



# 2012 CENSUS OF GIBRALTAR

Census  
Office

MONDAY 12 NOVEMBER 2012

## Census 2012

The 2012 Census will take place on **Monday 12 November 2012** with the purpose of obtaining an accurate count of Gibraltar's population. The Census will assist the Government and other organisations in formulating policies to allocate resources more effectively. Be a part of the 2012 Census and help us plan ahead.

## Legal obligation

In accordance with the Census Act, taking part in the Census is compulsory and very important. Persons who refuse to give information or wilfully give false information could be liable, on conviction to a fine.

## Confidentiality is guaranteed

Your personal information is protected by the provisions of the Census Act and the Data Protection Act. The information given on this Census Form will therefore be treated in the STRICTEST CONFIDENCE.

## Who should complete this Census Form?

The Householder is responsible for ensuring that this questionnaire is completed and returned. The Householder is the person who lives, or is present, at this address who:

- owns/rents (or jointly owns/rents) the accommodation; and/or
- is responsible (or jointly responsible) for paying the household bills and expenses.

A Household is:

- one person living alone; or
- a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area.

## What should you complete on this questionnaire?

PART A - *Household questions on page 3* relate to mainly housing and should be completed by the Householder.

PART B - *Individual questions on pages 4 to 11* should be completed where relevant, in respect of all persons usually resident at this address, including any person studying abroad, temporarily ill in hospital etc..

Please remember to sign the declaration below after completing and checking Parts A and B.

## Your Census Enumerator

You will be assigned a Census Enumerator who, aside from delivering and collecting Census Forms, will be available to help you should you have any questions about the Census. The Census Office is available for further assistance.

## Have your Form ready for collection

Enumerators will begin collecting completed Census Forms as from Tuesday 13 November 2012. Please have your Census Form ready on this date.

The Census Office would like to take this opportunity to **thank you** for completing your Census of Gibraltar Form.

## Census Office Contact Details:



[www.gibraltar.gov.gi/statistics/census](http://www.gibraltar.gov.gi/statistics/census)



[census@gibraltar.gov.gi](mailto:census@gibraltar.gov.gi)



200 52541

CENSUS OFFICE  
99 Harbour's Walk  
The New Harbours  
Gibraltar

## Declaration by the Householder.

**I declare that to the best of my knowledge and belief this Census Form has been completed correctly.**

Signature

Date

Telephone number

E-mail

**Please give your telephone number and/or e-mail. This is required in case of any queries.**

# EXPLANATORY NOTES

## PART A

### HOUSEHOLD QUESTIONS

**Question 1** In the Co-ownership Scheme the Householder shares the ownership of the property with the Government. Examples of this include 50/50, 60/40, 70/30 or any other basis.

**Questions 3 & 4** A visitor from abroad is a person in Gibraltar on holiday, on a business trip, visiting relatives or friends and who will be in Gibraltar for only a short period. A boarder is a person who lives with the Householder and shares cooking facilities with the Household who has stayed or intends to stay in Gibraltar for 12 months or more.

**Questions 5 & 6** Exclude kitchen, bathrooms, corridors, hallways and utility rooms or rooms that can only be used as a cupboard. Rooms divided by curtains or portable screens count as one room and those divided by a fixed or sliding partition count as two rooms. If two rooms have been converted into one, count them as one room.

## PART B

### INDIVIDUAL QUESTIONS

**Question 4** If British, tick whether the person is Gibraltarian or UK British. A person who is entitled to be registered as a Gibraltarian should be included as Gibraltarian and NOT as UK British. Persons entitled to be registered as a Gibraltarian include any British National who:

- is born in Gibraltar and is the child of a person who is registered in the Register of Gibraltarians; or
- is the spouse, widow or widower of a person entitled to be registered in the said Register; or
- is the descendant of a person entitled to be registered in the said Register

Other EU includes Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia and Sweden.

**Question 6** Where the date of birth is NOT known, state the year of birth.

**Question 13** For the purposes of this question, CSE Grade 1 and GCE 'O' Level passes at Grades A-C or the earlier GCE 'O' Level passes at Grades 1-6 are equivalent to GCSE Grades A\*-C.

