married</p> <p>4 <input type="checkbox"/> Separated (but still legally married)</p> <p>5 <input type="checkbox"/> Widowed</p> <p>6 <input type="checkbox"/> Divorced</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>1 <input type="checkbox"/> Family members</p> <p>2 <input type="checkbox"/> Friends, neighbours and others</p> <p>3 <input type="checkbox"/> No - person does not provide any significant help/support. (Now go to question 13)</p>	<p>1 <input type="checkbox"/> Family members</p> <p>2 <input type="checkbox"/> Friends, neighbours and others</p> <p>3 <input type="checkbox"/> No - person does not provide any significant help/support. (Now go to question 13)</p>	<p>1 <input type="checkbox"/> Family members</p> <p>2 <input type="checkbox"/> Friends, neighbours and others</p> <p>3 <input type="checkbox"/> No - person does not provide any significant help/support. (Now go to question 13)</p>	<p>1 <input type="checkbox"/> Family members</p> <p>2 <input type="checkbox"/> Friends, neighbours and others</p> <p>3 <input type="checkbox"/> No - person does not provide any significant help/support. (Now go to question 13)</p>
<p><input type="text"/> <input type="text"/> <input type="text"/> Hours</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> Hours</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> Hours</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> Hours</p>

13 Residency

(i) When did the PRESENT period of residency in the Isle of Man begin?

- If you ticked **BOX 2**, please enter the year and answer parts (ii), (iii) & (iv).

- 1 At birth (Now go to question 14)
 2 In

- 1 At birth (Now go to question 14)
 2 In

(ii) Where did the person live before taking up residency in the Isle of Man?

- Tick one box only.
- If you have had more than one period of residency in the Isle of Man, please indicate where you lived before taking up the **present** period of residency.

Box 6: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Italy, Luxembourg, Netherlands, Portugal, Spain and Sweden.

- 1 England
 2 Wales
 3 Scotland
 4 Northern Ireland
 5 Republic of Ireland
 6 Other European Union Country
 7 Channel Islands
 8 Elsewhere (please give present name of country)

- 1 England
 2 Wales
 3 Scotland
 4 Northern Ireland
 5 Republic of Ireland
 6 Other European Union Country
 7 Channel Islands
 8 Elsewhere (please give present name of country)

For office use

(iii) What was the principal reason for taking up the current or present residency in the Isle of Man?

- Tick one box only.

- 1 To live in retirement
 2 To take up or to seek employment or self-employment
 3 As the spouse or dependent of a person either living in retirement or coming to take up or seek employment or self employment
 4 Other reason (please specify)

- 1 To live in retirement
 2 To take up or to seek employment or self-employment
 3 As the spouse or dependent of a person either living in retirement or coming to take up or seek employment or self employment
 4 Other reason (please specify)

(iv) Have you been previously resident in the Isle of Man?

- If so, please enter years of this period of residency (do not include periods of less than 6 months duration).

- 1 No
 2 Yes
 from
 to

- 1 No
 2 Yes
 from
 to

<p>1 <input type="checkbox"/> At birth (Now go to question 14)</p> <p>2 <input type="checkbox"/> In <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> At birth (Now go to question 14)</p> <p>2 <input type="checkbox"/> In <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> At birth (Now go to question 14)</p> <p>2 <input type="checkbox"/> In <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> At birth (Now go to question 14)</p> <p>2 <input type="checkbox"/> In <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p>1 <input type="checkbox"/> England</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> Northern Ireland</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Other European Union Country</p> <p>7 <input type="checkbox"/> Channel Islands</p> <p>8 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> England</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> Northern Ireland</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Other European Union Country</p> <p>7 <input type="checkbox"/> Channel Islands</p> <p>8 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> England</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> Northern Ireland</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Other European Union Country</p> <p>7 <input type="checkbox"/> Channel Islands</p> <p>8 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> England</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> Northern Ireland</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Other European Union Country</p> <p>7 <input type="checkbox"/> Channel Islands</p> <p>8 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <p><input type="text"/></p>
<p><input type="checkbox"/><input type="checkbox"/><input type="text"/></p>	<p><input type="checkbox"/><input type="checkbox"/><input type="text"/></p>	<p><input type="checkbox"/><input type="checkbox"/><input type="text"/></p>	<p><input type="checkbox"/><input type="checkbox"/><input type="text"/></p>
<p>1 <input type="checkbox"/> To live in retirement</p> <p>2 <input type="checkbox"/> To take up or to seek employment or self-employment</p> <p>3 <input type="checkbox"/> As the spouse or dependent of a person either living in retirement or coming to take up or seek employment or self employment</p> <p>4 <input type="checkbox"/> Other reason (please specify)</p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> To live in retirement</p> <p>2 <input type="checkbox"/> To take up or to seek employment or self-employment</p> <p>3 <input type="checkbox"/> As the spouse or dependent of a person either living in retirement or coming to take up or seek employment or self employment</p> <p>4 <input type="checkbox"/> Other reason (please specify)</p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> To live in retirement</p> <p>2 <input type="checkbox"/> To take up or to seek employment or self-employment</p> <p>3 <input type="checkbox"/> As the spouse or dependent of a person either living in retirement or coming to take up or seek employment or self employment</p> <p>4 <input type="checkbox"/> Other reason (please specify)</p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> To live in retirement</p> <p>2 <input type="checkbox"/> To take up or to seek employment or self-employment</p> <p>3 <input type="checkbox"/> As the spouse or dependent of a person either living in retirement or coming to take up or seek employment or self employment</p> <p>4 <input type="checkbox"/> Other reason (please specify)</p> <p><input type="text"/></p>
<p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes</p> <p>from <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>to <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes</p> <p>from <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>to <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes</p> <p>from <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>to <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes</p> <p>from <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>to <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>

