



Scotland's CENSUS

29 APRIL 2001

count me in

Individual Form I4

Name

CD

Address

ED

Form Number

Postcode

To the person completing form

What is the Census?

The Census is a count every ten years of all people and households in the country. This is the first to be carried out for the Scottish Parliament, and will be used to improve the economic and social condition of Scotland. Central and local government, health authorities and many other organisations use Census information to allocate resources and plan services for everyone.

Your legal obligation

Completion of the Census form is compulsory, and the Scottish Parliament has approved the questions to be asked. If you refuse to complete the form, or give false information, you may be liable to a fine. Questions 13 and 14 about your religion are voluntary.

Confidentiality

The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes. Anyone using or disclosing Census information improperly will be liable to prosecution. The information on your Census form will be treated as confidential for a period of 100 years.

Thank you for your co-operation.

J N Randall
REGISTRAR GENERAL FOR SCOTLAND
Edinburgh

What you have to do depends on whether you are completing this form in a Household or in a Communal Establishment (hotel, hospital, hall of residence, etc):

If in a Household

- ◆ Enter address of household in the panel above.
- ◆ Ensure that you are listed in Table 1 on page 2 of the *Household Form*.
- ◆ Copy your Person Number from Table 1 of the *Household Form* here
- ◆ Complete the questions on pages 2 to 4 of this form.
- ◆ Sign the Declaration below, and place the completed form in the Individual Return envelope provided. Give the envelope to the person responsible for completing the *Household Form*.

EITHER

Person Number

OR

If in a Communal Establishment

- ◆ Enter the name and address of establishment in the panel above.
- ◆ State your position in this establishment (tick one box).
 - Staff or owner
 - Relative of staff or owner
 - Other (for example, resident, patient, student)
- ◆ Complete the questions on pages 2 to 4 of this form.
- ◆ Sign the Declaration below and return the completed form to the manager or person in charge.

Census Helpline

For help in answering questions:

- Phone 0845 602 2001 (local rate number)
- Text phone for the deaf 0845 303 2001 (local rate number)
- Website www.gro-scotland.gov.uk

Declaration

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

Signature

Date

12 What is your country of birth?

- Scotland
- England
- Wales
- Northern Ireland
- Republic of Ireland

Elsewhere, *please write in the present name of the country*

13 What religion, religious denomination or body do you belong to?

- None
- Church of Scotland
- Roman Catholic
- Other Christian, *please write in*

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- Buddhist
- Hindu
- Muslim
- Another Religion, *please write in*
- Jewish
- Sikh

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14 What religion, religious denomination or body were you brought up in?

- None
- Church of Scotland
- Roman Catholic
- Other Christian, *please write in*

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- Buddhist
- Hindu
- Muslim
- Another Religion, *please write in*
- Jewish
- Sikh

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15 What is your ethnic group?

◆ Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background.

A White

- Scottish
- Other British
- Irish
- Any other White background, *please write in*

B Mixed

- Any Mixed background, *please write in*

C Asian, Asian Scottish or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, *please write in*

D Black, Black Scottish or Black British

- Caribbean
- African
- Any other Black background, *please write in*

E Other ethnic background

- Any other background, *please write in*

16 Can you understand, speak, read, or write Scottish Gaelic?

◆ ✓ all the boxes that apply.

- Understand spoken Gaelic
- Speak Gaelic
- Read Gaelic
- Write Gaelic
- None of these

17 Do you look after, or give any help or support to family members, friends, neighbours or others because of:

- long-term physical or mental ill-health or disability, or
- problems related to old age?

◆ Do not count anything you do as part of your paid employment.

◆ ✓ time spent in a typical week.

- No
- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50+ hours a week

18 If you are aged 16 to 74

▶ Go to 19

If you are aged 15 and under, or 75 and over

▶ Go to 35

19 Last week, were you doing any work:

- as an employee,
- as self-employed/freelance,
- in your own/family business, or
- on a Government sponsored training scheme?

◆ ✓ 'Yes' if you were 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 for one hour.

◆ ✓ 'Yes' if you worked, paid or unpaid, in your own/family business.

- Yes ▶ Go to 25
- No ▶ Go to 20

20 Were you actively looking for any kind of paid work during the last 4 weeks?

- Yes
- No

Please turn over

21 If a job had been available last week, could you have started it within 2 weeks?

Yes No

22 Last week, were you waiting to start a job already obtained?

Yes No

23 Last week, were you any of the following?

✓ *all the boxes that apply.*

Retired Student
 Looking after home/family
 Permanently sick/disabled
 None of the above

24 Have you ever worked?

Yes, *please write in the year you last worked*

▶ Go to **25**

No, have never worked

▶ Go to **34**

25 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.

26 Do (did) you work as an employee or are (were) you self-employed?

Employee
 Self-employed with employees
 Self-employed/freelance without employees

27 Do (did) you supervise any other employees?

♦ A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.

Yes No

28 How many people work (worked) for your employer at the place where you work (worked)?

♦ If you are (were) self-employed, ✓ to show how many people you employ (employed) including yourself.

1-9 10-24
 25-499 500 or more

29 How many hours (to the nearest full hour) a week do (did) you usually work in your *main* job?

♦ Give average for last four weeks. Number of hours worked a week

30 What is (was) the full title of your *main* job?

♦ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.

♦ Civil Servants, Local Government Officers - give job title not grade or pay band.

31 Describe what you do (did) in your *main* job.

32 What is the full name of the organisation you work (worked) for in your *main* job?

♦ Please write in or ✓ one box below as appropriate.
 ♦ If you have your own business, write in the name.

Self-employed/freelance Work (worked) for a private individual

33 What is (was) the business of the organisation which you named above at Question 32?

♦ For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION.
 ♦ Civil Servants, Local Government Officers - please specify your Department.

34 Which of these qualifications do you have?

♦ ✓ *all boxes that apply.*

- 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate *or equivalent*
- Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate *or equivalent*
- GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma *or equivalent*
- GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma *or equivalent*
- HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma *or equivalent*
- First Degree, Higher Degree
- Professional Qualifications (for example, teaching, accountancy)
- None of these

35 Please sign the Declaration on page 1 and follow the instructions on that page about return of form.