



#### Why a Census?

The Census is the only practical way to get information on how many people there are in each part of Australia, what they do and how they live.

#### **Collection authority**

The information asked for is collected under the authority of the *Census and Statistics Act* 1905. Your co-operation is sought in completing this form.

#### Confidentiality

Under the Census and Statistics Act 1905, the ABS must not release any information you provide in a way which would enable an individual's or household's data to be identified. The one exception is that if you agree at Question 60 then your information will be provided to the National Archives of Australia for release in 99 years time. Visit www.abs.gov.au/censushelp for more information.

#### Help available

For more information about the Census, including details on each question and how to answer visit: www.abs.gov.au/censushelp or phone the Census Inquiry Service on 1300 338 776 (8.30am – 8.00pm, 7 days a week until 5 September 2011).

If you are deaf, hearing or speech impaired phone the National Relay Service. Always quote your Census Form Number shown at the top right of this page.

### **Household Form**

| <b>Census Form Number</b> | Check  | Check  |
|---------------------------|--------|--------|
|                           | Letter | Letter |
|                           |        |        |

#### WHAT YOU NEED TO DO

- Use this form to record the details of **all people** (including visitors) who spend the night in your dwelling on Census Night, **Tuesday**, **9 August 2011**.
- Your Collector will return between 10 August and 28 August to collect your form.
- On one form you can record details of **six people**. If you need more forms, refer to the 'Help available' section below.
- If someone in your household wants a separate Census form for privacy reasons, just ask the Collector for a Personal Form and a Privacy Envelope or phone the Census Inquiry Service. Refer to the 'Help available' section below.

#### **HOW TO WRITE YOUR ANSWERS**

| Use a black or blue pen.                                                       |              |     |   |   |          |               |    |   |   |
|--------------------------------------------------------------------------------|--------------|-----|---|---|----------|---------------|----|---|---|
| Mark boxes like this:                                                          | 9            | ^   | • |   |          |               |    |   |   |
| Start numbers in the first box.                                                | 3            | 2   | 1 |   | <b>-</b> |               |    |   |   |
| Write in CAPITAL letters and keep each                                         | A            | (), | 5 | T | R        | Α             | l. | Ι | Α |
| letter within one box.                                                         |              | /   |   |   | •••      |               |    |   |   |
|                                                                                |              | _   | _ |   |          | _             |    |   |   |
| Use every box in turn and only miss a                                          | Р            | R   | T | M | Α        | R             | У  |   | 5 |
| box to leave a space between words.                                            | C            | Н   | 0 | 0 | L        |               | Т  | Ε | Α |
| box to leave a space between voids.                                            |              |     | Е |   |          |               |    |   |   |
| If you make a mistake in a mark box, draw a line through the box like this, or | <del>/</del> | )   |   |   |          |               |    |   |   |
| Prawa line through the box                                                     | Т            | Е   | Α | С | Н        | <del>11</del> | 6  | Ι | Ν |
| and re-write the letters like this:                                            | G            |     |   |   |          |               |    |   |   |
|                                                                                |              |     |   |   |          |               |    |   |   |

# TO COMPLETE YOUR FORM ONLINE VISIT: www.census.gov.au FAST, SECURE and EASY with ONLINE HELP AVAILABLE

Rease answer all the questions for every person, unless the form asks you not to.

If you do not know an answer, give the best answer you can.

#### 1 What is the address of this dwelling?

Please use CAPITAL letters only

Apartment/Flat/Unit number Street number

(if any)

Street name (Examples: GRAHAM AVENUE, GEORGE STREET)

Suburb/Locality

State/Territory Postcode

Property/Building name (if any)

| 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          | Person 2                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please use CAPITAL letters only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The <i>householder</i> if present, otherwise any adult member of the household.                                                                                                                          | The <i>spouse or partner</i> of 'Person 1' if present, otherwise any person present.                                                                                                                                             |
| 2 Name of each person <i>including visitors</i> who spent the night of Tuesday, 9 August 2011 in this dwelling:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First or given name                                                                                                                                                                                      | First or given name                                                                                                                                                                                                              |
| <ul> <li>Record details for all adults, children, babies and visitors present.</li> <li>Include any person who usually lives in this dwelling who returned on Wednesday, 10 August 2011, without having been counted elsewhere.</li> <li>For all other cases of persons absent, please include them in Questions 52 and 53 ONLY.</li> </ul>                                                                                                                                                                                                                                                    | Surname or family name                                                                                                                                                                                   | Surname or family name                                                                                                                                                                                                           |
| <ul><li>Is the person male or female?</li><li>Mark one box for each person, like this:</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <ul><li>Male</li><li>Female</li></ul>                                                                                                                                                                    | ( ) Male ( ) Female                                                                                                                                                                                                              |
| What is the person's date of birth (or age last birthday)?  Day Month Year  Example for date of birth: 2 3 0 5 1 9 7 0  If date of birth not known, give age last birthday.  Example for age last birthday: 4 1 Years                                                                                                                                                                                                                                                                                                                                                                          | Day Month Year  OR  Age last birthday  Years                                                                                                                                                             | Day Month Year  Age last birthday  Years                                                                                                                                                                                         |
| <ul> <li>What is the person's relationship to Person 1/Person 2?</li> <li>Examples of other relationships: SON-IN-LAW, GRAND-DAUGHTER, UNCLE, BOARDER.</li> <li>Remember to mark box like this:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                     | No answer required for Person 1                                                                                                                                                                          | Husband or wife of Person 1  De facto partner of Person 1  Child of Person 1  Stepchild of Person 1  Brother or sister of Person 1  Unrelated flatmate or co-tenant of Person 1  Other relationship to Person 1 – please specify |
| 6 What is the person's present marital status?  • 'Married' refers to registered marriages.  • Remember to mark box like this:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Never married Widowed Divorced Separated but not divorced Married                                                                                                                                        | Never married Widowed Divorced Separated but not divorced Married                                                                                                                                                                |
| <ul> <li>Is the person of Aboriginal or Torres Strait Islander origin?</li> <li>For persons of both Aboriginal and Torres Strait Islander origin, mark both Yes boxes.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                              | <ul><li>No</li><li>Yes, Aboriginal</li><li>Yes, Torres Strait Islander</li></ul>                                                                                                                         | <ul><li>No</li><li>Yes, Aboriginal</li><li>Yes, Torres Strait Islander</li></ul>                                                                                                                                                 |
| <ul> <li>Where does the person usually live?</li> <li>For persons who usually live in another country and who are visiting Australia for less than one year, mark 'Other country'.</li> <li>For other persons, 'usually live' means that address at which the person has lived or intends to live for a total of six months or more in 2011.</li> <li>For persons who now have no usual address, write 'NONE' in the 'Suburb/Locality' box.</li> <li>For boarders at boarding school, write the address of the boarding school or college.</li> <li>Remember to mark box like this:</li> </ul> | The address shown on the front of this form  Elsewhere in Australia — please specify address  Apartment/Flat/Unit number (if any)  Street number  Street name  Suburb/Locality  State/Territory Postcode | The address shown on the front of this form  Elsewhere in Australia — please specify address  Apartment/Flat/Unit number (if any)  Street number  Street name  Suburb/Locality  State/Territory Postcode                         |