14 Those in Compulsory Education		
(i) If the person is 16 or under and in compulsory education, were they in paid employment last week?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Now go to question 15)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Now go to question 15)
(ii) If in paid employment, how many hours did the person work last week?	<input type="text"/> <input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> <input type="text"/> Hours

ONLY ANSWER THE REMAINING QUESTIONS IF THE PERSON IS AGED 16 OR OVER AND NOT IN COMPULSORY EDUCATION

15 Qualifications		
Which of these qualifications does the person have?		
<ul style="list-style-type: none"> Please tick the appropriate box or boxes. 		
1 <input type="checkbox"/> 1+ O levels /CSEs/ GCSEs (any grade)	1 <input type="checkbox"/> 1+ O levels /CSEs/ GCSEs (any grade)	1 <input type="checkbox"/> 1+ O levels /CSEs/ GCSEs (any grade)
2 <input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	2 <input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	2 <input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate
3 <input type="checkbox"/> 1+ A levels/AS levels	3 <input type="checkbox"/> 1+ A levels/AS levels	3 <input type="checkbox"/> 1+ A levels/AS levels
4 <input type="checkbox"/> 2+ A levels, 4 AS levels, Higher School Certificate	4 <input type="checkbox"/> 2+ A levels, 4 AS levels, Higher School Certificate	4 <input type="checkbox"/> 2+ A levels, 4 AS levels, Higher School Certificate
5 <input type="checkbox"/> First Degree (e.g. BA, B.Sc.)	5 <input type="checkbox"/> First Degree (e.g. BA, B.Sc.)	5 <input type="checkbox"/> First Degree (e.g. BA, B.Sc.)
6 <input type="checkbox"/> Higher Degree (e.g. MA, Ph.D., PGCE, post graduate certificate/diplomas)	6 <input type="checkbox"/> Higher Degree (e.g. MA, Ph.D., PGCE, post graduate certificate/diplomas)	6 <input type="checkbox"/> Higher Degree (e.g. MA, Ph.D., PGCE, post graduate certificate/diplomas)
7 <input type="checkbox"/> NVQ Level 1, Foundation GNVQ	7 <input type="checkbox"/> NVQ Level 1, Foundation GNVQ	7 <input type="checkbox"/> NVQ Level 1, Foundation GNVQ
8 <input type="checkbox"/> NVQ Level 2, Intermediate GNVQ	8 <input type="checkbox"/> NVQ Level 2, Intermediate GNVQ	8 <input type="checkbox"/> NVQ Level 2, Intermediate GNVQ
9 <input type="checkbox"/> NVQ Level 3, Advanced GNVQ, NC, ND	9 <input type="checkbox"/> NVQ Level 3, Advanced GNVQ, NC, ND	9 <input type="checkbox"/> NVQ Level 3, Advanced GNVQ, NC, ND
10 <input type="checkbox"/> NVQ Levels 4-5, HNC, HND	10 <input type="checkbox"/> NVQ Levels 4-5, HNC, HND	10 <input type="checkbox"/> NVQ Levels 4-5, HNC, HND
11 <input type="checkbox"/> Other academic or vocational qualifications (e.g. City and Guilds, RSA/OCR, BTEC/ Edexcel)	11 <input type="checkbox"/> Other academic or vocational qualifications (e.g. City and Guilds, RSA/OCR, BTEC/ Edexcel)	11 <input type="checkbox"/> Other academic or vocational qualifications (e.g. City and Guilds, RSA/OCR, BTEC/ Edexcel)
12 <input type="checkbox"/> Professional Qualifications Please specify <input style="width: 150px; height: 15px;" type="text"/>	12 <input type="checkbox"/> Professional Qualifications Please specify <input style="width: 150px; height: 15px;" type="text"/>	12 <input type="checkbox"/> Professional Qualifications Please specify <input style="width: 150px; height: 15px;" type="text"/>
13 <input type="checkbox"/> No Qualifications	13 <input type="checkbox"/> No Qualifications	13 <input type="checkbox"/> No Qualifications

