

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 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

Census Form Number

								Check Letter		Check Letter	
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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:
- Start numbers in the first box.
- Write in **CAPITAL** letters and keep each letter within one box.
- Use every box in turn and only miss a box to leave a space between words.
- If you make a mistake in a mark box, draw a line through the box like this, or
- Draw a line through the box and re-write the letters like this:
- Please 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.

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

1 What is the address of this dwelling?

Please use **CAPITAL** letters only

Apartment/Flat/Unit number

(if any)

Street number

Street name (Examples: GRAHAM AVENUE, GEORGE STREET)

Suburb/Locality

State/Territory

Postcode

Property/Building name (if any)

Please use CAPITAL letters only.

The *householder* if present, otherwise any adult member of the household.

The *spouse or partner* of 'Person 1' if present, otherwise any person present.

<p>2 Name of each person <i>including visitors</i> who spent the night of Tuesday, 9 August 2011 in this dwelling:</p> <ul style="list-style-type: none"> Record details for all adults, children, babies and <i>visitors</i> present. Include any person who usually lives in this dwelling who returned on Wednesday, 10 August 2011, without having been counted elsewhere. For all other cases of persons absent, please include them in Questions 52 and 53 ONLY. 	<p>First or given name</p> <table border="1" style="width: 100%; height: 30px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Surname or family name</p> <table border="1" style="width: 100%; height: 50px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																									<p>First or given name</p> <table border="1" style="width: 100%; height: 30px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Surname or family name</p> <table border="1" style="width: 100%; height: 50px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																												
<p>3 Is the person male or female?</p> <p>Mark one box for each person, like this: <input checked="" type="checkbox"/></p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>																																																																																				
<p>4 What is the person's date of birth (or age last birthday)?</p> <p>Day Month Year</p> <p>Example for date of birth: <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="0"/></p> <p>If date of birth not known, give age last birthday.</p> <p>Example for age last birthday: <input type="text" value="4"/> <input type="text" value="1"/> Years</p>	<p>Day Month Year</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>OR</p> <p>Age last birthday</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Years</p>																	<p>Day Month Year</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>OR</p> <p>Age last birthday</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Years</p>																																																																				
<p>5 What is the person's relationship to Person 1/Person 2?</p> <ul style="list-style-type: none"> Examples of other relationships: SON-IN-LAW, GRAND-DAUGHTER, UNCLE, BOARDER. Remember to mark box like this: <input checked="" type="checkbox"/> 	<p>No answer required for Person 1</p>	<p><input type="checkbox"/> Husband or wife of Person 1</p> <p><input type="checkbox"/> De facto partner of Person 1</p> <p><input type="checkbox"/> Child of Person 1</p> <p><input type="checkbox"/> Stepchild of Person 1</p> <p><input type="checkbox"/> Brother or sister of Person 1</p> <p><input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1</p> <p>Other relationship to Person 1 – please specify</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>																																																																																				
<p>6 What is the person's present marital status?</p> <ul style="list-style-type: none"> 'Married' refers to registered marriages. Remember to mark box like this: <input checked="" type="checkbox"/> 	<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>																																																																																				
<p>7 Is the person of Aboriginal or Torres Strait Islander origin?</p> <p>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>																																																																																				
<p>8 Where does the person usually live?</p> <ul style="list-style-type: none"> For persons who usually live in another country and who are visiting Australia for less than one year, mark 'Other country'. 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. For persons who now have no usual address, write 'NONE' in the 'Suburb/Locality' box. For boarders at boarding school, write the address of the boarding school or college. Remember to mark box like this: <input checked="" type="checkbox"/> 	<p><input type="checkbox"/> The address shown on the front of this form</p> <p><input type="checkbox"/> Elsewhere in Australia – please specify address</p> <p>Apartment/Flat/Unit number (if any)</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Street number</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Street name</p> <table border="1" style="width: 100%; height: 30px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Suburb/Locality</p> <table border="1" style="width: 100%; height: 30px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>State/Territory Postcode</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><input type="checkbox"/> Other country</p>																																											<p><input type="checkbox"/> The address shown on the front of this form</p> <p><input type="checkbox"/> Elsewhere in Australia – please specify address</p> <p>Apartment/Flat/Unit number (if any)</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Street number</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Street name</p> <table border="1" style="width: 100%; height: 30px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Suburb/Locality</p> <table border="1" style="width: 100%; height: 30px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>State/Territory Postcode</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><input type="checkbox"/> Other country</p>																																										

Person 3

Any other person present in the household.

Person 4

Any other person present in the household.