| Person 3 Any other person present in the household. | Person 4 Any other person present in the household. | Person 5 Any other person present in the household. | Person 6 Any other person present in the household. |
|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| First or given name                                 |
|                                                     |                                                     |                                                     |                                                     |
| Surname or family name                              |
|                                                     |                                                     |                                                     |                                                     |
|                                                     |                                                     |                                                     |                                                     |
|                                                     |                                                     |                                                     |                                                     |
| ( ) Male                                            | ( ) Male                                            | ( ) Male                                            | Male                                                |
| Female                                              | Female                                              | Female                                              | Female                                              |
| Day Month Year                                      | Day Month Year                                      | Day Month Year                                      | Day Month Year                                      |
|                                                     |                                                     |                                                     |                                                     |
| OR                                                  | OR                                                  | OR                                                  | OR                                                  |
| Age last birthday                                   | Age last birthday                                   | Age last birthday                                   | Age last birthday                                   |
|                                                     |                                                     |                                                     |                                                     |
| Years                                               | Years                                               | Years                                               | Years                                               |
| Child of both Person 1 and Person 2                 | Child of both Person 1 and Person 2                 | Child of both Person 1 and                          | Child of both Person 1 and<br>Person 2              |
| Child of Person 1 only                              | Child of Person 1 only                              | Child of Person Conty                               | Child of Person 1 only                              |
| Child of Person 2 only                              |
| Brother or sister of Person 1                       | Brother or sister of Person                         | Brother or sister of Person 1                       | Brother or sister of Person 1                       |
| Unrelated flatmate or co-tenant of Person 1         | of Person 1                                         | Unfelated flatmate or co-tenant of Person 1         | Unrelated flatmate or co-tenant of Person 1         |
| Other relationship to Person 1 – please specify     | Other relationship to Person 1 – please specify     | Other relationship to Person 1 – please specify     | Other relationship to Person 1 – please specify     |
|                                                     |                                                     |                                                     |                                                     |
| Never married                                       | Mever married                                       | Never married                                       | Never married                                       |
| Widowed                                             | Vidowed                                             | Widowed                                             | <ul><li>Widowed</li></ul>                           |
| <ul><li>Divorced</li></ul>                          | Divorced                                            | Divorced                                            | Divorced                                            |
| Separated but not divorced                          |
| Married                                             | Married                                             | Married                                             | Married                                             |
| ( ) No                                              | No                                                  | No No                                               | ○ No                                                |
| Yes, Aboriginal                                     | Yes, Aboriginal                                     | Yes, Aboriginal                                     | Yes, Aboriginal                                     |
| Yes, Torres Strait Islander                         |
| The address shown on the front of this form         | The address shown on the front of this form         | The address shown on the front of this form         | The address shown on the front of this form         |
| Elsewhere in Australia – please specify address     |
| Apartment/Flat/Unit number (if any)                 |
|                                                     |                                                     |                                                     |                                                     |
| Street number                                       | Street number                                       | Street number                                       | Street number                                       |
| Character and                                       | Charles and an array                                | Otract rema                                         | Charles                                             |
| Street name                                         | Street name                                         | Street name                                         | Street name                                         |
|                                                     |                                                     |                                                     |                                                     |
| Suburb/Locality                                     | Suburb/Locality                                     | Suburb/Locality                                     | Suburb/Locality                                     |
|                                                     |                                                     |                                                     |                                                     |
| State/Territory Postcode                            | State/Territory Postcode                            | State/Territory Postcode                            | State/Territory Postcode                            |
|                                                     | 1 000000                                            | Table 15 Tools and                                  | Toologue Toologue                                   |
| Other country                                       | Other country                                       | Other country                                       | Other country                                       |

|    | Please use CAPITAL letters only.                                                                                                                                                                                                                                          | Person 1 Person 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9  | Where did the person usually live one year ago (at 9 August 2010)?  • If the person is less than one year old, leave blank.  • For persons who had no usual address on 9 August 2010, give the address at which they were then living.  • Remember to mark box like this: | Same as in question 8  Elsewhere in Australia – please specify address  Street number  Street name  Street name  Street name  Street name  Street name  Street name  Other country  Same as in question 8  Elsewhere in Australia – please specify address  Street number  Street name  Street name  Other country  Other country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 10 | <ul> <li>ago (at 9 August 2006)?</li> <li>If the person is less than five years old, leave blank.</li> <li>For persons who had no usual address on 9 August 2006, give the address at which they were then living.</li> <li>Remember to mark box like this:</li> </ul>    | Same as in question 8 Same as in question 9 |  |
| 12 | In which country was the person born?  Remember to mark box like this:   ——————————————————————————————————                                                                                                                                                               | Australia ► Go to 14 England New Zealand Italy Vietnam India Scotland  Other – please specify  Australia ► Go to 14 England New Zealand Italy Vietnam Other – please specify  Other – please specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 13 | overseas?                                                                                                                                                                                                                                                                 | Year  Will be in Australia less than one year  Australia  Overseas  Year  Will be in Australia less than one year  Australia  Overseas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 15 | <ul> <li>Remember to mark box like this:</li> <li>Was the person's mother born in Australia or overseas?</li> <li>Remember to mark box like this:</li> </ul>                                                                                                              | Australia Overseas Overseas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

| Person 3                                                          | Person 4                                               | D5 Person 5                                                       | Person 6                                               |
|-------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|
| Same as in question 8                                             | Same as in question 8                                  | Same as in question 8                                             | Same as in question 8                                  |
| <ul><li>Elsewhere in Australia – please specify address</li></ul> | Elsewhere in Australia – please specify address        | <ul><li>Elsewhere in Australia – please specify address</li></ul> | Elsewhere in Australia – please specify address        |
| Street number                                                     | Street number                                          | Street number                                                     | Street number                                          |
|                                                                   |                                                        |                                                                   |                                                        |
| Street name                                                       | Street name                                            | Street name                                                       | Street name                                            |
|                                                                   |                                                        |                                                                   |                                                        |
| Suburb/Locality                                                   | Suburb/Locality                                        | Suburb/Locality                                                   | Suburb/Locality                                        |
|                                                                   |                                                        |                                                                   |                                                        |
| State/Territory Postcode                                          | State/Territory Postcode                               | State/Territory Postcode                                          | State/Territory Postcode                               |
|                                                                   |                                                        |                                                                   |                                                        |
| Other country                                                     | Other country                                          | Other country                                                     | Other country                                          |
| Same as in question 8                                             | Same as in question 8                                  | Same as in question 8                                             | Same as in question 8                                  |
| Same as in question 9                                             | Same as in question 9                                  | Same as in question 9                                             | Same as in question 9                                  |
| Elsewhere in Australia –                                          | Elsewhere in Australia –                               | Elsewhere in Australia                                            | Elsewhere in Australia –                               |
| please specify address                                            | please specify address                                 | please specify address                                            | please specify address                                 |
| Street number                                                     | Street number                                          | Street number                                                     | Street number                                          |
|                                                                   |                                                        |                                                                   |                                                        |
| Street name                                                       | Street name                                            | Street name                                                       | Street name                                            |
|                                                                   |                                                        |                                                                   |                                                        |
|                                                                   |                                                        |                                                                   |                                                        |
| Suburb/Locality                                                   | Suburb/Locality                                        | Suburb/Locality                                                   | Suburb/Locality                                        |
|                                                                   |                                                        |                                                                   |                                                        |
|                                                                   |                                                        |                                                                   |                                                        |
| State/Territory Ostcode                                           | State/Territory Postcode                               | State/Territory Postcode                                          | State/Territory Postcode                               |
| Otate/Territory/ Osteode                                          | Otato Territory Tostode                                | State/Territory Tosteode                                          | Otate, formory 1 osteode                               |
|                                                                   |                                                        |                                                                   |                                                        |
| Other country                                                     | Other country                                          | Other country                                                     | Other country                                          |
| Yes, Australian No                                                | Yes, Australian citizen No                             | Yes, Australian citizen No                                        | Yes, Australian citizen No                             |
| Australia ► Go to 14     England                                  | <ul><li>Australia ► Go to 14</li><li>England</li></ul> | <ul><li>Australia ► Go to 14</li><li>England</li></ul>            | <ul><li>Australia ► Go to 14</li><li>England</li></ul> |
| <ul><li>New Zealand</li></ul>                                     | New Zealand                                            | New Zealand                                                       | <ul><li>New Zealand</li></ul>                          |
| Italy Vietnam                                                     | <ul><li>Italy</li><li>Vietnam</li></ul>                | <ul><li>Italy</li><li>Vietnam</li></ul>                           | <ul><li>Italy</li><li>Vietnam</li></ul>                |
| India                                                             | India                                                  | India                                                             | India                                                  |
| Scotland                                                          | Scotland                                               | Scotland                                                          | Scotland                                               |
| Other – please specify                                            | Other – please specify                                 | Other – please specify                                            | Other – please specify                                 |
|                                                                   |                                                        |                                                                   |                                                        |
|                                                                   |                                                        |                                                                   |                                                        |
| Year                                                              | Year                                                   | Year                                                              | Year                                                   |
| AVIII be in Assatus II a la                                       | AAGII Is - S- A. J. C. P. J.                           | AAGII Is a San Assa Con Port                                      | AACH Is a land of the land                             |
| Will be in Australia less than one year                           | Will be in Australia less than one year                | Will be in Australia less than one year                           | Will be in Australia less than one year                |
| Australia                                                         | Australia                                              | Australia                                                         | Australia                                              |
| Overseas                                                          | Overseas                                               | Overseas                                                          | Overseas                                               |
| Australia                                                         | Australia                                              | Australia                                                         | Australia                                              |
| Overseas                                                          | <ul><li>Overseas</li></ul>                             | ( ) Overseas                                                      | <ul><li>Overseas</li></ul>                             |
|                                                                   | 2.010000                                               | 5.510000                                                          | 5.310000                                               |