1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Now go to question 15)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Now go to question 15)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Now go to question 15)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Now go to question 15)
<input type="text"/> <input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> <input type="text"/> Hours

ONLY ANSWER THE REMAINING QUESTIONS IF THE PERSON IS AGED 16 OR OVER AND NOT IN COMPULSORY EDUCATION

1 <input type="checkbox"/> 1+ O levels /CSEs/ GCSEs (any grade) 2 <input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate 3 <input type="checkbox"/> 1+ A levels/AS levels 4 <input type="checkbox"/> 2+ A levels, 4 AS levels, Higher School Certificate 5 <input type="checkbox"/> First Degree (e.g. BA, B.Sc.) 6 <input type="checkbox"/> Higher Degree (e.g. MA, Ph.D., PGCE, post graduate certificate/diplomas) 7 <input type="checkbox"/> NVQ Level 1, Foundation GNVQ 8 <input type="checkbox"/> NVQ Level 2, Intermediate GNVQ 9 <input type="checkbox"/> NVQ Level 3, Advanced GNVQ, NC, ND 10 <input type="checkbox"/> NVQ Levels 4-5, HNC, HND 11 <input type="checkbox"/> Other academic or vocational qualifications (e.g. City and Guilds, RSA/OCR, BTEC/ Edexcel) 12 <input type="checkbox"/> Professional Qualifications Please specify <input type="text"/> 13 <input type="checkbox"/> No Qualifications	1 <input type="checkbox"/> 1+ O levels /CSEs/ GCSEs (any grade) 2 <input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate 3 <input type="checkbox"/> 1+ A levels/AS levels 4 <input type="checkbox"/> 2+ A levels, 4 AS levels, Higher School Certificate 5 <input type="checkbox"/> First Degree (e.g. BA, B.Sc.) 6 <input type="checkbox"/> Higher Degree (e.g. MA, Ph.D., PGCE, post graduate certificate/diplomas) 7 <input type="checkbox"/> NVQ Level 1, Foundation GNVQ 8 <input type="checkbox"/> NVQ Level 2, Intermediate GNVQ 9 <input type="checkbox"/> NVQ Level 3, Advanced GNVQ, NC, ND 10 <input type="checkbox"/> NVQ Levels 4-5, HNC, HND 11 <input type="checkbox"/> Other academic or vocational qualifications (e.g. City and Guilds, RSA/OCR, BTEC/ Edexcel) 12 <input type="checkbox"/> Professional Qualifications Please specify <input type="text"/> 13 <input type="checkbox"/> No Qualifications	1 <input type="checkbox"/> 1+ O levels /CSEs/ GCSEs (any grade) 2 <input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate 3 <input type="checkbox"/> 1+ A levels/AS levels 4 <input type="checkbox"/> 2+ A levels, 4 AS levels, Higher School Certificate 5 <input type="checkbox"/> First Degree (e.g. BA, B.Sc.) 6 <input type="checkbox"/> Higher Degree (e.g. MA, Ph.D., PGCE, post graduate certificate/diplomas) 7 <input type="checkbox"/> NVQ Level 1, Foundation GNVQ 8 <input type="checkbox"/> NVQ Level 2, Intermediate GNVQ 9 <input type="checkbox"/> NVQ Level 3, Advanced GNVQ, NC, ND 10 <input type="checkbox"/> NVQ Levels 4-5, HNC, HND 11 <input type="checkbox"/> Other academic or vocational qualifications (e.g. City and Guilds, RSA/OCR, BTEC/ Edexcel) 12 <input type="checkbox"/> Professional Qualifications Please specify <input type="text"/> 13 <input type="checkbox"/> No Qualifications	1 <input type="checkbox"/> 1+ O levels /CSEs/ GCSEs (any grade) 2 <input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate 3 <input type="checkbox"/> 1+ A levels/AS levels 4 <input type="checkbox"/> 2+ A levels, 4 AS levels, Higher School Certificate 5 <input type="checkbox"/> First Degree (e.g. BA, B.Sc.) 6 <input type="checkbox"/> Higher Degree (e.g. MA, Ph.D., PGCE, post graduate certificate/diplomas) 7 <input type="checkbox"/> NVQ Level 1, Foundation GNVQ 8 <input type="checkbox"/> NVQ Level 2, Intermediate GNVQ 9 <input type="checkbox"/> NVQ Level 3, Advanced GNVQ, NC, ND 10 <input type="checkbox"/> NVQ Levels 4-5, HNC, HND 11 <input type="checkbox"/> Other academic or vocational qualifications (e.g. City and Guilds, RSA/OCR, BTEC/ Edexcel) 12 <input type="checkbox"/> Professional Qualifications Please specify <input type="text"/> 13 <input type="checkbox"/> No Qualifications
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16 Employment Status

