H1



Signature/s

count me in

	Jensus 2001					
WONDS WONDS	England Household Form					
Name Address	CD ED					
Postcode	Form Number					
	* Form 1 of *Multi-form households only					
To the Householder, Joint Householders or members of the household aged 16 or over	What you have to u					
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 Office for National Statistics conducts the Census in England and Wales. Completing your form Completion of the Census form is compulsory under the Census Act 1920. If you refuse to complete it, or give alse information, you may be liable to a fine. This liability the post not apply to question 10 on religion. The requirement of you to return a completed form will not be a tisfied until such a form has been received. If you need here please contact the Census Helpline. Confidentiality The information you provide is protected allow and treated in strict confidence. The information is only used for statistical purposes, and anyour meaning the consusting Census information improperly will be liable to posecution. Census forms will be held securely. Under the current terms of the Public Records Act 1958, the data will be treated as confidential for a period of 100 years.	 Your house fold should complete this form in black or blue ink. A crosschold is: conserved alone, or a grup of people (not necessarily related) living at living at living at living room or sitting room, or at living room or sitting room, or at liv					
Thank you for counting yourself in.						
Len Cook REGISTRAR GENERAL FOR ENGLAND AND WALES						
Declaration						
♦ To be signed after completing this form. Please check that you have not missed any pages or questions.						
This form is completed to the best of my knowledge and belief.						

Date

Table 1 Household Members

- List all members of your household who usually live at this address, including yourself.
 - Start with the Householder or Joint Householders.
 - Include anyone who is temporarily away from home on the night of 29 April 2001 who usually lives at this address.
 - Include schoolchildren and students if they live at this address during the school, college or university term.
 - Also include schoolchildren and students who are away from home during the school, college or university term and for whom only basic information is required.
 - Include any baby born before 30 April 2001, even if still in hospital.
 - Include people with more than one address if they live at this address for the majority of time.
 - Include anyone who is staying with you who has no other usual address.
 - Remember to include a spouse or partner who works away from home, or is a member of the armed forces, and usually lives at *this address*.
- If any member of your household aged 16 or over requires a separate form for privacy reasons, please contact the Census Helpline and

 √ the relevant box in the column marked 'Individual Form'.

Person No.	First name and surname	Individual Form
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		
If you have n	nore than 5 people in your household, you vill need are attra form.	
Person 6		
Person 7		
Person 8		
Person 9		
Person 10		
Table 2	Visitors	

- To help you complete the form you may use Table 2 to list any visitors at this address, on the night of 29 April 2001, who usually live elsewhere.
- If there are only visitors at this address, please complete questions H1 to H5 on page 3.
 No further questions need to be answered.

First name and surname	Usual address

H	low to complete the	rer	naining questions		
Pi lii b th	emember to use black or blue ink. ut a tick in the appropriate box, ke this . If you mark the wrong ox, fill in the box and put a tick in he right one, like this		Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.	5	present name of the country
H	lousehold Accommod	dati	ion		
H1	What type of accommodation does your household occupy? A whole house or bungalow that is: Detached Semi-detached		Do you have a bath/shower and toilet for use only by your household? Yes No What is the lowest floor level	r	Ooes your household own or eent the accommodation? one box only. Owns outright Go to H10 Owns with a mortgage or loan
	Terraced (including end-terrace) A flat, maisonette, or apartment that is: ☐ In a purpose-built block of flats or tenement ☐ Part of a converted or shared house (includes bed-sits) ☐ In a commercial building (for example, in an office building, or hotel, or over a shop) Mobile or temporary structure: ☐ A caravan or other mobile or temporary structure	Н6	of your household's living accommodation? Basement or semi-basement Ground floor (street level) First floor (floor above street level) Second floor Third or fourth floor Fifth floor or high		Go to H10 It is part rent and part mounage (shared ownership) Go to H10 Rents Go to H9 Lives here rent free Go to H9
H2 ◆	Is your household's accommodation self-contained? This means that all the rooms, including the kitchen, bathroom and toilet are behind a door that only your household can use. Yes, all the rooms are belind a door that only our hou shold can use No	?	If you have central having available 'Yes' whether or not you wait. entral heating includes: s, oil or solid fuel central tities night storage heaters warm air heating underfloor heating Yes, in some or all rooms No How many cars or vans are	H9 V	Council (Local Authority) Housing Association Housing Co-operative Charitable Trust Registered Social Landlord Private landlord or letting agency Employer of a household member Relative or friend of a household member
+ +	How many rooms do you have for use only by your household? <u>Do not count</u> bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards. <u>Do count</u> all other rooms, for example kitchens, living rooms, bedrooms, utility rooms and studies. If two rooms have been converted		owned, or available for use, by one or more members of your household? Include any company car or van if available for private use. None One Two	H10	Other Please turn the page.
	into one, count them as one room. Number of rooms		Three Four or more, please write in number		

Household Members and their Relationships within the Household

- The example below shows how to provide the relationship information for John Smith, his wife (Mary) and their three children (Alison, Steven and James).
- In this example Steven's (Person 4) relationship to Person 1 is son, to Person 2 is son and to Person 3 is brother.