**Question 25** Occupation: If a person's job is known in a trade or industry by a specific name then use that name. Use precise terms such as garage mechanic etc. and for public sector employees in the administrative service state whether you are a head of department, an administrative officer etc..

**Question 27** Examples of other qualified occupational skills include: a lawyer who is also a qualified accountant etc..

### EXAMPLES ON THE COMPLETION OF PARTS A AND B

#### Part A

1 Type of accommodation?	<input checked="" type="checkbox"/>	House/Flat (Govt. rented)	7 How many cars are owned by or hired for use by the household?	<input type="text" value="2"/>
2 Rented accommodation?	<input checked="" type="checkbox"/>	Post-War (1946 onwards)	8 How many motorcycles are owned by or hired for use by the household?	<input type="text" value="2"/>
3 No. of persons (exclude visitors)?	<input type="text" value="3"/>		9 How many garages and/or parking spaces are owned by or hired by the household?	<input type="text" value="1"/>
4 No. of visitors from abroad?	<input type="text" value="0"/>		10 Person 1 Name	<input type="text" value="Joanne"/> <input type="text" value="Smith"/>
5 No. of rooms?	<input type="text" value="4"/>			
6 No. of rooms used for sleeping?	<input type="text" value="2"/>			

#### Part B

	Person 1	Person 2	Person 3
1 Relationship to the Householder?	Householder	<input checked="" type="checkbox"/> Son/daughter	<input checked="" type="checkbox"/> Son/daughter
2 Marital status?	<input checked="" type="checkbox"/> Separated	<input checked="" type="checkbox"/> Never married	<input checked="" type="checkbox"/> Never married
3 Sex?	<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Male
4 Nationality?	<input checked="" type="checkbox"/> Gibraltarian	<input checked="" type="checkbox"/> Gibraltarian	<input checked="" type="checkbox"/> Gibraltarian
5 Country of birth?	<input checked="" type="checkbox"/> Gibraltar	<input checked="" type="checkbox"/> Gibraltar	<input checked="" type="checkbox"/> Gibraltar
6 Date of birth?	<input type="text" value="25"/> <input type="text" value="12"/> <input type="text" value="1955"/>	<input type="text" value="12"/> <input type="text" value="08"/> <input type="text" value="1979"/>	<input type="text" value="17"/> <input type="text" value="02"/> <input type="text" value="1984"/>

#### For Persons in Paid Employment

24 Name of employer and place of work?	Eastside School South Barracks	Hightown Bank Main Street	HNC 25 Europa Road
25 Occupation?	Teacher	Clerk	Garage Mechanic
26 Job title?	Qualified Teacher	Payments Clerk	Mechanic
27 Other qualified occupational skills?	<input checked="" type="checkbox"/> Accountant	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A
28 Employment status?	Employee	Employee	Employee
29 How long have you held that status?	<input checked="" type="checkbox"/> 25 years	<input checked="" type="checkbox"/> 5 years	<input checked="" type="checkbox"/> 3 years
30 Full-time or part-time?	Full-time	Full-time	Full-time

# PART A

# HOUSEHOLD QUESTIONS

The following questions are to be answered by the Householder and relate to accommodation etc..



FIRST READ THE EXPLANATORY NOTES ON PAGE 2

For Official Use

E	A						
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Question 1 and 2: PLEASE TICK  THE APPROPRIATE BOX.

 USE A BLUE OR BLACK PEN.

1. What type of accommodation is this?

House/Flat (Govt. rented)    House/Flat (Private rented)    House/Flat (Owner occupier)    House/Flat (Co-ownership)    Boat    Other

2. For those persons in **rented** accommodation please tick whether:

Pre - War (up to 1945)    Post - War (1946 onwards)

3. How many persons live in the household (exclude visitors from abroad but include boarders)?

4. How many visitors from abroad are staying overnight?

5. How many rooms are available for use only by this household?

6. How many rooms are used for sleeping?

7. How many cars are owned by or hired for use by the household?

8. How many motorcycles are owned by or hired for use by the household?

9. How many garages and/or parking spaces are owned by or hired for use by the household?

10. Starting with yourself, list the names of all the people counted in question 3. Please write in BLOCK CAPITAL LETTERS.