Last week was the person employed either:

- as an employee
- on a government approved training scheme
- as paid or unpaid self employed/freelance
- or in their own or family business?

- Tick 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.
- Tick 'Yes' for any paid work, including casual or temporary work.

1 Yes

2 No (Now answer Question 23)

1 Yes

2 No (Now answer Question 23)

17 Basis of Employment

On what basis is the person currently employed?

In the case of a person with more than one job:

- (a) If working for one employer full-time and another part-time, tick **BOXES 1 and 2**;
- (b) If working for an employer full-time and self employed part-time, tick **BOX 1** and either **BOX 4 or 5**;
- (c) If working part-time for more than one employer, tick **BOX 3**.
- Women on maternity leave with a formal job attachment should count themselves as employed.
 - School teachers working full-time please tick **BOX 1**.

1 Works for an employer full-time (30 hours or more per week)

2 Works for an employer part-time (less than 30 hours per week)

3 Works for more than one employer part-time (less than 30 hours per week)

4 Is self employed, employing others

5 Is self employed, not employing others

1 Works for an employer full-time (30 hours or more per week)

2 Works for an employer part-time (less than 30 hours per week)

3 Works for more than one employer part-time (less than 30 hours per week)

4 Is self employed, employing others

5 Is self employed, not employing others

<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (Now answer Question 23)</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (Now answer Question 23)</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (Now answer Question 23)</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (Now answer Question 23)</p>
<p>1 <input type="checkbox"/> Works for an employer full-time (30 hours or more per week)</p> <p>2 <input type="checkbox"/> Works for an employer part-time (less than 30 hours per week)</p> <p>3 <input type="checkbox"/> Works for more than one employer part-time (less than 30 hours per week)</p> <p>4 <input type="checkbox"/> Is self employed, employing others</p> <p>5 <input type="checkbox"/> Is self employed, not employing others</p>	<p>1 <input type="checkbox"/> Works for an employer full-time (30 hours or more per week)</p> <p>2 <input type="checkbox"/> Works for an employer part-time (less than 30 hours per week)</p> <p>3 <input type="checkbox"/> Works for more than one employer part-time (less than 30 hours per week)</p> <p>4 <input type="checkbox"/> Is self employed, employing others</p> <p>5 <input type="checkbox"/> Is self employed, not employing others</p>	<p>1 <input type="checkbox"/> Works for an employer full-time (30 hours or more per week)</p> <p>2 <input type="checkbox"/> Works for an employer part-time (less than 30 hours per week)</p> <p>3 <input type="checkbox"/> Works for more than one employer part-time (less than 30 hours per week)</p> <p>4 <input type="checkbox"/> Is self employed, employing others</p> <p>5 <input type="checkbox"/> Is self employed, not employing others</p>	<p>1 <input type="checkbox"/> Works for an employer full-time (30 hours or more per week)</p> <p>2 <input type="checkbox"/> Works for an employer part-time (less than 30 hours per week)</p> <p>3 <input type="checkbox"/> Works for more than one employer part-time (less than 30 hours per week)</p> <p>4 <input type="checkbox"/> Is self employed, employing others</p> <p>5 <input type="checkbox"/> Is self employed, not employing others</p>