|    | Please use CAPITAL letters only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Person 1                                                                                                                                                                                                                        | Person 2                                                                                                                                                                                                                              |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16 | Does the person speak a language other than English at home?  • Mark one box only.  • If more than one language other than English, write the one that is spoken most often.  • Remember to mark box like this:                                                                                                                                                                                                                                                                                                                         | No, English only ► Go to 18 Yes, Italian Yes, Greek Yes, Cantonese Yes, Arabic Yes, Mandarin Yes, Vietnamese other – please specify                                                                                             | <ul> <li>No, English only ► Go to 18</li> <li>Yes, Italian</li> <li>Yes, Greek</li> <li>Yes, Cantonese</li> <li>Yes, Arabic</li> <li>Yes, Mandarin</li> <li>Yes, Vietnamese</li> <li>Yes, other – please specify</li> </ul>           |
| 17 | How well does the person speak English?  • Remember to mark box like this:                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Very well<br>Well<br>Not well<br>Not at all                                                                                                                                                                                     | <ul><li>Very well</li><li>Well</li><li>Not well</li><li>Not at all</li></ul>                                                                                                                                                          |
|    | What is the person's ancestry?  Provide up to two ancestries only. Examples of 'Other – please specify' are: GREEK, VIETNAMESE, HMONG, DUTCH, KURDISH, MAORI, LEBANESE, AUSTRALIAN SOUTH SEA ISLANDER. Remember to mark boxes like this:  i Visit www.abs.gov.au/censushelp for more information.  What is the person's religion? Answering this question is OPTIONAL. Examples of 'Other - please specify' are: SALVANDNARMY, HINDUISM, JUDAISM, HUMANISM. If no religion, mark the 'No religion' box. Remember to mark box like this: | English Irish Scottish Italian German Chinese Australian er – please specify  Catholic Anglican (Church of England) Uniting Church Presbyterian Buddhism Greek Orthodox Islam Baptist Lutheran er – please specify  No religion | English Irish Scottish Italian German Chinese Australian Other – please specify  Catholic Anglican (Church of England) Uniting Church Presbyterian Buddhism Greek Orthodox Islam Baptist Lutheran Other – please specify  No religion |
| 20 | Does the person ever need someone to help with, or be with them for, self care activities?  • For example: doing everyday activities such as eating, showering, dressing or toileting  (i) Visit www.abs.gov.au/censushelp for more information.                                                                                                                                                                                                                                                                                        | Yes, always<br>Yes, sometimes<br>No                                                                                                                                                                                             | Yes, always Yes, sometimes No                                                                                                                                                                                                         |
| 21 | Does the person ever need someone to help with, or be with them for, body movement activities?  • For example: getting out of bed, moving around at home or at places away from home.                                                                                                                                                                                                                                                                                                                                                   | Yes, always<br>Yes, sometimes<br>No                                                                                                                                                                                             | Yes, always Yes, sometimes No                                                                                                                                                                                                         |
| 22 | Does the person ever need someone to help with, or be with them for, communication activities?  • For example: understanding, or being understood by, others.                                                                                                                                                                                                                                                                                                                                                                           | Yes, always<br>Yes, sometimes<br>No                                                                                                                                                                                             | <ul><li>Yes, always</li><li>Yes, sometimes</li><li>No</li></ul>                                                                                                                                                                       |

| Person 3                      | Person 4                      | Person 5                                                        | Person 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------|-------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No, English only ► Go to 18   | No, English only ► Go to 18   | ○ No, English only ► Go to 18                                   | No, English only ► Go to 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ( Yes, Italian                | Yes, Italian                  | Yes, Italian                                                    | Yes, Italian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Yes, Greek                    | Yes, Greek                    | ( Yes, Greek                                                    | ( Yes, Greek                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Yes, Cantonese                | Yes, Cantonese                | Yes, Cantonese                                                  | Yes, Cantonese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Yes, Arabic                   | Yes, Arabic                   | Yes, Arabic                                                     | Yes, Arabic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ( Yes, Mandarin               | Yes, Mandarin                 | Yes, Mandarin                                                   | Yes, Mandarin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Yes, Vietnamese               | Yes, Vietnamese               | Yes, Vietnamese                                                 | Yes, Vietnamese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Yes, other – please specify   | Yes, other – please specify   | Yes, other – please specify                                     | Yes, other – please specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| , , , ,                       | To proceed the second         | , and a processing the second                                   | The state of the s |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (=) Marriage                  | Versusell                     | Versusell                                                       | / Various II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Very well                     | Very well                     | Very well                                                       | Very well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Well                          | Well                          | Well                                                            | ○ Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Not well                      | Not well                      | Not well                                                        | Not well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| O Not at all                  | Not at all                    | O Not at all                                                    | O Not at all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| English                       | English                       | English                                                         | English                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Irish                         | Irish                         | ( Irish                                                         | Irish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Scottish                      | Scottish                      | Scottish                                                        | Scottish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ( ) Italian                   | Italian                       | Italian                                                         | Italian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| German                        | German                        | German                                                          | German                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Chinese Australian            | Chinese                       | Chinese                                                         | Chinese<br>Australian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Other – please specify        | Other – please specify        | Other - lease specify                                           | Other – please specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Other – please specify        | Other – please specify        | Ottile - please specify                                         | Other – please specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Catholic                      | Catholic                      | Catholic                                                        | Catholic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Anglican (Church of England)  | Anglican (Church of England)  | Anglican (Church of England)                                    | <ul> <li>Anglican (Church of England)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Uniting Church                | Uniting Church                | Uniting Church                                                  | Uniting Church                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Presbyterian                  | Presbyterian                  | Presbyterian                                                    | Presbyterian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Buddhism                      | Buddwism                      | Buddhism                                                        | <ul><li>Buddhism</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Greek Orthodox                | Greek Oxthodox                | Greek Orthodox                                                  | Greek Orthodox                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ○ Islam                       | Islam                         | Islam                                                           | Islam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Baptist                       | Baptist                       | Baptist                                                         | Baptist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Lutheran                      | Lutheran                      | Lutheran                                                        | Lutheran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Other – please specify        | Other – please specify        | Other – please specify                                          | Other – please specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                               |                               | ,,                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| No villation                  | No office                     | No office                                                       | No selection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ( No religion                 | No religion                   | No religion                                                     | No religion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ( Yes, always                 | Yes, always                   | Yes, always                                                     | Yes, always                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Yes, sometimes                | Yes, sometimes                | Yes, sometimes                                                  | Yes, sometimes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ( No                          | No No                         | ( No                                                            | O No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ( Yes, always                 | Yes, always                   | Yes, always                                                     | Yes, always                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Yes, sometimes                | Yes, sometimes                | Yes, sometimes                                                  | Yes, sometimes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| O No                          | No No                         | ○ No                                                            | O No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                               |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| V V                           | /                             | V V                                                             | ✓ V I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Yes, always                   | Yes, always                   | Yes, always                                                     | Yes, always                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Yes, always Yes, sometimes No | Yes, always Yes, sometimes No | <ul><li>Yes, always</li><li>Yes, sometimes</li><li>No</li></ul> | Yes, always Yes, sometimes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|    | Please use CAPITAL letters only. 08                                                                                                                                                                                                                                                                                                                | Person 1                                                                                                                                                                                                                                                                                                                           | Person 2                                                                                                                                                                                                                                                                         |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 23 | What are the reasons for the need for assistance or supervision shown in questions 20, 21 and 22?  • Mark all applicable reasons.  • Remember to mark boxes like this:                                                                                                                                                                             | <ul> <li>No need for help or supervision</li> <li>Short-term health condition (lasting less than six months)</li> <li>Long-term health condition (lasting six months or more)</li> <li>Disability (lasting six months or more)</li> <li>Old or young age</li> <li>Difficulty with English language</li> <li>Other cause</li> </ul> | No need for help or supervision Short-term health condition (lasting less than six months) Long-term health condition (lasting six months or more) Disability (lasting six months or more) Old or young age Difficulty with English language Other cause                         |
| 24 | Is the person attending a school or any other educational institution?  • Include pre-school and external or correspondence students.                                                                                                                                                                                                              | <ul> <li>No ► Go to 26</li> <li>Yes, full-time student</li> <li>Yes, part-time student</li> </ul>                                                                                                                                                                                                                                  | <ul> <li>No ► Go to 26</li> <li>Yes, full-time student</li> <li>Yes, part-time student</li> </ul>                                                                                                                                                                                |
| 25 | What type of educational institution is the person attending?  • Mark one box only.  • Include external or correspondence students.  • Include secondary colleges and senior high schools under the 'Secondary school' category.  • Remember to mark box like this:  i Visit www.abs.gov.au/censushelp for more information about year equivalents | Pre-school Infants/Primary school Government Catholic Other non-government Secondary school Government Catholic Other non-government Tertiary institution Technical of further educational institution (including TAKE Solleges) University or other higher educational institution Other educational institution                  | Pre-school Infants/Primary school Government Catholic Other non-government Secondary school Government Catholic Other non-government Tertiary institution Cincluding TAFE Colleges) University or other higher educational institution Other educational institution Institution |
| 26 | Only continue for person                                                                                                                                                                                                                                                                                                                           | aged 15 years                                                                                                                                                                                                                                                                                                                      | or more                                                                                                                                                                                                                                                                          |
| 27 | What is the highest year of primary or secondary school the person has completed?  • Mark one box only.  • For persons who returned after a break complete their schooling, mark the highest year completed when they last left.  i) Visit www.abs-gov.au/ensushe/p for more information about year equivalents                                    | Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent Year 8 or below Did not go to school                                                                                                                                                                                                        | Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent Year 8 or below Did not go to school                                                                                                                                                      |
| 28 | Has the person completed any educational qualification (including a trade certificate)?  • Mark one box only  i) Visit www.abs.gov.au/censushelp for more information on the treatment of AQF or vocational certificates.                                                                                                                          | <ul> <li>No ► Go to 32</li> <li>No, still studying for first qualification ► Go to 32</li> <li>Yes, trade certificate/ apprenticeship</li> <li>Yes, other qualification</li> </ul>                                                                                                                                                 | No ► Go to 32  No, still studying for first qualification ► Go to 32  Yes, trade certificate/ apprenticeship  Yes, other qualification                                                                                                                                           |
| 29 | What is the level of the <i>highest</i> qualification the person has <i>completed</i> ?  • For example: TRADE CERTIFICATE, BACHELOR DEGREE, ASSOCIATE DIPLOMA, CERTIFICATE II, ADVANCED DIPLOMA.                                                                                                                                                   | Level of qualification                                                                                                                                                                                                                                                                                                             | Level of qualification                                                                                                                                                                                                                                                           |
| 30 | What is the main field of study for the person's highest qualification completed?  • For example: PLUMBING, HISTORY, PRIMARY SCHOOL TEACHING, HAIRDRESSING, GREENKEEPING.                                                                                                                                                                          | Field of study                                                                                                                                                                                                                                                                                                                     | Field of study                                                                                                                                                                                                                                                                   |
| 31 | Did the person <i>complete</i> this qualification before 1998?                                                                                                                                                                                                                                                                                     | Yes, before 1998 No, 1998 or later                                                                                                                                                                                                                                                                                                 | Yes, before 1998 No, 1998 or later                                                                                                                                                                                                                                               |
|    | Remember to mark box like this:                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                  |