03

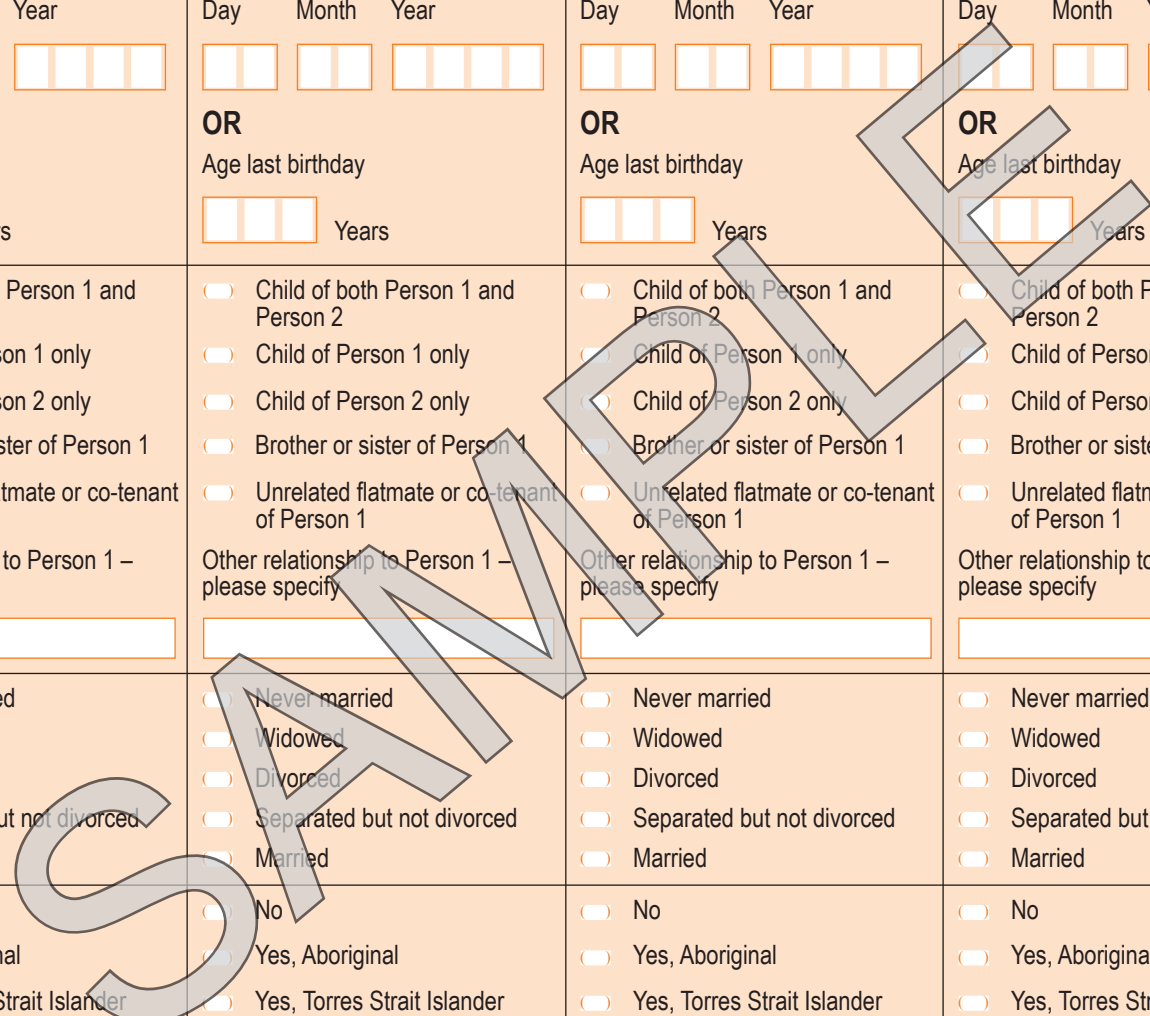
Person 5

Any other person present in the household.

Person 6

Any other person present in the household.

<p>First or given name</p> <input type="text"/>	<p>First or given name</p> <input type="text"/>	<p>First or given name</p> <input type="text"/>	<p>First or given name</p> <input type="text"/>
<p>Surname or family name</p> <input type="text"/>	<p>Surname or family name</p> <input type="text"/>	<p>Surname or family name</p> <input type="text"/>	<p>Surname or family name</p> <input type="text"/>
<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Day Month Year</p> <input type="text"/>	<p>Day Month Year</p> <input type="text"/>	<p>Day Month Year</p> <input type="text"/>	<p>Day Month Year</p> <input type="text"/>
<p>OR Age last birthday</p> <input type="text"/> Years	<p>OR Age last birthday</p> <input type="text"/> Years	<p>OR Age last birthday</p> <input type="text"/> Years	<p>OR Age last birthday</p> <input type="text"/> Years
<p><input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Brother or sister of Person 1 <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1</p> <p>Other relationship to Person 1 – please specify</p> <input type="text"/>	<p><input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Brother or sister of Person 1 <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1</p> <p>Other relationship to Person 1 – please specify</p> <input type="text"/>	<p><input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Brother or sister of Person 1 <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1</p> <p>Other relationship to Person 1 – please specify</p> <input type="text"/>	<p><input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Brother or sister of Person 1 <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1</p> <p>Other relationship to Person 1 – please specify</p> <input type="text"/>
<p><input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Married</p>
<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>
<p><input type="checkbox"/> The address shown on the front of this form <input type="checkbox"/> Elsewhere in Australia – please specify address</p> <p>Apartment/Flat/Unit number (if any)</p> <input type="text"/> <p>Street number</p> <input type="text"/> <p>Street name</p> <input type="text"/> <p>Suburb/Locality</p> <input type="text"/> <p>State/Territory Postcode</p> <input type="text"/> <p><input type="checkbox"/> Other country</p>	<p><input type="checkbox"/> The address shown on the front of this form <input type="checkbox"/> Elsewhere in Australia – please specify address</p> <p>Apartment/Flat/Unit number (if any)</p> <input type="text"/> <p>Street number</p> <input type="text"/> <p>Street name</p> <input type="text"/> <p>Suburb/Locality</p> <input type="text"/> <p>State/Territory Postcode</p> <input type="text"/> <p><input type="checkbox"/> Other country</p>	<p><input type="checkbox"/> The address shown on the front of this form <input type="checkbox"/> Elsewhere in Australia – please specify address</p> <p>Apartment/Flat/Unit number (if any)</p> <input type="text"/> <p>Street number</p> <input type="text"/> <p>Street name</p> <input type="text"/> <p>Suburb/Locality</p> <input type="text"/> <p>State/Territory Postcode</p> <input type="text"/> <p><input type="checkbox"/> Other country</p>	<p><input type="checkbox"/> The address shown on the front of this form <input type="checkbox"/> Elsewhere in Australia – please specify address</p> <p>Apartment/Flat/Unit number (if any)</p> <input type="text"/> <p>Street number</p> <input type="text"/> <p>Street name</p> <input type="text"/> <p>Suburb/Locality</p> <input type="text"/> <p>State/Territory Postcode</p> <input type="text"/> <p><input type="checkbox"/> Other country</p>



Please use CAPITAL letters only.

04

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

Suburb/Locality

State/Territory

Postcode

Other country

- Same as in question 8
- Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Other country

10 Where did the person usually live five years ago (at 9 August 2006)?

- If the person is less than five years old, leave blank.
- For persons who had no usual address on 9 August 2006, give the address at which they were then living.
- Remember to mark box like this:

- Same as in question 8
- Same as in question 9
- Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Other country

- Same as in question 8
- Same as in question 9
- Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Other country

11 Is the person an Australian citizen?

- Remember to mark box like this:

- Yes, Australian citizen
- No

- Yes, Australian citizen
- No

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
- India
- Scotland

Other – please specify

13 In what year did the person first arrive in Australia to live here for one year or more?

- For example, for arrival in 1974 write: 1 9 7 4 Year

Year

- Will be in Australia less than one year

Year

- Will be in Australia less than one year

14 Was the person's father born in Australia or overseas?

- Remember to mark box like this:

- Australia
- Overseas

- Australia
- Overseas

15 Was the person's mother born in Australia or overseas?

- Remember to mark box like this:

- Australia
- Overseas

- Australia
- Overseas

Person 3

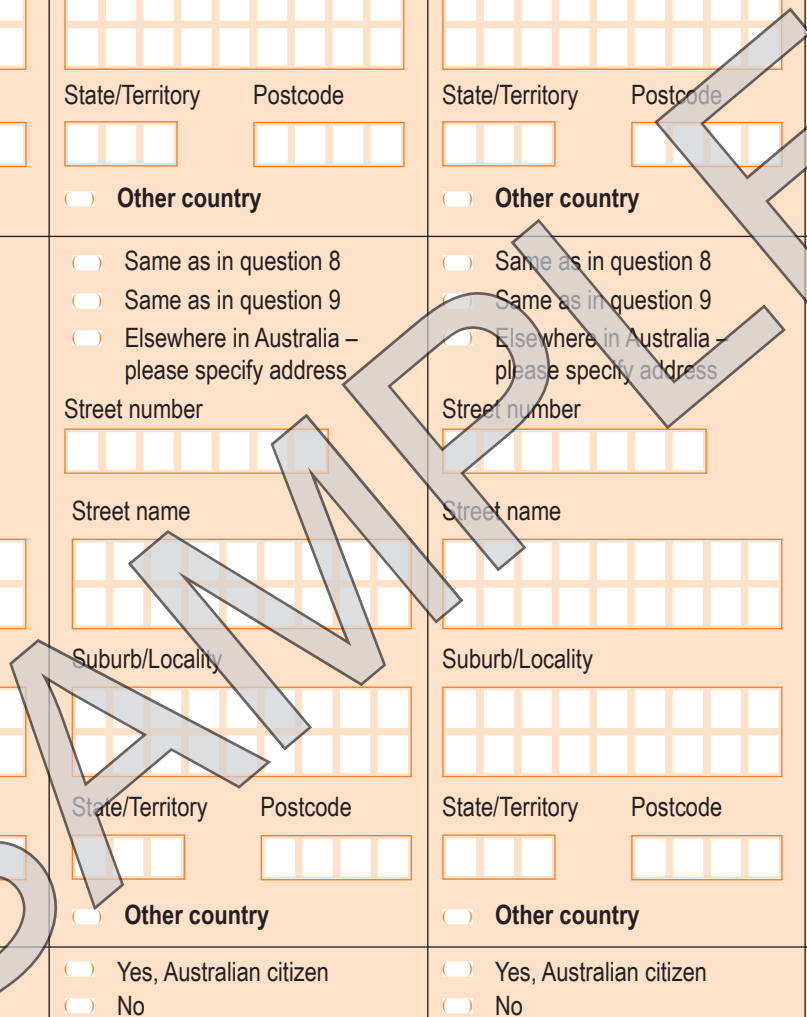
Person 4

05

Person 5

Person 6

<input type="radio"/> Same as in question 8 <input type="radio"/> Elsewhere in Australia – please specify address Street number <input type="text"/> Street name <input type="text"/> Suburb/Locality <input type="text"/> State/Territory Postcode <input type="text"/> <input type="text"/> <input type="radio"/> Other country	<input type="radio"/> Same as in question 8 <input type="radio"/> Elsewhere in Australia – please specify address Street number <input type="text"/> Street name <input type="text"/> Suburb/Locality <input type="text"/> State/Territory Postcode <input type="text"/> <input type="text"/> <input type="radio"/> Other country	<input type="radio"/> Same as in question 8 <input type="radio"/> Elsewhere in Australia – please specify address Street number <input type="text"/> Street name <input type="text"/> Suburb/Locality <input type="text"/> State/Territory Postcode <input type="text"/> <input type="text"/> <input type="radio"/> Other country	<input type="radio"/> Same as in question 8 <input type="radio"/> Elsewhere in Australia – please specify address Street number <input type="text"/> Street name <input type="text"/> Suburb/Locality <input type="text"/> State/Territory Postcode <input type="text"/> <input type="text"/> <input type="radio"/> Other country
<input type="radio"/> Same as in question 8 <input type="radio"/> Same as in question 9 <input type="radio"/> Elsewhere in Australia – please specify address Street number <input type="text"/> Street name <input type="text"/> Suburb/Locality <input type="text"/> State/Territory Postcode <input type="text"/> <input type="text"/> <input type="radio"/> Other country	<input type="radio"/> Same as in question 8 <input type="radio"/> Same as in question 9 <input type="radio"/> Elsewhere in Australia – please specify address Street number <input type="text"/> Street name <input type="text"/> Suburb/Locality <input type="text"/> State/Territory Postcode <input type="text"/> <input type="text"/> <input type="radio"/> Other country	<input type="radio"/> Same as in question 8 <input type="radio"/> Same as in question 9 <input type="radio"/> Elsewhere in Australia – please specify address Street number <input type="text"/> Street name <input type="text"/> Suburb/Locality <input type="text"/> State/Territory Postcode <input type="text"/> <input type="text"/> <input type="radio"/> Other country	<input type="radio"/> Same as in question 8 <input type="radio"/> Same as in question 9 <input type="radio"/> Elsewhere in Australia – please specify address Street number <input type="text"/> Street name <input type="text"/> Suburb/Locality <input type="text"/> State/Territory Postcode <input type="text"/> <input type="text"/> <input type="radio"/> Other country
<input type="radio"/> Yes, Australian citizen <input type="radio"/> No	<input type="radio"/> Yes, Australian citizen <input type="radio"/> No	<input type="radio"/> Yes, Australian citizen <input type="radio"/> No	<input type="radio"/> Yes, Australian citizen <input type="radio"/> No
<input type="radio"/> Australia ► Go to 14 <input type="radio"/> England <input type="radio"/> New Zealand <input type="radio"/> Italy <input type="radio"/> Vietnam <input type="radio"/> India <input type="radio"/> Scotland Other – please specify <input type="text"/>	<input type="radio"/> Australia ► Go to 14 <input type="radio"/> England <input type="radio"/> New Zealand <input type="radio"/> Italy <input type="radio"/> Vietnam <input type="radio"/> India <input type="radio"/> Scotland Other – please specify <input type="text"/>	<input type="radio"/> Australia ► Go to 14 <input type="radio"/> England <input type="radio"/> New Zealand <input type="radio"/> Italy <input type="radio"/> Vietnam <input type="radio"/> India <input type="radio"/> Scotland Other – please specify <input type="text"/>	<input type="radio"/> Australia ► Go to 14 <input type="radio"/> England <input type="radio"/> New Zealand <input type="radio"/> Italy <input type="radio"/> Vietnam <input type="radio"/> India <input type="radio"/> Scotland Other – please specify <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="radio"/> Will be in Australia less than one year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="radio"/> Will be in Australia less than one year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="radio"/> Will be in Australia less than one year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="radio"/> Will be in Australia less than one year
<input type="radio"/> Australia <input type="radio"/> Overseas	<input type="radio"/> Australia <input type="radio"/> Overseas	<input type="radio"/> Australia <input type="radio"/> Overseas	<input type="radio"/> Australia <input type="radio"/> Overseas
<input type="radio"/> Australia <input type="radio"/> Overseas	<input type="radio"/> Australia <input type="radio"/> Overseas	<input type="radio"/> Australia <input type="radio"/> Overseas	<input type="radio"/> Australia <input type="radio"/> Overseas



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

Yes, other – please specify

- No, English only ► Go to 18
- Yes, Italian
- Yes, Greek
- Yes, Cantonese
- Yes, Arabic
- Yes, Mandarin
- Yes, Vietnamese

Yes, other – please specify

17 How well does the person speak English?

- Remember to mark box like this:

- Very well
- Well
- Not well
- Not at all

- Very well
- Well
- Not well
- Not at all

18 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:
- Visit www.abs.gov.au/censushelp for more information.

