What you have to do

This form collects important information about your establishment.

- Complete this form using black or blue ink.
- Answer the questions over the page.
- Prepare, issue and collect forms for all usual residents in your establishment using the instructions provided to help you.
- Sign the Declaration.
- Return this form and the forms completed by all the usual residents, as soon as possible after 29 April 2001 using the envelope provided. If you have not been left an envelope, the Census Enumerator will make arrangements with you to collect the completed forms.

If you have any queries or require assistance, call the Census Helpline on 0845 3020011. All calls to this number are charged at the local rate.

Declaration

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

<table>
<thead>
<tr>
<th>Number of Individual Forms Issued</th>
<th>Number of Individual Forms Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature __________________________ Date __________

T. N. Caven
REGISTRAR GENERAL
NORTHERN IRELAND

To the Manager or Person-in-charge

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

Your role in the Census

I am seeking your help in conducting the 2001 Census. The Census Act (Northern Ireland) 1969 requires you to complete this form, and to distribute and collect forms from all usual residents in your establishment. If you refuse to complete it, or give false information, you may be liable to a fine. The requirement for you to return all such forms will not be satisfied until they have been received.

Confidentiality

The information collected in the Census is protected by law and is treated in strict confidence. The information is only used for statistical purposes. Anyone using or disclosing Census information improperly will be liable to prosecution. Census forms will be held securely under the terms of the Public Records Act (Northern Ireland), 1923.

Thank you for your co-operation.

Dr T N Caven
REGISTRAR GENERAL
NORTHERN IRELAND

Northern Ireland Census 29 April 2001

count me in

Communal Establishment Form

Census Helpline 0845 3020011   Text Phone for the Deaf 0845 3032001   Website www.nicensus2001.gov.uk
How to complete this form

- Remember to use black or blue ink.
- Put a tick in the appropriate box like this ✅.
  If you mark the wrong box, fill in the box ☑ and put a tick in the correct one ✅.

### Type of Establishment

1. **What is the nature of this establishment?**
   - ✅ one box only.
   - **Medical and Care Establishments**
     - General Hospital
     - Psychiatric Hospital/Home
     - Other Hospital
     - Nursing Home
     - Residential Care Home
     - Children's Home (including secure units)
     - Other Medical and Care Home
     - Go to 2
   - **Other Establishments**
     - Defence Establishment (including ships)
     - Prison Service Establishment
     - Probation/Bail Hostel
     - Educational Establishment (including halls of residence and boarding schools)
     - Hotel, Boarding House, Guest House
     - Religious Community
     - Hostel (including youth hostels, hostels for the homeless)
     - Civilian Ship, Boat or Barge
     - Other
     - Go to 4

2. **Is this establishment registered?**
   - ✅ one box only.
   - Yes, with a Health and Social Services Board
   - Yes, with a District Council
   - Yes, with both a Health and Social Services Board and a District Council
   - No

3. **Who is responsible for the management of this establishment?**
   - ✅ one box only.
   - NHS
   - District Council
   - Housing Association
   - Charity/Voluntary Organisation
   - Sole Proprietor/Partnership/Private Company
   - Other
   - Go to 4

4. **Which of the following client groups does this establishment cater for?**
   - ✅ at least one box in both Section A and B below.
   - **A**
     - Elderly
     - Adults
     - Children
   - **B**
     - Physical Disability
     - Learning Disability
     - Mental Health Problems
     - Convalescent or Post-Operative Care
     - Drug/Alcohol Problems
     - Terminal Illness/Respite Care
     - Chronic Illness Care
     - Acute Illness Care
     - Elderly
     - Students
     - Prisoners/Offenders
     - Nurses
     - Armed Forces Personnel
     - Homeless
     - Other
     - No Usual Residents
   - **Enumerator use only**
     - Persons Sleeping Rough