| Person 3                                                                                                                                                                                                                                                                                                          | Person 4                                                                                                                                                                                                                                                                                                                                        | )9   | Person 5                                                                                                                                                                                                                                                                                                     | Person 6                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No need for help or supervision  Short-term health condition (lasting less than six months)  Long-term health condition (lasting six months or more)  Disability (lasting six months or more)  Old or young age  Difficulty with English language  Other cause                                                    | No need for help or supervision Short-term health condition (lasting less than six months) Long-term health condition (lasting six months or more) Disability (lasting six months or more) Old or young age Difficulty with English language Other cause                                                                                        |      | No need for help or supervision Short-term health condition (lasting less than six months) Long-term health condition (lasting six months or more) Disability (lasting six months or more) Old or young age Difficulty with English language Other cause                                                     | No need for help or supervision Short-term health condition (lasting less than six months) Long-term health condition (lasting six months or more) Disability (lasting six months or more) Old or young age Difficulty with English language Other cause                                                                  |
| No ► Go to 26 Yes, full-time student Yes, part-time student                                                                                                                                                                                                                                                       | No ► Go to 26  Yes, full-time student  Yes, part-time student                                                                                                                                                                                                                                                                                   |      | No ► Go to 26  Yes, full-time student  Yes, part-time student                                                                                                                                                                                                                                                | <ul><li>No ▶ Go to 26</li><li>Yes, full-time student</li><li>Yes, part-time student</li></ul>                                                                                                                                                                                                                             |
| Pre-school Infants/Primary school Government Catholic Other non-government Secondary school Government Catholic Other non-government Tertiary institution Technical or further educational institution (including TAFE Colleges) University or other higher educational institution Other educational institution | Pre-school Infants/Primary school Government Catholic Other non-government Secondary school Government Catholic Other non-government Tertiary institution Technical or further educational institution (including TAFE Colleges) University or other higher educational institution Other educational institution Other educational institution | Sec  | Pre-school ants/Primary school Government Catholic Other non-government Catholic Other non-government Catholic Other non-government tiary institution Technical or further squational institution (including TAFE colleges) University or other higher educational institution Other educational institution | Pre-school Infants/Primary school Government Catholic Other non-government Scondary school Government Catholic Other non-government Catholic Other non-government Technical or further educational institution (including TAFE Colleges) University or other higher educational institution Other educational institution |
| Only conf                                                                                                                                                                                                                                                                                                         | tinue for person                                                                                                                                                                                                                                                                                                                                | 15   | aged 15 year                                                                                                                                                                                                                                                                                                 | s or more                                                                                                                                                                                                                                                                                                                 |
| Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent Year 8 or below Did not go to school  No  Go 32 No, still studying for first qualification Yes, trade certificate                                                                                                          | Year 12 or equivalent  Year 11 or equivalent  Year 19 or equivalent  Year 8 or below  Did not go to school  No ▶ Go to 32  No, still studying for first qualification ▶ Go to 32  Yes, trade certificate/                                                                                                                                       |      | Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent Year 8 or below Did not go to school  No ▶ Go to 32 No, still studying for first qualification ▶ Go to 32 Yes, trade certificate/                                                                                     | Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent Year 8 or below Did not go to school  No ► Go to 32 No, still studying for first qualification ► Go to 32 Yes, trade certificate/                                                                                                  |
| apprenticeship  Yes, other qualification                                                                                                                                                                                                                                                                          | apprenticeship  Yes, other qualification                                                                                                                                                                                                                                                                                                        |      | apprenticeship Yes, other qualification                                                                                                                                                                                                                                                                      | apprenticeship  Yes, other qualification                                                                                                                                                                                                                                                                                  |
| Level of qualification                                                                                                                                                                                                                                                                                            | Level of qualification                                                                                                                                                                                                                                                                                                                          | Lev  | rel of qualification                                                                                                                                                                                                                                                                                         | Level of qualification                                                                                                                                                                                                                                                                                                    |
| Field of study                                                                                                                                                                                                                                                                                                    | Field of study                                                                                                                                                                                                                                                                                                                                  | Fiel | d of study                                                                                                                                                                                                                                                                                                   | Field of study                                                                                                                                                                                                                                                                                                            |
| Yes, before 1998 No, 1998 or later                                                                                                                                                                                                                                                                                | Yes, before 1998 No, 1998 or later                                                                                                                                                                                                                                                                                                              |      | Yes, before 1998<br>No, 1998 or later                                                                                                                                                                                                                                                                        | Yes, before 1998 No, 1998 or later                                                                                                                                                                                                                                                                                        |