- English
- Irish
- Scottish
- Italian
- German
- Chinese
- Australian

Other – please specify

- English
- Irish
- Scottish
- Italian
- German
- Chinese
- Australian

Other – please specify

19 What is the person's religion?

- Answering this question is **OPTIONAL**.
- Examples of 'Other - please specify' are: SALVATION ARMY, HINDUISM, JUDAISM, HUMANISM.
- If no religion, mark the 'No religion' box.
- Remember to mark box like this:

- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Buddhism
- Greek Orthodox
- Islam
- Baptist
- Lutheran

Other – please specify

- No religion

- 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
- Visit www.abs.gov.au/censushelp for more information.

- Yes, always
- Yes, sometimes
- 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
- Yes, sometimes
- 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
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

Person 3

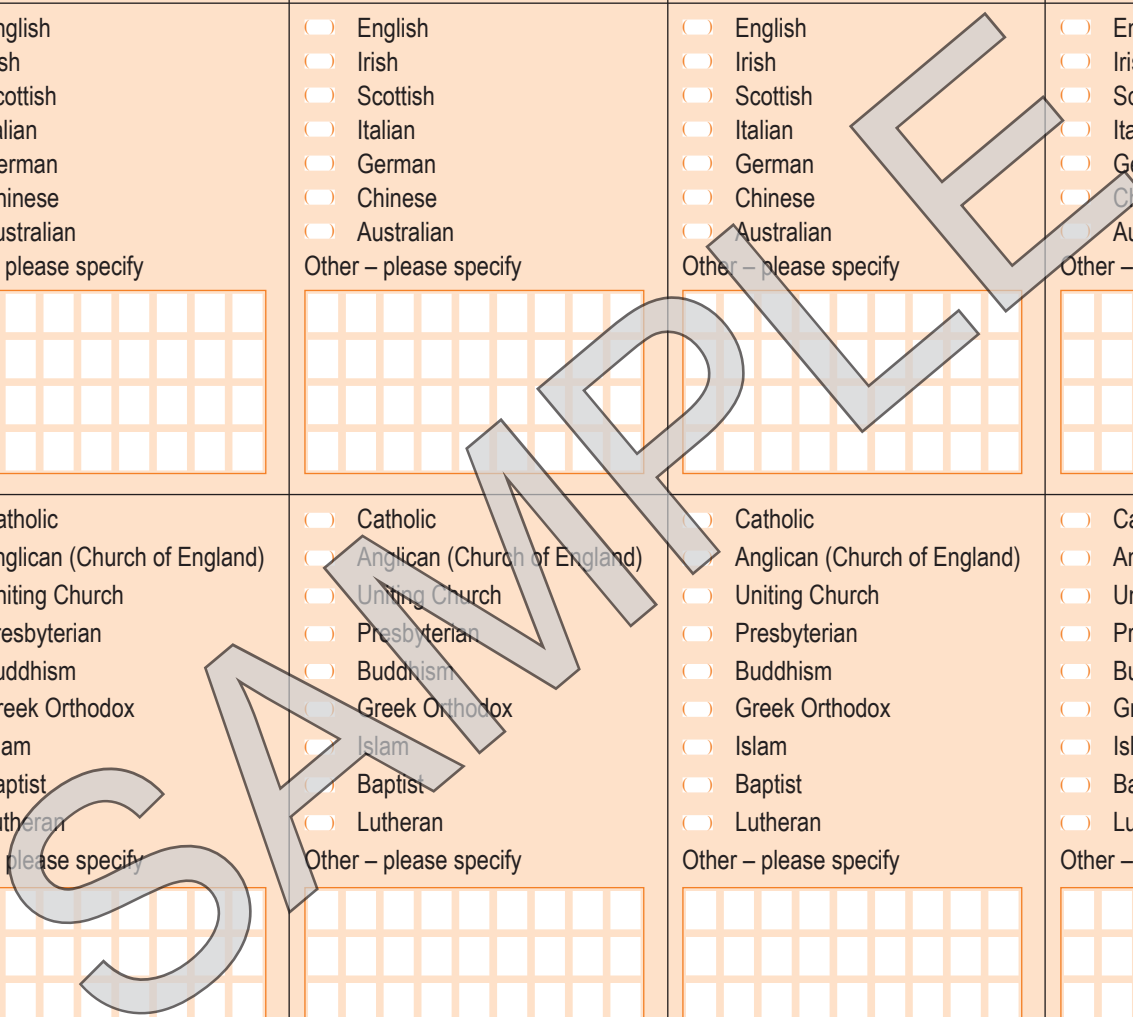
Person 4

07

Person 5

Person 6

<input type="checkbox"/> No, English only ► Go to 18 <input type="checkbox"/> Yes, Italian <input type="checkbox"/> Yes, Greek <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Vietnamese Yes, other – please specify <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	<input type="checkbox"/> No, English only ► Go to 18 <input type="checkbox"/> Yes, Italian <input type="checkbox"/> Yes, Greek <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Vietnamese Yes, other – please specify <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	<input type="checkbox"/> No, English only ► Go to 18 <input type="checkbox"/> Yes, Italian <input type="checkbox"/> Yes, Greek <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Vietnamese Yes, other – please specify <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	<input type="checkbox"/> No, English only ► Go to 18 <input type="checkbox"/> Yes, Italian <input type="checkbox"/> Yes, Greek <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Vietnamese Yes, other – please specify <div style="border: 1px solid black; width: 100%; height: 40px;"></div>
<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
<input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Italian <input type="checkbox"/> German <input type="checkbox"/> Chinese <input type="checkbox"/> Australian Other – please specify <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	<input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Italian <input type="checkbox"/> German <input type="checkbox"/> Chinese <input type="checkbox"/> Australian Other – please specify <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	<input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Italian <input type="checkbox"/> German <input type="checkbox"/> Chinese <input type="checkbox"/> Australian Other – please specify <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	<input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Italian <input type="checkbox"/> German <input type="checkbox"/> Chinese <input type="checkbox"/> Australian Other – please specify <div style="border: 1px solid black; width: 100%; height: 40px;"></div>
<input type="checkbox"/> Catholic <input type="checkbox"/> Anglican (Church of England) <input type="checkbox"/> Uniting Church <input type="checkbox"/> Presbyterian <input type="checkbox"/> Buddhism <input type="checkbox"/> Greek Orthodox <input type="checkbox"/> Islam <input type="checkbox"/> Baptist <input type="checkbox"/> Lutheran Other – please specify <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	<input type="checkbox"/> Catholic <input type="checkbox"/> Anglican (Church of England) <input type="checkbox"/> Uniting Church <input type="checkbox"/> Presbyterian <input type="checkbox"/> Buddhism <input type="checkbox"/> Greek Orthodox <input type="checkbox"/> Islam <input type="checkbox"/> Baptist <input type="checkbox"/> Lutheran Other – please specify <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	<input type="checkbox"/> Catholic <input type="checkbox"/> Anglican (Church of England) <input type="checkbox"/> Uniting Church <input type="checkbox"/> Presbyterian <input type="checkbox"/> Buddhism <input type="checkbox"/> Greek Orthodox <input type="checkbox"/> Islam <input type="checkbox"/> Baptist <input type="checkbox"/> Lutheran Other – please specify <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	<input type="checkbox"/> Catholic <input type="checkbox"/> Anglican (Church of England) <input type="checkbox"/> Uniting Church <input type="checkbox"/> Presbyterian <input type="checkbox"/> Buddhism <input type="checkbox"/> Greek Orthodox <input type="checkbox"/> Islam <input type="checkbox"/> Baptist <input type="checkbox"/> Lutheran Other – please specify <div style="border: 1px solid black; width: 100%; height: 40px;"></div>