18 Name/Address and Business of Employer

- In **BOX 1** please give the name of the person's employer.
Use the trading name, if applicable (do not use abbreviations). If self-employed state this in **BOX 1**.
- In **BOX 2** please state the employer's address for your usual place of work. This may not be the company headquarters.
- In **BOX 3** describe clearly what the employer (or self-employed person) makes or does, for example: 'provides office cleaning services'; 'manufactures electrical goods'.
- Civil Service** - give name of Government Department in **BOX 1** and government division in **BOX 3**;
Officers of Douglas Corporation/Local Commissioners - give name of the employing authority in **BOX 1** and leave **BOXES 2** and **3** blank;
Armed Forces - enter 'ARMED FORCES' in **BOX 1**, leave **BOXES 2** and **3** blank.

For office use

<p>1 Name of Employer</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>1 Name of Employer</p> <input type="text"/> <input type="text"/> <input type="text"/>
<p>2 Address of Employer</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>2 Address of Employer</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>3 Description of Employer's Business</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>3 Description of Employer's Business</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IC</p> <p><input type="checkbox"/> IS</p> <p><input type="checkbox"/> PG</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IC</p> <p><input type="checkbox"/> IS</p> <p><input type="checkbox"/> PG</p>

19 Occupation

- What is the person's main occupation?**
- In **BOX 1** give the full title by which the job is known. For example: 'gas fitter'; 'accounts clerk'; 'packing machinist'; rather than a general title like 'fitter'; 'clerk'; 'machinist'. If the job is known in the industry by a special name, use that name, but do not use abbreviations.
 - In **BOX 2** give the main tasks actually done in the job, for example 'audio-typing'; 'managing accounts for private clients'; 'repairing agricultural machinery'; 'delivering goods to customers'.
 - Civil Service** - give job title and grade in **BOX 1** and leave **BOX 2** blank;
Armed Forces - enter rank in **BOX 1** and leave **BOX 2** blank.

For office use

<p>1 Full Job Title</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>1 Full Job Title</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>2 Main tasks done in job</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>2 Main tasks done in job</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

<p>1 Name of Employer</p> <input type="text"/> <input type="text"/> <input type="text"/> <p>2 Address of Employer</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>3 Description of Employer's Business</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>1 Name of Employer</p> <input type="text"/> <input type="text"/> <input type="text"/> <p>2 Address of Employer</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>3 Description of Employer's Business</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>1 Name of Employer</p> <input type="text"/> <input type="text"/> <input type="text"/> <p>2 Address of Employer</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>3 Description of Employer's Business</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>1 Name of Employer</p> <input type="text"/> <input type="text"/> <input type="text"/> <p>2 Address of Employer</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>3 Description of Employer's Business</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<p>1 Full Job Title</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>2 Main tasks done in job</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>1 Full Job Title</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>2 Main tasks done in job</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>1 Full Job Title</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>2 Main tasks done in job</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>1 Full Job Title</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>2 Main tasks done in job</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

20 Work Permits

Does the person hold a current work permit?

- Isle of Man workers tick **BOX 1**.
- For temporary period work permits, please state for how many months the permit was granted, e.g. months.

- 1 No - does not need or hold a work permit
- 2 Yes - permit granted for an indefinite period
- 3 Yes - permit granted for Months

- 1 No - does not need or hold a work permit
- 2 Yes - permit granted for an indefinite period
- 3 Yes - permit granted for Months

21 Place of Work

Where does the person usually work?

- **BOX 1** refers to address of usual place of work as stated in question 18 (**BOX 2**).

- 1 At the employer's premises
- 2 No fixed place of work
- 3 Working mainly from home

- 1 At the employer's premises
- 2 No fixed place of work
- 3 Working mainly from home

22 Transport to Work

How did the person travel to work last week?

- Tick one box only.
- Indicate the principal means by which the person travels to work.

- 1 Public transport
- 2 Bus/coach/minibus provided by employer
- 3 Driving a car or van
- 4 Passenger in a car or van
- 5 Pedal cycle
- 6 On foot
- 7 Other means of travel
- 8 Works mainly from home

- 1 Public transport
- 2 Bus/coach/minibus provided by employer
- 3 Driving a car or van
- 4 Passenger in a car or van
- 5 Pedal cycle
- 6 On foot
- 7 Other means of travel
- 8 Works mainly from home

QUESTION 23 IS FOR PERSONS NOT PRESENTLY IN EMPLOYMENT.