|    | Please use CAPITAL letters only. 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Person 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Person 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 32 | For each female, how many babies has she ever given birth to?  Include live births only.  Exclude adopted, foster and step children.  Visit www.abs.gov.au/censushelp for more information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Number of babies  None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Number of babies  None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 33 | What is the total of all wages/salaries, government benefits, pensions, allowances and other income the person usually receives?  MARK ONE BOX ONLY.  Do not deduct: tax, superannuation contributions, health insurance, amounts salary sacrificed, or any other automatic deductions.  Include the following:  Pensions/Allowances family tax benefit interest dividends rents (exclude expenses of operation) unemployment benefits Newstart allowance rent assistance pensions student allowances maintenance (child support) workers' compensation any other pensions/allowances  Information from this question provides an indication of living standards in different areas.  I Visit www.abs.gov.au/censushelp for more information. | \$2,000 or more per week (\$104,000 or more per year)  \$1,500 - \$1,999 per week (\$78,000 - \$103,999 per year)  \$1,250 - \$1,499 per week (\$65,000 - \$77,999 per year)  \$1,000 - \$1,249 per week (\$52,000 - \$64,999 per year)  \$800 - \$999 per week (\$41,600 - \$51,999 per year)  \$600 - \$799 per week (\$31,200 - \$41,599 per year)  \$400 - \$599 per week (\$20,800 - \$31,199 per year)  \$300 - \$399 per week (\$15,600 - \$20,799 per year)  \$200 - \$299 per week (\$10,400 - \$15,599 per year)  \$1 - \$199 per week (\$1 - \$10,399 per year) | \$2,000 or more per week (\$104,000 or more per year)  \$1,500 - \$1,999 per week (\$78,000 - \$103,999 per year)  \$1,250 - \$1,499 per week (\$65,000 - \$77,999 per year)  \$1,000 - \$1,249 per week (\$52,000 - \$64,999 per year)  \$800 - \$999 per week (\$41,600 - \$51,999 per year)  \$600 - \$799 per week (\$31,200 - \$41,599 per year)  \$400 - \$599 per week (\$20,800 - \$31,199 per year)  \$300 - \$399 per week (\$15,000 - \$20,799 per year)  \$200 - \$299 per week (\$10,400 - \$15,599 per year)  \$1 - \$199 per week (\$1 - \$10,399 per year)  Nil income  Negative income |
| 34 | Last week, did the person have a cull-time or part-time job of any kind?  Mark one box only. A 'job' means any type of work including casual, temporary, or part-time work, if it was for one hour or more. Remember to mark box like this:  i Visit www.abs.gov.ab/censushelp/for more information.                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes worked for payment or profit  Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down  Yes, unpaid work in a family business ▶ Go to 38  Yes, other unpaid work ▶ Go to 46  No, did not have a job ▶ Go to 46                                                                                                                                                                                                                                                                                                                                 | Yes, worked for payment or profit  Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down  Yes, unpaid work in a family business ► Go to 38  Yes, other unpaid work ► Go to 46  No, did not have a job ► Go to 46                                                                                                                                                                                                                                                                                                                                                             |
| 35 | <ul> <li>In the main job held last week, was the person:</li> <li>Mark one box only.</li> <li>If the person had more than one job last week, then 'main job' refers to the job in which the person usually works the most hours.</li> <li>For all persons conducting their own business, including those with their own incorporated (e.g. Pty Ltd) company, as well as sole traders, partnerships and contractors, mark the second box.</li> </ul>                                                                                                                                                                                                                                                                                           | <ul> <li>Working for an employer?</li> <li>Go to 38</li> <li>Working in own business?</li> <li>Go to 36</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul> <li>Working for an employer?</li> <li>▶ Go to 38</li> <li>Working in own business?</li> <li>▶ Go to 36</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 36 | Was the person's business:  Mark one box only. Incorporated means a limited liability company.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unincorporated? Incorporated (e.g. Pty Ltd)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Unincorporated? Incorporated (e.g. Pty Ltd)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 37 | Does the person's business employ people?  • Mark one box only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No, no employees Yes, 1 - 19 employees Yes, 20 or more employees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No, no employees Yes, 1 - 19 employees Yes, 20 or more employees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 38 | In the main job held last week, what was the person's occupation?  • Give full title.  • For example: CHILDCARE AIDE, MATHS TEACHER, PASTRY COOK, TANNING MACHINE OPERATOR, APPRENTICE TOOLMAKER, SHEEP AND WHEAT FARMER.  • For public servants, provide official designation and occupation.  • For armed services personnel, provide rank and occupation.                                                                                                                                                                                                                                                                                                                                                                                  | Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Person 3                                                                         | Person 4 1                                                                      | 1 Person 5                                                                             | Person 6                                                                         |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Number of babies                                                                 | Number of babies                                                                | Number of babies                                                                       | Number of babies                                                                 |
| None                                                                             | None                                                                            | None                                                                                   | None                                                                             |
| 40.000                                                                           | 40,000                                                                          | ***                                                                                    | 40,000                                                                           |
| \$2,000 or more per week<br>(\$104,000 or more per year)                         | \$2,000 or more per week<br>(\$104,000 or more per year)                        | \$2,000 or more per week<br>(\$104,000 or more per year)                               | \$2,000 or more per week<br>(\$104,000 or more per year)                         |
| \$1,500 - \$1,999 per week<br>(\$78,000 - \$103,999 per year)                    | (\$1,500 - \$1,999 per week<br>(\$78,000 - \$103,999 per year)                  | \$1,500 - \$1,999 per week<br>(\$78,000 - \$103,999 per year)                          | \$1,500 - \$1,999 per week<br>(\$78,000 - \$103,999 per year)                    |
| \$1,250 - \$1,499 per week<br>(\$65,000 - \$77,999 per year)                     | \$1,250 - \$1,499 per week<br>(\$65,000 - \$77,999 per year)                    | \$1,250 - \$1,499 per week<br>(\$65,000 - \$77,999 per year)                           | \$1,250 - \$1,499 per week<br>(\$65,000 - \$77,999 per year)                     |
| \$1,000 - \$1,249 per week<br>(\$52,000 - \$64,999 per year)                     | \$1,000 - \$1,249 per week<br>(\$52,000 - \$64,999 per year)                    | \$1,000 - \$1,249 per week<br>(\$52,000 - \$64,999 per year)                           | \$1,000 - \$1,249 per week<br>(\$52,000 - \$64,999 per year)                     |
| \$800 - \$999 per week<br>(\$41,600 - \$51,999 per year)                         | \$800 - \$999 per week<br>(\$41,600 - \$51,999 per year)                        | \$800 - \$999 per week<br>(\$41,600 - \$51,999 per year)                               | \$800 - \$999 per week<br>(\$41,600 - \$51,999 per year)                         |
| \$600 - \$799 per week<br>(\$31,200 - \$41,599 per year)                         | \$600 - \$799 per week<br>(\$31,200 - \$41,599 per year)                        | \$600 - \$799 per week<br>(\$31,200 - \$41,599 per year)                               | \$600 - \$799 per week<br>(\$31,200 - \$41,599 per year)                         |
| \$400 - \$599 per week<br>(\$20,800 - \$31,199 per year)                         | \$400 - \$599 per week<br>(\$20,800 - \$31,199 per year)                        | \$400 - \$599 per week<br>(\$20,800 - \$31,199 per year)                               | \$400 - \$599 per week<br>(\$20,800 - \$31,199 per year)                         |
| \$300 - \$399 per week<br>(\$15,600 - \$20,799 per year)                         | \$300 - \$399 per week<br>(\$15,600 - \$20,799 per year)                        | \$300 - \$399 per week<br>(\$45,000 - \$20,799 per year)                               | \$300 - \$399 per week<br>\$15,600 - \$20,799 per year)                          |
| \$200 - \$299 per week<br>(\$10,400 - \$15,599 per year)                         | \$200 - \$299 per week<br>(\$10,400 - \$15,599 per year)                        | \$200 \$299 per week<br>(\$10,400 - \$15,599 per year)                                 | \$200 - \$299 per week<br>(\$10,400 - \$15,599 per year)                         |
| \$1 - \$199 per week<br>(\$1 - \$10,399 per year)                                | \$1 - \$199 per week<br>(\$1 - \$10,399 per year)                               | \$1 - \$199 per week<br>(\$1 - \$10,399 per year)                                      | \$1 - \$199 per week<br>(\$1 - \$10,399 per year)                                |
| Nil income                                                                       | Nil income                                                                      | Mil income                                                                             | Nil income                                                                       |
| Negative income                                                                  | Negative income                                                                 | Negative income                                                                        | Negative income                                                                  |
| Yes, worked for payment or profit                                                | Yes, worked for payment or profit                                               | es, worked for payment or profit                                                       | Yes, worked for payment or profit                                                |
| Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down | Yes, but absent on holidays, on paid leave on strike, or temporarily stood down | Yes, but absent on holidays,<br>on paid leave, on strike, or<br>temporarily stood down | Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down |
| Yes, unpaid work in a family business ▶ Go to 38                                 | Yes, unpaid work in a family business Go to 38                                  | <ul><li>Yes, unpaid work in a family business ► Go to 38</li></ul>                     | <ul><li>Yes, unpaid work in a family business ► Go to 38</li></ul>               |
| Yes, other impaid work Go to 46                                                  | Yes, other unpaid work Go to 46                                                 | <ul><li>✓ Yes, other unpaid work</li><li>✓ Go to 46</li></ul>                          | <ul><li>✓ Yes, other unpaid work</li><li>▶ Go to 46</li></ul>                    |
| No, did not have a job                                                           | No, did not have a job Go to 46                                                 | No, did not have a job Go to 46                                                        | <ul><li>No, did not have a job</li><li>Go to 46</li></ul>                        |
| Working for an employer?  ▶ G to 38                                              | Working for an employer?  ▶ Go to 38                                            | <ul><li>Working for an employer?</li><li>▶ Go to 38</li></ul>                          | <ul><li>Working for an employer?</li><li>▶ Go to 38</li></ul>                    |
| <ul><li>Working in own business?</li><li>▶ Go to 36</li></ul>                    | <ul><li>Working in own business?</li><li>▶ Go to 36</li></ul>                   | <ul><li>○ Working in own business?</li><li>▶ Go to 36</li></ul>                        | <ul><li>Working in own business?</li><li>▶ Go to 36</li></ul>                    |
| Unincorporated? Incorporated (e.g. Pty Ltd)?                                     | Unincorporated? Incorporated (e.g. Pty Ltd)?                                    | Unincorporated? Incorporated (e.g. Pty Ltd)?                                           | Unincorporated? Incorporated (e.g. Pty Ltd)?                                     |
| No, no employees Yes, 1 - 19 employees Yes, 20 or more employees                 | No, no employees Yes, 1 - 19 employees Yes, 20 or more employees                | No, no employees Yes, 1 - 19 employees Yes, 20 or more employees                       | No, no employees Yes, 1 - 19 employees Yes, 20 or more employees                 |
| Occupation                                                                       | Occupation                                                                      | Occupation                                                                             | Occupation                                                                       |
|                                                                                  |                                                                                 |                                                                                        |                                                                                  |
|                                                                                  |                                                                                 |                                                                                        |                                                                                  |
|                                                                                  |                                                                                 |                                                                                        |                                                                                  |