<input type="checkbox"/> No religion	<input type="checkbox"/> No religion	<input type="checkbox"/> No religion	<input type="checkbox"/> No religion
<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No



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:

- 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

24 Is the person attending a school or any other educational institution?

- Include pre-school and external or correspondence students.

- No ► **Go to 26**
- Yes, full-time student
- Yes, part-time student

- No ► **Go to 26**
- Yes, full-time student
- Yes, part-time student

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:
- ① 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 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**

26 Only continue for persons 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 to complete their schooling, mark the highest year completed when they last left.
- ① Visit www.abs.gov.au/censushelp 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.
- ① Visit www.abs.gov.au/censushelp for more information on the treatment of AQF or vocational certificates.

- No ► **Go to 32**
- No, still studying for first qualification ► **Go to 32**
- Yes, trade certificate/apprenticeship
- Yes, other qualification

- 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 highest qualification the person has completed?

- 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 complete this qualification before 1998?

- Remember to mark box like this:

- Yes, before 1998
- No, 1998 or later

- Yes, before 1998
- No, 1998 or later

Person 3

Person 4

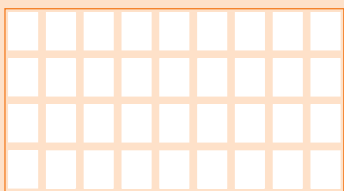
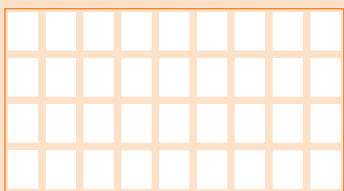
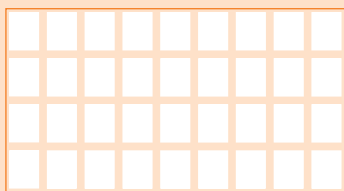
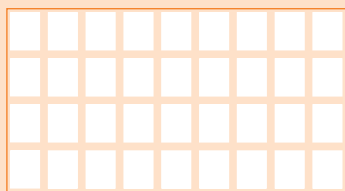
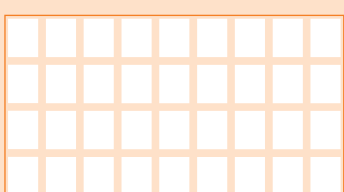
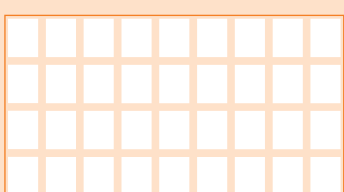
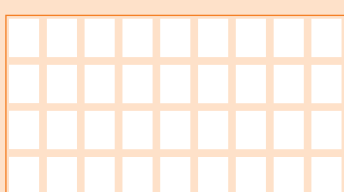
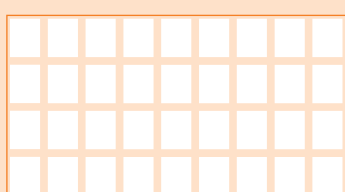
09

Person 5

Person 6

<input type="checkbox"/> No need for help or supervision <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause	<input type="checkbox"/> No need for help or supervision <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause	<input type="checkbox"/> No need for help or supervision <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause	<input type="checkbox"/> No need for help or supervision <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause
<input type="checkbox"/> No ► Go to 26 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► Go to 26 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► Go to 26 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► Go to 26 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
<input type="checkbox"/> Pre-school Infants/Primary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary institution <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> Other educational institution	<input type="checkbox"/> Pre-school Infants/Primary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary institution <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> Other educational institution	<input type="checkbox"/> Pre-school Infants/Primary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary institution <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> Other educational institution	<input type="checkbox"/> Pre-school Infants/Primary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary institution <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> Other educational institution

Only continue for persons aged 15 years or more

<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school
<input type="checkbox"/> No ► Go to 32 <input type="checkbox"/> No, still studying for first qualification ► Go to 32 <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► Go to 32 <input type="checkbox"/> No, still studying for first qualification ► Go to 32 <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► Go to 32 <input type="checkbox"/> No, still studying for first qualification ► Go to 32 <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► Go to 32 <input type="checkbox"/> No, still studying for first qualification ► Go to 32 <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
Level of qualification 	Level of qualification 	Level of qualification 	Level of qualification 
Field of study 	Field of study 	Field of study 	Field of study 
<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later