PLEASE REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF THIS FORM

<p>1 <input type="checkbox"/> No - does not need or hold a work permit</p> <p>2 <input type="checkbox"/> Yes - permit granted for an indefinite period</p> <p>3 <input type="checkbox"/> Yes - permit granted for</p> <p><input type="text"/> <input type="text"/> Months</p>	<p>1 <input type="checkbox"/> No - does not need or hold a work permit</p> <p>2 <input type="checkbox"/> Yes - permit granted for an indefinite period</p> <p>3 <input type="checkbox"/> Yes - permit granted for</p> <p><input type="text"/> <input type="text"/> Months</p>	<p>1 <input type="checkbox"/> No - does not need or hold a work permit</p> <p>2 <input type="checkbox"/> Yes - permit granted for an indefinite period</p> <p>3 <input type="checkbox"/> Yes - permit granted for</p> <p><input type="text"/> <input type="text"/> Months</p>	<p>1 <input type="checkbox"/> No - does not need or hold a work permit</p> <p>2 <input type="checkbox"/> Yes - permit granted for an indefinite period</p> <p>3 <input type="checkbox"/> Yes - permit granted for</p> <p><input type="text"/> <input type="text"/> Months</p>
<p>1 <input type="checkbox"/> At the employer's premises</p> <p>2 <input type="checkbox"/> No fixed place of work</p> <p>3 <input type="checkbox"/> Working mainly from home</p>	<p>1 <input type="checkbox"/> At the employer's premises</p> <p>2 <input type="checkbox"/> No fixed place of work</p> <p>3 <input type="checkbox"/> Working mainly from home</p>	<p>1 <input type="checkbox"/> At the employer's premises</p> <p>2 <input type="checkbox"/> No fixed place of work</p> <p>3 <input type="checkbox"/> Working mainly from home</p>	<p>1 <input type="checkbox"/> At the employer's premises</p> <p>2 <input type="checkbox"/> No fixed place of work</p> <p>3 <input type="checkbox"/> Working mainly from home</p>
<p>1 <input type="checkbox"/> Public transport</p> <p>2 <input type="checkbox"/> Bus/coach/minibus provided by employer</p> <p>3 <input type="checkbox"/> Driving a car or van</p> <p>4 <input type="checkbox"/> Passenger in a car or van</p> <p>5 <input type="checkbox"/> Pedal cycle</p> <p>6 <input type="checkbox"/> On foot</p> <p>7 <input type="checkbox"/> Other means of travel</p> <p>8 <input type="checkbox"/> Works mainly from home</p>	<p>1 <input type="checkbox"/> Public transport</p> <p>2 <input type="checkbox"/> Bus/coach/minibus provided by employer</p> <p>3 <input type="checkbox"/> Driving a car or van</p> <p>4 <input type="checkbox"/> Passenger in a car or van</p> <p>5 <input type="checkbox"/> Pedal cycle</p> <p>6 <input type="checkbox"/> On foot</p> <p>7 <input type="checkbox"/> Other means of travel</p> <p>8 <input type="checkbox"/> Works mainly from home</p>	<p>1 <input type="checkbox"/> Public transport</p> <p>2 <input type="checkbox"/> Bus/coach/minibus provided by employer</p> <p>3 <input type="checkbox"/> Driving a car or van</p> <p>4 <input type="checkbox"/> Passenger in a car or van</p> <p>5 <input type="checkbox"/> Pedal cycle</p> <p>6 <input type="checkbox"/> On foot</p> <p>7 <input type="checkbox"/> Other means of travel</p> <p>8 <input type="checkbox"/> Works mainly from home</p>	<p>1 <input type="checkbox"/> Public transport</p> <p>2 <input type="checkbox"/> Bus/coach/minibus provided by employer</p> <p>3 <input type="checkbox"/> Driving a car or van</p> <p>4 <input type="checkbox"/> Passenger in a car or van</p> <p>5 <input type="checkbox"/> Pedal cycle</p> <p>6 <input type="checkbox"/> On foot</p> <p>7 <input type="checkbox"/> Other means of travel</p> <p>8 <input type="checkbox"/> Works mainly from home</p>

QUESTION 23 IS FOR PERSONS NOT PRESENTLY IN EMPLOYMENT.