|    | Please use CAPITAL letters only. 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Person 1                                                                                                                                                                                                                                                                             | Person 2                                                                                                                                                                                                                                                                                           |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 39 | <ul> <li>What are the main tasks that the person usually performs in the occupation reported at Question 38?</li> <li>Give full details.</li> <li>For example: LOOKING AFTER CHILDREN AT A DAY CARE CENTRE, TEACHING SECONDARY SCHOOL STUDENTS, MAKING CAKES AND PASTRIES, OPERATING LEATHER TANNING MACHINE, LEARNING TO MAKE AND REPAIR TOOLS AND DIES, RUNNING A SHEEP AND WHEAT FARM.</li> <li>For managers, provide main activities managed.</li> </ul>                                                                                                                                                                                                                                                                                        | Tasks or duties                                                                                                                                                                                                                                                                      | Tasks or duties                                                                                                                                                                                                                                                                                    |
| 40 | For the main job held <i>last week</i> , what was the employer's business name?  • For self-employed persons, write name of business.  • For teachers, write name of school.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Business name                                                                                                                                                                                                                                                                        | Business name                                                                                                                                                                                                                                                                                      |
|    | For the main job held last week, what was the person's workplace address?  • For persons who usually worked from home, write the home address.  • For persons with no fixed place of work:  • If the person usually travels to a depot to start work, write the depot address;  • otherwise write 'NONE' in 'Suburb/Locality' box.  • This information is used to calculate daytime populations and to plan transport activities.  ① Visit www.abs.gov.au/censushelp for more information works?  • Mark one box only.  • Examples of 'Other_please specify' are: REPAIRS AND MAINTENANCE, EDUCATION, AGRICULTURE, FINANCE, TELECOMMUNICATIONS SERVICE.  • Remember to mark box like this:  ① Visit www.abs.gov.au/censushelp for more information. | Street name  Suburb/Locality  State Ferritory Postcode  Building/Property name (if any)  Manufacturing Wholesaling Retailing Accommodation  Cafes, restaurants and take-aways Road freight transport House construction Health service Community care service Other – please specify | Street number  Street name  Suburb/Locality  State/Territory Postcode  Building/Property name (if any)  Manufacturing Wholesaling Retailing Accommodation Cafes, restaurants and take-aways Road freight transport House construction Health service Community care service Other – please specify |
| 43 | What are the <i>main</i> goods produced or <i>main</i> services provided by the employer's <i>business</i> ?  • Describe as fully as possible, using two words or more.  • For example: WHEAT AND SHEEP, BUS CHARTER, HEALTH INSURANCE, PRIMARY SCHOOL EDUCATION, CIVIL ENGINEERING CONSULTANCY SERVICE, HOUSE BUILDING, STEEL PIPES.                                                                                                                                                                                                                                                                                                                                                                                                               | Goods produced/services provided                                                                                                                                                                                                                                                     | Goods produced/services provided                                                                                                                                                                                                                                                                   |

| Person 3                         | Person 4                          | Person 5                         | Person 6                          |  |
|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|--|
| Tasks or duties                  | Tasks or duties                   | Tasks or duties                  | Tasks or duties                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
| D                                | During a grant                    | D                                | Durings and                       |  |
| Business name                    | Business name                     | Business name                    | Business name                     |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
| Street number                    | Street number                     | Street number                    | Street number                     |  |
|                                  |                                   |                                  |                                   |  |
| Street name                      | Street name                       | Street name                      | Street name                       |  |
| Street name                      | Street name                       | Street name                      | ou eet manne                      |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
| Suburb/Locality                  | Suburb/Locality                   | Suburb/Locality                  | Suburb/Locality                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
| State/Territory Postcode         | State/Territory Postcode          | State/Territory Postcode         | State/Territory Postcode          |  |
|                                  |                                   |                                  |                                   |  |
| Duilding/Dranarty name (if any   | Building/Property name (Harry)    | Duilding/Droporty name (if any)  | Duilding/Dranarty name (if any)   |  |
| Building/Property name (if any)  | Building/Property name (Haw)      | Building/Property name (if any)  | Building/Property name (if any)   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
| Manufa cturing                   | Manufacturing                     | Manufacturing                    | Manufacturing                     |  |
| Wholesaling                      | Wholesaling                       | Wholesaling                      | Wholesaling                       |  |
| Retailing                        | Retailing                         | C Retailing                      | Retailing                         |  |
| Accommodation                    | <ul> <li>Accommodation</li> </ul> | <ul><li>Accommodation</li></ul>  | <ul> <li>Accommodation</li> </ul> |  |
| Cafes, restaurants and           | Cafes, restaurants and            | Cafes, restaurants and           | Cafes, restaurants and            |  |
| take-aways                       | take-aways                        | take-aways                       | take-aways                        |  |
| Road freight transport           | Road freight transport            | Road freight transport           | Road freight transport            |  |
| House construction               | House construction                | House construction               | House construction                |  |
| Health service                   | Health service                    | Health service                   | Health service                    |  |
| Community care service           | Community care service            | Community care service           | Community care service            |  |
| Other – please specify           | Other – please specify            | Other – please specify           | Other – please specify            |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
| Goods produced/services provided | Goods produced/services provided  | Goods produced/services provided | Goods produced/services provide   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |
|                                  |                                   |                                  |                                   |  |

|    | Please use CAPITAL letters only. 14                                                                                                                                                                                                                     | Person 1                                                                      | Person 2                                                                                                         |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 44 | Last week, how many hours did the person work in all jobs?                                                                                                                                                                                              | Hours worked                                                                  | Hours worked                                                                                                     |
|    | <ul> <li>Add any overtime or extra time worked and subtract any time off.</li> <li>Remember to mark box like this:</li> </ul>                                                                                                                           | None                                                                          | ( ) None                                                                                                         |
| 45 | How did the person get to work on Tuesday, 9 August 2011?                                                                                                                                                                                               | Train Bus                                                                     | <ul><li>Train</li><li>Bus</li></ul>                                                                              |
|    | <ul> <li>If the person used more than one method of travel to work, mark all methods used.</li> <li>Remember to mark box like this:</li> </ul>                                                                                                          | Ferry Tram (including Light Rail)                                             | Ferry Tram (including Light Rail)                                                                                |
|    | Nomenber to mark box like tills.                                                                                                                                                                                                                        | Car – as driver                                                               | Taxi Car – as driver                                                                                             |
|    |                                                                                                                                                                                                                                                         | Car – as passenger                                                            | Car – as passenger                                                                                               |
|    |                                                                                                                                                                                                                                                         | <ul><li>Truck</li><li>Motorbike or motor scooter</li></ul>                    | <ul><li>Truck</li><li>Motorbike or motor scooter</li></ul>                                                       |
|    |                                                                                                                                                                                                                                                         | Bicycle                                                                       | Bicycle                                                                                                          |
|    |                                                                                                                                                                                                                                                         | <ul><li>Walked only</li><li>Worked at home</li></ul>                          | Walked only Worked at home                                                                                       |
|    |                                                                                                                                                                                                                                                         | Other                                                                         | Other                                                                                                            |
|    |                                                                                                                                                                                                                                                         | Did not go to work                                                            | Did not go to work                                                                                               |
| 46 | Did the person actively look for work at any time in the last four weeks?                                                                                                                                                                               | No, did not look for work Go to 48                                            | No, did not look for work  Go to 48                                                                              |
|    | Examples of actively looking for work include: being registered with Centrelink as a job seeker; checking or registering with any other employment agency; writing, telephoning or applying in person to an employer for work; or advertising for work. | Yes, looked for full-time work Yes, looked for part-time work                 | Yes, looked for full-time work Yes, looked for part-time work                                                    |
| 47 | If the person had found a job, could the person have started work <i>last week</i> ?                                                                                                                                                                    | Yes/ could have started work last week                                        | Yes, could have started work last week                                                                           |
|    | Remember to mark box like this:                                                                                                                                                                                                                         | No, already had a job to go to No, temporarily ill or injured No other reason | <ul><li>No, already had a job to go to</li><li>No, temporarily ill or injured</li><li>No, other reason</li></ul> |
| 48 | In the last week did the person spendime doing unpaid domestic work for their household?                                                                                                                                                                | No, did not do any unpaid domestic work in the last week                      | No, did not do any unpaid domestic work in the last week                                                         |
|    | Include all housework, food/dripk preparation and cleanup,                                                                                                                                                                                              | Yes, less than 5 hours Yes, 5 to 14 hours                                     | Yes, less than 5 hours Yes, 5 to 14 hours                                                                        |
|    | laundry, gardening, home maintenance and repairs, and household shopping and finance management.                                                                                                                                                        | <ul> <li>Yes, 15 to 29 hours</li> </ul>                                       | Yes, 15 to 29 hours                                                                                              |
|    | i Visit www.abs.gov.au/census/relo for more information.                                                                                                                                                                                                | Yes, 30 hours or more                                                         | Yes, 30 hours or more                                                                                            |
| 49 | In the last two weeks did the person spend time                                                                                                                                                                                                         | No, did not provide unpaid care, help or assistance                           | No, did not provide unpaid care, help or assistance                                                              |
|    | providing unpaid care, help of assistance to family members or others because of a disability, a long term illness of problems related to old age?                                                                                                      | Yes, provided unpaid care, help or assistance                                 | Yes, provided unpaid care, help or assistance                                                                    |
|    | <ul> <li>Recipients of Carer Allowance or Carer Payment should state that they provided unpaid care.</li> <li>Ad hoc help or assistance, such as shopping, should only be included if the person needs this sort of assistance because of</li> </ul>    |                                                                               |                                                                                                                  |
|    | <ul><li>his/her condition.</li><li>Do not include work done through a voluntary organisation or group.</li></ul>                                                                                                                                        |                                                                               |                                                                                                                  |
| 50 | In the last two weeks did the person spend time looking after a child, without pay?                                                                                                                                                                     | No Yes, looked after my own child                                             | No Yes, looked after my own child                                                                                |
|    | <ul><li>Only include children who were less than 15 years of age.</li><li>Mark all applicable responses.</li></ul>                                                                                                                                      | Yes, looked after a child other than my own                                   | Yes, looked after a child other than my own                                                                      |
| 51 | In the <i>last twelve months</i> did the person spend any time doing voluntary work through an organisation or group?                                                                                                                                   | No, did not do voluntary work Yes, did voluntary work                         | No, did not do voluntary work Yes, did voluntary work                                                            |
|    | <ul> <li>Exclude anything you do as part of your paid employment or to qualify for a Government benefit.</li> <li>Exclude working in a family business.</li> </ul>                                                                                      |                                                                               |                                                                                                                  |