Person 3

Person 4

13

Person 5

Person 6

<p>Tasks or duties</p> <div style="border: 1px solid orange; width: 100%; height: 100%; background-color: #f9f9f9;"></div>	<p>Tasks or duties</p> <div style="border: 1px solid orange; width: 100%; height: 100%; background-color: #f9f9f9;"></div>	<p>Tasks or duties</p> <div style="border: 1px solid orange; width: 100%; height: 100%; background-color: #f9f9f9;"></div>	<p>Tasks or duties</p> <div style="border: 1px solid orange; width: 100%; height: 100%; background-color: #f9f9f9;"></div>
<p>Business name</p> <div style="border: 1px solid orange; width: 100%; height: 100%; background-color: #f9f9f9;"></div>	<p>Business name</p> <div style="border: 1px solid orange; width: 100%; height: 100%; background-color: #f9f9f9;"></div>	<p>Business name</p> <div style="border: 1px solid orange; width: 100%; height: 100%; background-color: #f9f9f9;"></div>	<p>Business name</p> <div style="border: 1px solid orange; width: 100%; height: 100%; background-color: #f9f9f9;"></div>
<p>Street number</p> <div style="border: 1px solid orange; width: 100%; height: 20px; background-color: #f9f9f9;"></div> <p>Street name</p> <div style="border: 1px solid orange; width: 100%; height: 30px; background-color: #f9f9f9;"></div> <p>Suburb/Locality</p> <div style="border: 1px solid orange; width: 100%; height: 30px; background-color: #f9f9f9;"></div> <p>State/Territory Postcode</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid orange; width: 40%; height: 20px; background-color: #f9f9f9;"></div> <div style="border: 1px solid orange; width: 40%; height: 20px; background-color: #f9f9f9;"></div> </div> <p>Building/Property name (if any)</p> <div style="border: 1px solid orange; width: 100%; height: 30px; background-color: #f9f9f9;"></div>	<p>Street number</p> <div style="border: 1px solid orange; width: 100%; height: 20px; background-color: #f9f9f9;"></div> <p>Street name</p> <div style="border: 1px solid orange; width: 100%; height: 30px; background-color: #f9f9f9;"></div> <p>Suburb/Locality</p> <div style="border: 1px solid orange; width: 100%; height: 30px; background-color: #f9f9f9;"></div> <p>State/Territory Postcode</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid orange; width: 40%; height: 20px; background-color: #f9f9f9;"></div> <div style="border: 1px solid orange; width: 40%; height: 20px; background-color: #f9f9f9;"></div> </div> <p>Building/Property name (if any)</p> <div style="border: 1px solid orange; width: 100%; height: 30px; background-color: #f9f9f9;"></div>	<p>Street number</p> <div style="border: 1px solid orange; width: 100%; height: 20px; background-color: #f9f9f9;"></div> <p>Street name</p> <div style="border: 1px solid orange; width: 100%; height: 30px; background-color: #f9f9f9;"></div> <p>Suburb/Locality</p> <div style="border: 1px solid orange; width: 100%; height: 30px; background-color: #f9f9f9;"></div> <p>State/Territory Postcode</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid orange; width: 40%; height: 20px; background-color: #f9f9f9;"></div> <div style="border: 1px solid orange; width: 40%; height: 20px; background-color: #f9f9f9;"></div> </div> <p>Building/Property name (if any)</p> <div style="border: 1px solid orange; width: 100%; height: 30px; background-color: #f9f9f9;"></div>	<p>Street number</p> <div style="border: 1px solid orange; width: 100%; height: 20px; background-color: #f9f9f9;"></div> <p>Street name</p> <div style="border: 1px solid orange; width: 100%; height: 30px; background-color: #f9f9f9;"></div> <p>Suburb/Locality</p> <div style="border: 1px solid orange; width: 100%; height: 30px; background-color: #f9f9f9;"></div> <p>State/Territory Postcode</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid orange; width: 40%; height: 20px; background-color: #f9f9f9;"></div> <div style="border: 1px solid orange; width: 40%; height: 20px; background-color: #f9f9f9;"></div> </div> <p>Building/Property name (if any)</p> <div style="border: 1px solid orange; width: 100%; height: 30px; background-color: #f9f9f9;"></div>
<ul style="list-style-type: none"> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesaling <input type="checkbox"/> Retailing <input type="checkbox"/> Accommodation <input type="checkbox"/> Cafes, restaurants and take-aways <input type="checkbox"/> Road freight transport <input type="checkbox"/> House construction <input type="checkbox"/> Health service <input type="checkbox"/> Community care service <p>Other – please specify</p> <div style="border: 1px solid orange; width: 100%; height: 40px; background-color: #f9f9f9;"></div>	<ul style="list-style-type: none"> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesaling <input type="checkbox"/> Retailing <input type="checkbox"/> Accommodation <input type="checkbox"/> Cafes, restaurants and take-aways <input type="checkbox"/> Road freight transport <input type="checkbox"/> House construction <input type="checkbox"/> Health service <input type="checkbox"/> Community care service <p>Other – please specify</p> <div style="border: 1px solid orange; width: 100%; height: 40px; background-color: #f9f9f9;"></div>	<ul style="list-style-type: none"> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesaling <input type="checkbox"/> Retailing <input type="checkbox"/> Accommodation <input type="checkbox"/> Cafes, restaurants and take-aways <input type="checkbox"/> Road freight transport <input type="checkbox"/> House construction <input type="checkbox"/> Health service <input type="checkbox"/> Community care service <p>Other – please specify</p> <div style="border: 1px solid orange; width: 100%; height: 40px; background-color: #f9f9f9;"></div>	<ul style="list-style-type: none"> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesaling <input type="checkbox"/> Retailing <input type="checkbox"/> Accommodation <input type="checkbox"/> Cafes, restaurants and take-aways <input type="checkbox"/> Road freight transport <input type="checkbox"/> House construction <input type="checkbox"/> Health service <input type="checkbox"/> Community care service <p>Other – please specify</p> <div style="border: 1px solid orange; width: 100%; height: 40px; background-color: #f9f9f9;"></div>
<p>Goods produced/services provided</p> <div style="border: 1px solid orange; width: 100%; height: 100%; background-color: #f9f9f9;"></div>	<p>Goods produced/services provided</p> <div style="border: 1px solid orange; width: 100%; height: 100%; background-color: #f9f9f9;"></div>	<p>Goods produced/services provided</p> <div style="border: 1px solid orange; width: 100%; height: 100%; background-color: #f9f9f9;"></div>	<p>Goods produced/services provided</p> <div style="border: 1px solid orange; width: 100%; height: 100%; background-color: #f9f9f9;"></div>