Name of Person 1 First name JOHN Surname SMITH	Name of Person 2 First name MARY Surname CANTELL	Name of Person 3 First name ALISON Surname SMITH
SMITH	Relationship of Person 2 to Person → 1	Relationship of Person 3 to Person → 1 2
ENTER NAME	Husband or wife	Husband or wife
OF PERSON 1	Partner	Partner
ABOVE	Son or daughter	Son or daughter
	Step-child	Step-child
	Brother or sister	Brother or sister

- ♦ Use the same order and person numbers as in Table 1 (page 2), starting with F on 1.
- Print the name of each household member in the space at the top of each common.
- ♦ ✓ a box to show the relationship of each person to each of the other embers of your household.
- Include relationship information for household members who by ire an individual Form for privacy reasons. Questions on the following pages should be left lank or less people.

Name of Person 1 Name of Person Name of Person 3 Rela nip of Relationship of rson to erson = Person 3 to Person → 2 H ₃band or wife Husband or wife **ENTER NAME** P. ner **OF PERSON 1** Partner **ABOVE** Son or daughter Son or daughter Step-child Step-child Brother or sister Brother or sister Mother or father Mother or father Step-mother or step-father Step-mother or step-father Grandchild Grandchild Grandparent Grandparent Other related Other related Unrelated Unrelated

First name STEVEN Surname SMITH	First name JAMES Surname SMITH
Relationship of Person 4 to Person → 1 2 3	Relationship of Person 5 to Person → 1 2 3 4
Husband or wife	Husband or wife
Partner	Partner
Son or daughter	Son or daughter
Step-child	Step-child
Brother or sister	Brother or sister

First name		rst name				
Surname		name				
Relationship of Person 4 to Person 🔸	1 2 3	Relationship of erson 5 to Person →	1	2	3	4
Husband or wife		Husband or wife				
Partner		Partner				
Son or daughter		Son or daughter				
Step-child		Step-child				
Brother or sister		Brother or sister				
Mother or father		Mother or father				
Step-mother or step-father		Step-mother or step-father				
Grandchild		Grandchild				
Grandparent		Grandparent				
Other related		Other related				
Unrelated		Unrelated		П	П	П

Name of Person 4

Remaining questions should be answered by each member of your household in the same order as Table 1 (page 2 of this Form). Where a household member is completing an Individual Form for privacy reasons, the remaining questions for this person should be left blank.

P	erson 1		
1	What is your name? (Person 1 in Tab	9 This question is not applical in England.	ble
		→ Go to 10	
2	What is your sex?	What is your ethnic group?	
	Male Female	Choose ONE section from A to E, then the appropriate box to indicate your cultural background.	
3	What is your date of birth?	A White	
	Day Month Year	British Irish Any other White background, Please write in 10 What is your religion?	
4	What is your marital status (on 29 April 2001)?	please write in This question is voluntary.	
	Single (never married)	None	
	Married (first marriage)	B Mixed Christian (including Church of	
	Re-married	White and Black Caribbean England, Catholic, Protestant all other Christian denominat	
	Separated (but still legally married)	White and Black African	
	Divorced	White and Asian	
	Widowed	Any other Mixed background,	
5	Are you a schoolchild or student in full-time education?	please write in Muslim	
	Yes Go to 6	Any other religion, <i>please wr</i>	rite in
	No ► Go to 7		
6	Do you live at the address	C Asian or Asian itish	Ш
	shown on the front of this form during the school, college or university term?	Indian Pak ani Banglac hi	
♦	Only answer this question if you have answered 'Yes' to Question 5.	Any other Asian background, se write in would you say your health on the whole been:	
	Yes, I live at this address during the school/college/university term	Good?	
	Go to 7	Fairly good?	
	No, I live elsewhere during to school/college/university term	D Black or Black British Not good?	
	Go to 36	Caribbean African 12 Do you look after, or give a	ny
7	What is your country of birth?	Any other Black background, please write in help or support to family members, friends, neighbor	urs
•	England Wales	or others because of: • long-term physical or me	
	Scotland	ill-health or disability, or problems related to old ag	
	Northern Ireland	F Chinese or other ethnic group	as
	Republic of Ireland	part of your paid employment ↑ time spent in a typical week	
	Elsewhere, please write in the present name of the country	Any other, <i>please write in</i>	
	,	Yes, 1 - 19 hours a week	
		Yes, 20 - 49 hours a week	
		Yes, 50+ hours a week	