| Person 3                                                    | Person 4 1                                                  | 5 Person 5                                               | Person 6                                                 |
|-------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Hours worked                                                | Hours worked                                                | Hours worked                                             | Hours worked                                             |
| None                                                        | None                                                        | None                                                     | None                                                     |
|                                                             |                                                             |                                                          |                                                          |
| Train                                                       | C Train                                                     | C Train                                                  | C Train                                                  |
| Bus                                                         | Bus                                                         | Bus                                                      | Bus                                                      |
| <ul><li>Ferry</li><li>Tram (including Light Rail)</li></ul> | <ul><li>Ferry</li><li>Tram (including Light Rail)</li></ul> | Ferry Tram (including Light Rail)                        | Ferry Tram (including Light Rail)                        |
| Taxi                                                        | Taxi                                                        | Taxi                                                     | Taxi                                                     |
| Car – as driver                                             | Car – as driver                                             | Car – as driver                                          | Car – as driver                                          |
| Car – as passenger                                          | Car – as passenger                                          | Car – as passenger                                       | Car – as passenger                                       |
| C Truck                                                     | C Truck                                                     | C Truck                                                  | Truck                                                    |
| <ul> <li>Motorbike or motor scooter</li> </ul>              | Motorbike or motor scooter                                  | Motorbike or motor scooter                               | Motorbike or motor scooter                               |
| Bicycle                                                     | Bicycle                                                     | Bicycle                                                  | Bicycle                                                  |
| Walked only Worked at home                                  | Walked only Worked at home                                  | Walked only Worked at home                               | Walked only Worked at home                               |
| Other                                                       | Other                                                       | Other                                                    | Other                                                    |
| Did not go to work                                          | Did not go to work                                          | Did not go to work                                       | Did not go to work                                       |
| No, did not look for work                                   | No, did not look for work                                   | No, did not look for work                                | No, did not look for work                                |
| ► Go to 48                                                  | ► Go to 48                                                  | Go to 48                                                 | ► Go to 48                                               |
| Yes, looked for full-time work                              | Yes, looked for full-time work                              | Yes, looked for full-time work                           | Yes, looked for full-time work                           |
| Yes, looked for part-time work                              | Yes, looked for part-time work                              | (es, looked for part-time work                           | Yes, looked for part-time work                           |
|                                                             |                                                             |                                                          |                                                          |
| Yes, could have started work last week                      | Yes, could have started work last week                      | Yes, could have started work last week                   | Yes, could have started work last week                   |
| No, already had a job to go to                              | No, already had a job to go to                              | No, already had a job to go to                           | No, already had a job to go to                           |
| No, temporarily ill or injured                              | No, temporarily ill or injured                              | No, temporarily ill or injured                           | No, temporarily ill or injured                           |
| No, other reason                                            | No, other reason                                            | No, other reason                                         | No, other reason                                         |
| No, did not do any unpaid domestic work in the last week    | Me did not do any unpaid<br>don estic work in the last week | No, did not do any unpaid domestic work in the last week | No, did not do any unpaid domestic work in the last week |
| Yes, less than 5 hours                                      | Yes less than 5 hours                                       | Yes, less than 5 hours                                   | Yes, less than 5 hours                                   |
| Yes, 5 to 14 hours                                          | Yes, 5 to 14 hours                                          | Yes, 5 to 14 hours                                       | Yes, 5 to 14 hours                                       |
| <ul> <li>Yes, 15 to 29 hours</li> </ul>                     | Yes, 45 to 29 hours                                         | <ul> <li>Yes, 15 to 29 hours</li> </ul>                  | Yes, 15 to 29 hours                                      |
| Yes, 30 hours or more                                       | Yes, 30 hours or more                                       | Yes, 30 hours or more                                    | Yes, 30 hours or more                                    |
| No did not provide                                          | No did not provide provide                                  | No did not provide provide                               | No did not provide wareid                                |
| No did not previde unpaid care help or assistance           | No, did not provide unpaid care, help or assistance         | No, did not provide unpaid care, help or assistance      | No, did not provide unpaid care, help or assistance      |
| Yes, provided unpaid care help or assistance                | Yes, provided unpaid care, help or assistance               | Yes, provided unpaid care, help or assistance            | Yes, provided unpaid care, help or assistance            |
| Ticip of assistance                                         | Holp of assistance                                          | Holp of assistance                                       | noip of assistance                                       |
|                                                             |                                                             |                                                          |                                                          |
|                                                             |                                                             |                                                          |                                                          |
|                                                             |                                                             |                                                          |                                                          |
|                                                             |                                                             |                                                          |                                                          |
|                                                             |                                                             |                                                          |                                                          |
| No No                                                       | O No                                                        | O No                                                     | O No                                                     |
| Yes, looked after my own child                              | Yes, looked after my own child                              | Yes, looked after my own child                           | Yes, looked after my own child                           |
| Yes, looked after a child other than my own                 | Yes, looked after a child other than my own                 | Yes, looked after a child other than my own              | Yes, looked after a child other than my own              |
| No, did not do voluntary work                               | No, did not do voluntary work                               | No, did not do voluntary work                            | No, did not do voluntary work                            |
| Yes, did voluntary work                                     | ( Yes, did voluntary work                                   | Yes, did voluntary work                                  | <ul> <li>Yes, did voluntary work</li> </ul>              |
|                                                             |                                                             |                                                          |                                                          |
|                                                             |                                                             |                                                          |                                                          |
|                                                             |                                                             |                                                          |                                                          |