SAMPLE

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

Person 3

Person 4

15

Person 5

Person 6

<input type="text"/> <input type="text"/> Hours worked <input type="radio"/> None	<input type="text"/> <input type="text"/> Hours worked <input type="radio"/> None	<input type="text"/> <input type="text"/> Hours worked <input type="radio"/> None	<input type="text"/> <input type="text"/> Hours worked <input type="radio"/> None
<input type="radio"/> Train <input type="radio"/> Bus <input type="radio"/> Ferry <input type="radio"/> Tram (including Light Rail) <input type="radio"/> Taxi <input type="radio"/> Car – as driver <input type="radio"/> Car – as passenger <input type="radio"/> Truck <input type="radio"/> Motorbike or motor scooter <input type="radio"/> Bicycle <input type="radio"/> Walked only <input type="radio"/> Worked at home <input type="radio"/> Other <input type="radio"/> Did not go to work	<input type="radio"/> Train <input type="radio"/> Bus <input type="radio"/> Ferry <input type="radio"/> Tram (including Light Rail) <input type="radio"/> Taxi <input type="radio"/> Car – as driver <input type="radio"/> Car – as passenger <input type="radio"/> Truck <input type="radio"/> Motorbike or motor scooter <input type="radio"/> Bicycle <input type="radio"/> Walked only <input type="radio"/> Worked at home <input type="radio"/> Other <input type="radio"/> Did not go to work	<input type="radio"/> Train <input type="radio"/> Bus <input type="radio"/> Ferry <input type="radio"/> Tram (including Light Rail) <input type="radio"/> Taxi <input type="radio"/> Car – as driver <input type="radio"/> Car – as passenger <input type="radio"/> Truck <input type="radio"/> Motorbike or motor scooter <input type="radio"/> Bicycle <input type="radio"/> Walked only <input type="radio"/> Worked at home <input type="radio"/> Other <input type="radio"/> Did not go to work	<input type="radio"/> Train <input type="radio"/> Bus <input type="radio"/> Ferry <input type="radio"/> Tram (including Light Rail) <input type="radio"/> Taxi <input type="radio"/> Car – as driver <input type="radio"/> Car – as passenger <input type="radio"/> Truck <input type="radio"/> Motorbike or motor scooter <input type="radio"/> Bicycle <input type="radio"/> Walked only <input type="radio"/> Worked at home <input type="radio"/> Other <input type="radio"/> Did not go to work
<input type="radio"/> No, did not look for work ▶ Go to 48 <input type="radio"/> Yes, looked for full-time work <input type="radio"/> Yes, looked for part-time work	<input type="radio"/> No, did not look for work ▶ Go to 48 <input type="radio"/> Yes, looked for full-time work <input type="radio"/> Yes, looked for part-time work	<input type="radio"/> No, did not look for work ▶ Go to 48 <input type="radio"/> Yes, looked for full-time work <input type="radio"/> Yes, looked for part-time work	<input type="radio"/> No, did not look for work ▶ Go to 48 <input type="radio"/> Yes, looked for full-time work <input type="radio"/> Yes, looked for part-time work
<input type="radio"/> Yes, could have started work last week <input type="radio"/> No, already had a job to go to <input type="radio"/> No, temporarily ill or injured <input type="radio"/> No, other reason	<input type="radio"/> Yes, could have started work last week <input type="radio"/> No, already had a job to go to <input type="radio"/> No, temporarily ill or injured <input type="radio"/> No, other reason	<input type="radio"/> Yes, could have started work last week <input type="radio"/> No, already had a job to go to <input type="radio"/> No, temporarily ill or injured <input type="radio"/> No, other reason	<input type="radio"/> Yes, could have started work last week <input type="radio"/> No, already had a job to go to <input type="radio"/> No, temporarily ill or injured <input type="radio"/> No, other reason
<input type="radio"/> No, did not do any unpaid domestic work in the last week <input type="radio"/> Yes, less than 5 hours <input type="radio"/> Yes, 5 to 14 hours <input type="radio"/> Yes, 15 to 29 hours <input type="radio"/> Yes, 30 hours or more	<input type="radio"/> No, did not do any unpaid domestic work in the last week <input type="radio"/> Yes, less than 5 hours <input type="radio"/> Yes, 5 to 14 hours <input type="radio"/> Yes, 15 to 29 hours <input type="radio"/> Yes, 30 hours or more	<input type="radio"/> No, did not do any unpaid domestic work in the last week <input type="radio"/> Yes, less than 5 hours <input type="radio"/> Yes, 5 to 14 hours <input type="radio"/> Yes, 15 to 29 hours <input type="radio"/> Yes, 30 hours or more	<input type="radio"/> No, did not do any unpaid domestic work in the last week <input type="radio"/> Yes, less than 5 hours <input type="radio"/> Yes, 5 to 14 hours <input type="radio"/> Yes, 15 to 29 hours <input type="radio"/> Yes, 30 hours or more
<input type="radio"/> No, did not provide unpaid care, help or assistance <input type="radio"/> Yes, provided unpaid care, help or assistance	<input type="radio"/> No, did not provide unpaid care, help or assistance <input type="radio"/> Yes, provided unpaid care, help or assistance	<input type="radio"/> No, did not provide unpaid care, help or assistance <input type="radio"/> Yes, provided unpaid care, help or assistance	<input type="radio"/> No, did not provide unpaid care, help or assistance <input type="radio"/> Yes, provided unpaid care, help or assistance
<input type="radio"/> No <input type="radio"/> Yes, looked after my own child <input type="radio"/> Yes, looked after a child other than my own	<input type="radio"/> No <input type="radio"/> Yes, looked after my own child <input type="radio"/> Yes, looked after a child other than my own	<input type="radio"/> No <input type="radio"/> Yes, looked after my own child <input type="radio"/> Yes, looked after a child other than my own	<input type="radio"/> No <input type="radio"/> Yes, looked after my own child <input type="radio"/> Yes, looked after a child other than my own
<input type="radio"/> No, did not do voluntary work <input type="radio"/> Yes, did voluntary work	<input type="radio"/> No, did not do voluntary work <input type="radio"/> Yes, did voluntary work	<input type="radio"/> No, did not do voluntary work <input type="radio"/> Yes, did voluntary work	<input type="radio"/> No, did not do voluntary work <input type="radio"/> Yes, did voluntary work

Please answer the following questions for this dwelling

52 Are there any persons who usually live in this dwelling who were *absent* on Census Night (Tuesday, 9 August 2011)?

- '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.
- Remember to mark box like this:

- No, no-one absent ► Go to 54
- Yes, someone absent ► Go to 53

53 For each person *absent*, complete the following questions:

- Remember to mark boxes like this:

Name of each person who usually lives in this dwelling but was not here on the night of Tuesday, 9 August 2011.