P	Person 1 - continued						
13	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age.	19	Were you actively looking for any kind of paid work during the last 4 weeks?				
	Yes No		Yes No				
14 •	What was your usual address one year ago? If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term. For a child born after 29 April 2000, 'No usual address one year ago'.	20	If a job had been available last week, could you have started it within 2 weeks? No				
	The address shown on the front of the form	21	Last week, were you waiting to				
	No usual address one year ago		start a job already obtained?				
	Elsewhere, <i>please write in below</i>		Yes No				
		22	Last week, were you any of the following? ✓ all the boxes that apply. Retired Student				
	Postcode Postcode	<	oking after home/family ently sick/disabled				
15	If you are aged 16 to 74 Go to 16		one of the above				
	If you are aged 15 and under, or 75 and over Go to 36	٦3	V ve you ever worked?				
16	Which of these qualifications do you have? ✓ all the qualifications that apply or, if not specified, the near a suiv Jen. 1+ O levels/CSEs/GCSEs (any grades) NVQ Level 1 Found ion G. Q. 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate NV Level 2, Int anediate GN 1+ A levels/AS levels NV Level 3, dvanced GNVQ 2+ A levels, 4+ AS levels, Higher School Certificate First Degree (eg BA, BSc) Higher Degree (eg MA, PhD, PGCE, post-graduate certificate upplomas) No Qualifications	*	Yes, please write in the year you last worked Go to 24 No, have never worked Go to 36 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job. Your main job is the job in which you usually work the most hours.				
17 •	Do you have any of the tonown a professional qualifications? ✓ all the boxes that apply.	25	Do (did) you work as an employee or are (were) you self-employed?				
	No Professional Qualifications Qualified Dentist		Employee				
	Qualified Teacher Status (for schools) Qualified Nurse, Midwife, Health Visitor		Self-employed with employees				
	Qualified Medical Doctor Other Professional Qualifications		Self-employed/freelance without employees				
18	Last week, were you doing any work: • as an employee, or on a Government sponsored training scheme, • as self-employed/freelance, or in your own/family business? ✓ 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off. ✓ 'Yes' for any paid work, including casual or temporary work, even if only	26	How many people work (worked) for your employer at the place where you work (worked)? If you are (were) self-employed,				
*	for one hour. ✓ 'Yes' if you worked, paid or unpaid, in your own/family business. Yes Go to 24 No Go to 19		✓ to show how many people you employ (employed). □ 1 - 9 □ 10 - 24 □ 25 - 499 □ 500 or more				
	<u> </u>						

P	erson '	1 - continue	d	ļ.	
27 ♦		s) the full title of y	our <i>main</i> job? EACHER, STATE REGISTERED		How do you usually travel to work?
*	CAR MECHAN	NIC, TELEVISION SERV	ICE ENGINEER, BENEFITS ASS	SISTANT.	✓ one box only.✓ the box for the longest part, by distance, of your usual journey to work.
					Work mainly at or from home
28	Describe wh	nat you do (did) in	your <i>main</i> job		Underground, metro, light rail, tram Train
	Describe W	lat you ao (ala) iii			Bus, minibus or coach
					Motor cycle, scooter or moped
29	Do (did) yοι	ı supervise any oth	er employees?		Driving a car or van Passenger in a car or van
♦		or foreman is respon n a day-to-day basis.	sible for overseeing the wor	k of other	☐ Taxi
	Yes	No		_	Bicycle
	work (work	ed)?	our employer at the plac	-	On the
*	FOOD WHOL	ESALE, CLOTHING RE	PAIRING CARS, SECONDARY F TAIL, DOCTOR'S SURGERY. eelance or have (had) your o		10w many hours a week do you
*	what is (was)	the nature of your b			vsiz ny work in your <i>main</i> job?
					Give average for last four weeks. Number of hours worked a week
31	-	working last week		36	THERE ARE NO MORE QUESTIONS FOR PERSON 1.
32 ♦		full name of the orga our own business, w		our <i>main</i> job?	Go to questions for Person 2.
	I you have y	our own business, w	nam.	•	If there are no more people in your household you do not need to answer any more questions. Please leave the following pages blank.
	Self-empl	loyed/freelance	Work for a private individ	dual	Remember to sign the
33 •		address of the place to a depot, write in	e where you work in you the depot address.	r <i>main</i> job?	Declaration on page 1.
			Postcode		
	Mainly w	ork at or from home	Offshore installation		
		pc			