## Please answer the following questions for this dwelling

| <b>5</b> 2 | Are there any persons who us dwelling who were <i>absent</i> on (Tuesday, 9 August 2011)?                                                     |                                            | <ul> <li>No, no-one absent</li> <li>Yes, someone absent</li> <li>Go to 54</li> <li>Go to 53</li> </ul> |                                                      |  |  |  |  |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|--|--|--|
|            | <ul> <li>'Usually live' means that address at v intends to live, for a total of six month</li> <li>Remember to mark box like this:</li> </ul> | s or more in 2011.                         |                                                                                                        |                                                      |  |  |  |  |
| 53         | For each person absent, complete the following questions:                                                                                     |                                            |                                                                                                        |                                                      |  |  |  |  |
|            | • Remember to mark boxes like this:                                                                                                           |                                            |                                                                                                        |                                                      |  |  |  |  |
|            | Name of each person who                                                                                                                       | First or given name                        | First or given name                                                                                    | First or given name                                  |  |  |  |  |
|            | usually lives in this dwelling but was not here on the night                                                                                  |                                            |                                                                                                        |                                                      |  |  |  |  |
|            | of Tuesday, 9 August 2011.                                                                                                                    | Surname or family name                     | Surname or family name                                                                                 | Surname or family name                               |  |  |  |  |
|            |                                                                                                                                               |                                            |                                                                                                        |                                                      |  |  |  |  |
|            | Is the person male or female?                                                                                                                 | ( ) Male                                   | ( ) Male                                                                                               | ( Male                                               |  |  |  |  |
|            | <ul> <li>Mark one box for each person<br/>absent</li> </ul>                                                                                   | Female                                     | Female                                                                                                 | — Female                                             |  |  |  |  |
|            | What is the person's date of                                                                                                                  | Day Month Year                             | Day Month Year                                                                                         | Day Month Year                                       |  |  |  |  |
|            | <ul><li>birth (or age last birthday)?</li><li>Example for date of birth:</li></ul>                                                            |                                            |                                                                                                        |                                                      |  |  |  |  |
|            | Day Month Year                                                                                                                                | <b>AD</b>                                  |                                                                                                        |                                                      |  |  |  |  |
|            | 2 3 0 5 1 9 7 0                                                                                                                               | OR                                         | OR                                                                                                     | OR                                                   |  |  |  |  |
|            | <ul> <li>If date of birth not known, give<br/>age last birthday.</li> </ul>                                                                   | Age last birthday                          | Age last birthday                                                                                      | Age last birthday                                    |  |  |  |  |
|            | Example for age last birthday:                                                                                                                | Years                                      | Years                                                                                                  | Years                                                |  |  |  |  |
|            | 4 1 Years                                                                                                                                     |                                            |                                                                                                        |                                                      |  |  |  |  |
|            | Is the person of Aboriginal or                                                                                                                | O No                                       | No                                                                                                     | No No                                                |  |  |  |  |
|            | Torres Strait Islander origin?  • For persons of both Aboriginal and                                                                          | Yes, Aboriginal Yes, Torres Strait Islande | Yes, Aboriginal Yes, Torres Strait Islander                                                            | Yes, Aboriginal                                      |  |  |  |  |
|            | Torres Strait Islander origin, mark both 'Yes' boxes.                                                                                         | Tes Torres Sitantislatura                  | res, lorres strait islander                                                                            | Yes, Torres Strait Islander                          |  |  |  |  |
|            | Is the person a full-time                                                                                                                     | No                                         | · No                                                                                                   | No No                                                |  |  |  |  |
|            | student?                                                                                                                                      | You                                        | ( Yes                                                                                                  | Yes                                                  |  |  |  |  |
|            | What is the person's relationship to                                                                                                          | Husband or wife of Person 1                | Husband or wife of Person 1                                                                            | Husband or wife of Person 1                          |  |  |  |  |
|            | Person 1 Person 2?                                                                                                                            | De facto partner of Person 1               | De facto partner of Person 1                                                                           | De facto partner of Person 1                         |  |  |  |  |
|            | Examples of other relationships: SON-IN-LAW                                                                                                   | Child of both Person 1 and Person 2        | Child of both Person 1 and Person 2                                                                    | Child of both Person 1 and Person 2                  |  |  |  |  |
|            | GRAND-DAUGKTER, UNCLE, BOARDER.                                                                                                               | Child of Person 1 only                     | Child of Person 1 only                                                                                 | Child of Person 1 only                               |  |  |  |  |
|            |                                                                                                                                               | Child of Person 2 only                     | Child of Person 2 only                                                                                 | Child of Person 2 only                               |  |  |  |  |
|            |                                                                                                                                               | Unrelated flatmate or                      | Unrelated flatmate or co-tenant of Person 1                                                            | Unrelated flatmate or co-tenant of Person 1          |  |  |  |  |
|            | co-tenant of Person 1  Other relationship to Person 1                                                                                         |                                            | Other relationship to Person 1                                                                         | Co-tenant of Person 1 Other relationship to Person 1 |  |  |  |  |
|            | – please specify                                                                                                                              |                                            | - please specify - please specify                                                                      |                                                      |  |  |  |  |
|            |                                                                                                                                               |                                            |                                                                                                        |                                                      |  |  |  |  |
| 54         | How many registered motor very by residents of this dwelling very at or near this dwelling on Cert (Tuesday, 9 August 2011)?                  | vere garaged or parked                     | Motor vehicles  None                                                                                   |                                                      |  |  |  |  |
|            | <ul> <li>Include vans and company vehicles kept at home.</li> <li>Exclude motorbikes and motor scooters.</li> </ul>                           |                                            |                                                                                                        |                                                      |  |  |  |  |

### Please answer the following questions for this dwelling

| 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                              | drooms are there in sa bedsitter, mark the 'No        |                                                                                                                                    |                                                                                                                                                                                                                                                                                              |                                           | Number of bedrooms                                                                                                                                                                                                                                                                                 |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 56                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul> <li>Is this dwelling:</li> <li>Include owners of caravans, manufactured homes or houseboats regardless of whether or not the site is owned.</li> <li>Remember to mark box like this:</li> </ul>                                                                                                                                                                                                                         |                                                       |                                                                                                                                    | <ul> <li>None</li> <li>Owned outright? ► Go to 59</li> <li>Owned with a mortgage? ► Go to 58</li> <li>Being purchased under a rent/buy scheme?</li> <li>Being rented?</li> <li>Being occupied rent free?</li> <li>Being occupied under a life tenure scheme?</li> <li>Other?</li> </ul>      |                                           |                                                                                                                                                                                                                                                                                                    |                                                               |
| 57                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | For all state/ten<br>Some example:<br>Housing, Office<br>Homelessness<br>Housing (WA),<br>ACT Housing, A                                                                                                                                                                                                                                                                                                                     | s of Government housing a<br>of Housing (VIC), Depart | housing authorities, mark authorities are: NSW Depa<br>ment of Communities, Hou<br>stralian Housing Trust, Dep<br>ry Housing (NT), | rtment of<br>sing and                                                                                                                                                                                                                                                                        | GG De | eal estate agent overnment Housing Authority epartment (Public Housing) arent/Other relative not in thi ther person not in this dwelling esidential park (including car employer Government (including car employer Government (including) esign Authority) especially co-perative; Communications | s dwelling<br>ng<br>ravan parks and marinas)<br>uding Defence |
| 58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul> <li>How much does your household pay for this dwelling?</li> <li>Include rent and mortgage repayments and site fees if the dwelling is a caravan or manufactured home in a caravan park or manufactured home estate.</li> <li>Exclude water rates, council rates, repairs, maintenance and other fees.</li> <li>Do not include cents.</li> <li>If no payments, please mark the 'Nil payments' box like this.</li> </ul> |                                                       |                                                                                                                                    | \$ per week  \$ per fortnight  OR  \$ per month                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                                                                                                                                                    |                                                               |
| 59                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul> <li>Can the Internet be accessed at this dwelling:</li> <li>Include any Internet service regardless of whether or not paid for by the household.</li> <li>If more than one type of connection in dwelling, mark most frequently used type.</li> <li>Remember to mark box like this</li> </ul>                                                                                                                           |                                                       |                                                                                                                                    | <ul> <li>No Internet connection</li> <li>Yes, broadband connection (including ADSL, Cable, Wireless and Satellite connections)</li> <li>Yes, dial-up connection (including analog modem and ISDN connections)</li> <li>Other (include Internet access through mobile phones, etc)</li> </ul> |                                           |                                                                                                                                                                                                                                                                                                    |                                                               |
| Does each person in this household agree to his/her name and address and other information on this form being kept by the National Archives of Australia and then made publicly available after 99 years?  • Answering this question is OPTIONAL.  • A person's name-identified information will not be kept where a person does not agree or the answer is left blank.  • Visit www.abs.gev.au/censushelp for more information.  PLEASE CHECK WITH EACH PERSON BEFORE ANSWERING – LEAVE BLANK FOR THOSE PERSONS WHOSE VIEWS ARE NOT KNOWN TO YOU |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                                                                                                                                    |                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                                                                                                                                                    |                                                               |
| Perso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                              | Person 2                                              | Person 3                                                                                                                           | Person 4                                                                                                                                                                                                                                                                                     |                                           | Person 5                                                                                                                                                                                                                                                                                           | Person 6                                                      |
| ( ) Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | es, agrees                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes, agrees No, does not agree                        | ( Yes, agrees                                                                                                                      | <ul><li>Yes, agre</li><li>No, does</li></ul>                                                                                                                                                                                                                                                 |                                           | ( ) Yes, agrees                                                                                                                                                                                                                                                                                    | ( Yes, agrees                                                 |
| 61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                              | sure you have not missed                              | stion 60 accurately reflec<br>d any pages or questions                                                                             |                                                                                                                                                                                                                                                                                              | re know                                   | rn, of each person in the h                                                                                                                                                                                                                                                                        | ousehold.                                                     |

Thank you for completing this form. Australian Statistician