First or given name <input type="text"/>	First or given name <input type="text"/>	First or given name <input type="text"/>
Surname or family name <input type="text"/>	Surname or family name <input type="text"/>	Surname or family name <input type="text"/>

Is the person male or female?

- Mark one box for each person absent

<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
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What is the person's date of birth (or age last birthday)?

- Example for date of birth:

Day Month Year

- If date of birth not known, give age last birthday.

- Example for age last birthday:

Years

Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
OR Age last birthday <input type="text"/> <input type="text"/> <input type="text"/> Years	OR Age last birthday <input type="text"/> <input type="text"/> <input type="text"/> Years	OR Age last birthday <input type="text"/> <input type="text"/> <input type="text"/> Years

Is the person of Aboriginal or Torres Strait Islander origin?

- For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.

<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
---	---	---

Is the person a full-time student?

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
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What is the person's relationship to Person 1/Person 2?

- Examples of other relationships: SON-IN-LAW, GRAND-DAUGHTER, UNCLE, BOARDER.

<input type="checkbox"/> Husband or wife of Person 1 <input type="checkbox"/> De facto partner of Person 1 <input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 – please specify <input type="text"/>	<input type="checkbox"/> Husband or wife of Person 1 <input type="checkbox"/> De facto partner of Person 1 <input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 – please specify <input type="text"/>	<input type="checkbox"/> Husband or wife of Person 1 <input type="checkbox"/> De facto partner of Person 1 <input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 – please specify <input type="text"/>
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54 How many registered motor vehicles owned or used by residents of this dwelling were garaged or parked at or near this dwelling on Census Night (Tuesday, 9 August 2011)?

- Include vans and company vehicles kept at home.
- Exclude motorbikes and motor scooters.

Motor vehicles

None

Please answer the following questions for this dwelling

<p>55 How many bedrooms are there in this dwelling?</p> <ul style="list-style-type: none"> If the dwelling is a bedsitter, mark the 'None' box like this: <input type="checkbox"/> 	<p><input type="checkbox"/> <input type="checkbox"/> Number of bedrooms</p> <p><input type="checkbox"/> None</p>				
<p>56 Is this dwelling:</p> <ul style="list-style-type: none"> Include owners of caravans, manufactured homes or houseboats regardless of whether or not the site is owned. Remember to mark box like this: <input type="checkbox"/> 	<p><input type="checkbox"/> Owned outright? ► Go to 59</p> <p><input type="checkbox"/> Owned with a mortgage? ► Go to 58</p> <p><input type="checkbox"/> Being purchased under a rent/buy scheme?</p> <p><input type="checkbox"/> Being rented?</p> <p><input type="checkbox"/> Being occupied rent free?</p> <p><input type="checkbox"/> Being occupied under a life tenure scheme?</p> <p><input type="checkbox"/> Other?</p>				
<p>57 If this dwelling is being rented, who is it rented from?</p> <ul style="list-style-type: none"> For all state/territory specific Government housing authorities, mark second box. Some examples of Government housing authorities are: NSW Department of Housing, Office of Housing (VIC), Department of Communities, Housing and Homelessness Services (QLD), South Australian Housing Trust, Department of Housing (WA), Housing Tasmania, Territory Housing (NT), ACT Housing, Aboriginal Housing Authorities. Remember to mark box like this: <input type="checkbox"/> 	<p><input type="checkbox"/> Real estate agent</p> <p><input type="checkbox"/> Government Housing Authority/Housing Department (Public Housing)</p> <p><input type="checkbox"/> Parent/Other relative not in this dwelling</p> <p><input type="checkbox"/> Other person not in this dwelling</p> <p><input type="checkbox"/> Residential park (including caravan parks and marinas)</p> <p><input type="checkbox"/> Employer – Government (including Defence Housing Authority)</p> <p><input type="checkbox"/> Employer – Private</p> <p><input type="checkbox"/> Housing co-operative; Community or Church Group</p>				
<p>58 How much does your household pay for this dwelling?</p> <ul style="list-style-type: none"> 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. Exclude water rates, council rates, repairs, maintenance and other fees. Do not include cents. If no payments, please mark the 'Nil payments' box like this: <input type="checkbox"/> 	<p>\$ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> per week</p> <p>OR</p> <p>\$ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> per fortnight</p> <p>OR</p> <p>\$ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> per month</p> <p><input type="checkbox"/> Nil payments</p>				
<p>59 Can the Internet be accessed at this dwelling?</p> <ul style="list-style-type: none"> Include any Internet service regardless of whether or not paid for by the household. If more than one type of connection in dwelling, mark most frequently used type. Remember to mark box like this: <input type="checkbox"/> 	<p><input type="checkbox"/> No Internet connection</p> <p><input type="checkbox"/> Yes, broadband connection (including ADSL, Cable, Wireless and Satellite connections)</p> <p><input type="checkbox"/> Yes, dial-up connection (including analog modem and ISDN connections)</p> <p><input type="checkbox"/> Other (include Internet access through mobile phones, etc)</p>				
<p>60 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?</p> <ul style="list-style-type: none"> 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. <p>i Visit www.abs.gov.au/censushelp for more information.</p>					
<p>PLEASE CHECK WITH EACH PERSON BEFORE ANSWERING – LEAVE BLANK FOR THOSE PERSONS WHOSE VIEWS ARE NOT KNOWN TO YOU</p>					
<p>Person 1</p> <p><input type="checkbox"/> Yes, agrees</p> <p><input type="checkbox"/> No, does not agree</p>	<p>Person 2</p> <p><input type="checkbox"/> Yes, agrees</p> <p><input type="checkbox"/> No, does not agree</p>	<p>Person 3</p> <p><input type="checkbox"/> Yes, agrees</p> <p><input type="checkbox"/> No, does not agree</p>	<p>Person 4</p> <p><input type="checkbox"/> Yes, agrees</p> <p><input type="checkbox"/> No, does not agree</p>	<p>Person 5</p> <p><input type="checkbox"/> Yes, agrees</p> <p><input type="checkbox"/> No, does not agree</p>	<p>Person 6</p> <p><input type="checkbox"/> Yes, agrees</p> <p><input type="checkbox"/> No, does not agree</p>
<p>61 Finished?</p> <ul style="list-style-type: none"> Please check that the answers to Question 60 accurately reflect the view, where known, of each person in the household. Please make sure you have not missed any pages or questions. Please sign here. <p>Signature <input type="text"/></p> <p>Date <input type="text"/></p> <p style="text-align: center;">Thank you for completing this form. Australian Statistician</p>					

Collector's Use Only

CCF

Office Use Only

ME

TF

UO

<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3

<input type="checkbox"/> 1

<input type="checkbox"/> 1