PLEASE REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF THIS FORM

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23 Persons Without Work

(i) If the person is without work, which of the following reasons apply?

- Tick one box only.
- **BOX 1:** Do not count training given or paid for by an employer.
- **BOX 6:** Include any person wanting a job but prevented from looking by a temporary illness.
IF **BOX 6** HAS BEEN TICKED IN PART (i),
PLEASE ANSWER QUESTIONS (ii) TO (vi)

- 1 Is at school or in full-time education
- 2 Is retired
- 3 Looks after home/family (solely)
- 4 Is unable to work because of permanent long-term sickness
- 5 Is unable to work because of permanent long-term disability
- 6 Is unemployed and looking for work
- 7 None of the above

- 1 Is at school or in full-time education
- 2 Is retired
- 3 Looks after home/family (solely)
- 4 Is unable to work because of permanent long-term sickness
- 5 Is unable to work because of permanent long-term disability
- 6 Is unemployed and looking for work
- 7 None of the above

(ii) Has the person looked for work in the previous four weeks?

- 1 Yes
- 2 No

- 1 Yes
- 2 No

(iii) Is the person available to start work within two weeks?

- 1 Yes
- 2 No

- 1 Yes
- 2 No

(iv) Is the person waiting to start work already obtained?

- 1 Yes
- 2 No

- 1 Yes
- 2 No

(v) Is the person available for part time work (less than 30 hours per week)?

- 1 Yes
- 2 No

- 1 Yes
- 2 No

(vi) What does the person consider to be their main occupation?

- For example if the person is a trained mechanic, yet their last job was in some other trade, enter 'car mechanic' in **BOX 1** and list the main tasks carried out in this job in **BOX 2**.

1 Occupation

2 Main tasks done in job

1 Occupation

2 Main tasks done in job

For office use

PLEASE REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF THIS FORM

PERSON 3	PERSON 4	PERSON 5	PERSON 6
Surname <input type="text"/>	Surname <input type="text"/>	Surname <input type="text"/>	Surname <input type="text"/>
Forename(s) <input type="text"/> <input type="text"/>	Forename(s) <input type="text"/> <input type="text"/>	Forename(s) <input type="text"/> <input type="text"/>	Forename(s) <input type="text"/> <input type="text"/>
1 <input type="checkbox"/> Is at school or in full-time education 2 <input type="checkbox"/> Is retired 3 <input type="checkbox"/> Looks after home/family (solely) 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability 6 <input type="checkbox"/> Is unemployed and looking for work 7 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> Is at school or in full-time education 2 <input type="checkbox"/> Is retired 3 <input type="checkbox"/> Looks after home/family (solely) 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability 6 <input type="checkbox"/> Is unemployed and looking for work 7 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> Is at school or in full-time education 2 <input type="checkbox"/> Is retired 3 <input type="checkbox"/> Looks after home/family (solely) 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability 6 <input type="checkbox"/> Is unemployed and looking for work 7 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> Is at school or in full-time education 2 <input type="checkbox"/> Is retired 3 <input type="checkbox"/> Looks after home/family (solely) 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability 6 <input type="checkbox"/> Is unemployed and looking for work 7 <input type="checkbox"/> None of the above
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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1 Occupation <input type="text"/> <input type="text"/> <input type="text"/> 2 Main tasks done in job <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 Occupation <input type="text"/> <input type="text"/> <input type="text"/> 2 Main tasks done in job <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 Occupation <input type="text"/> <input type="text"/> <input type="text"/> 2 Main tasks done in job <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 Occupation <input type="text"/> <input type="text"/> <input type="text"/> 2 Main tasks done in job <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PLEASE REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF THIS FORM .

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Please take a moment to check the following:

- Does the form have the correct postcode on the front?
- Have you signed the declaration on the front of the form?
- Please ensure that you have completed all the relevant sections
- Have you included all members of your household?

Any enquiries regarding the Census can be answered by your enumerator or call the Census Office on (01624) 686589. Alternatively contact us via email at census@gov.im or the address below.

Thank you for taking part in the Isle of Man 2001 Census

Gura mie eu son goaill ayrn ayns coontey-sleih Ellan Vannin 2001



Isle of Man
Government

Reiltys Ellan Vannin

Census Office

Economic Affairs Division

Illiam Dhone House, 2 Circular Road, Douglas, IM1 1PQ