	First name	Surname
Yourself (Person 1)	<input type="text"/>	<input type="text"/>
Person 2	<input type="text"/>	<input type="text"/>
Person 3	<input type="text"/>	<input type="text"/>
Person 4	<input type="text"/>	<input type="text"/>
Person 5	<input type="text"/>	<input type="text"/>
Person 6	<input type="text"/>	<input type="text"/>

If there are more than six people, please contact us and we will provide you with a Continuation Insert or alternatively, this can be downloaded from our website at [www.gibraltar.gov.gi/statistics/census](http://www.gibraltar.gov.gi/statistics/census)

Please read the notes on page 2 carefully before completing this part and tick  the relevant boxes.

**PERSON 1**

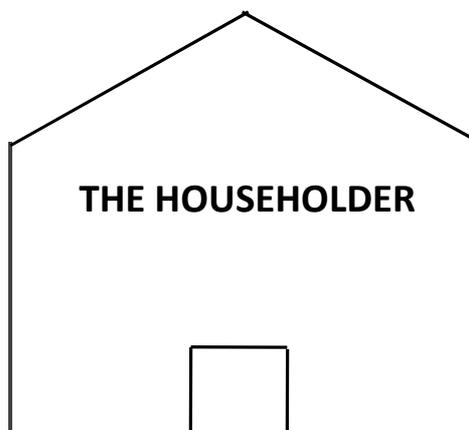
(Same as Person 1 in Q10 of Part A)

**PERSON 2**

(Same as Person 2 in Q10 of Part A)

**PERSON 3**

(Same as Person 3 in Q10 of Part A)



**THE HOUSEHOLDER**

**1. Relationship to the Householder?**

- Husband/wife
- Same-sex partner
- Step-child
- Brother/sister
- Mother/father
- Grandparent
- Unrelated
- Partner
- Son/daughter
- Grandchild
- Step-brother/step-sister
- Step-mother/step-father
- Other related

**2. Marital status?**

- Never married
- Widowed
- Separated
- Married
- Divorced
- Re-married

**3. Sex?**

- Male
- Female

**4. Nationality?**

- Gibraltar
- Spanish
- Moroccan
- UK British
- Other EU
- Other

**5. Country of birth?**

- Gibraltar
- Spain
- Morocco
- UK
- Other EU
- Other

**6. Date of birth?**

**7. Religion?**

- Roman Catholic
- Other Christian
- Jewish
- Other
- Ch. of England
- Muslim
- Hindu
- None

**1. Relationship to the Householder?**

- Husband/wife
- Same-sex partner
- Step-child
- Brother/sister
- Mother/father
- Grandparent
- Unrelated
- Partner
- Son/daughter
- Grandchild
- Step-brother/step-sister
- Step-mother/step-father
- Other related

**2. Marital status?**

- Never married
- Widowed
- Separated
- Married
- Divorced
- Re-married

**3. Sex?**

- Male
- Female

**4. Nationality?**

- Gibraltar
- Spanish
- Moroccan
- UK British
- Other EU
- Other

**5. Country of birth?**

- Gibraltar
- Spain
- Morocco
- UK
- Other EU
- Other

**6. Date of birth?**

**7. Religion?**

- Roman Catholic
- Other Christian
- Jewish
- Other
- Ch. of England
- Muslim
- Hindu
- None

Please read the notes on page 2 carefully before completing this part and tick  the relevant boxes.

## PERSON 4

(Same as Person 4 in Q10 of Part A)

## PERSON 5

(Same as Person 5 in Q10 of Part A)

## PERSON 6

(Same as Person 6 in Q10 of Part A)

## 1. Relationship to the Householder?

- Husband/wife       Partner
- Same-sex partner       Son/daughter
- Step-child       Grandchild
- Brother/sister       Step-brother/  
step-sister
- Mother/father       Step-mother/  
step-father
- Grandparent       Other related
- Unrelated

## 2. Marital status?

- Never married       Married
- Widowed       Divorced
- Separated       Re-married

## 3. Sex?

- Male       Female

## 4. Nationality?

- Gibraltar       UK British
- Spanish       Other EU
- Moroccan       Other

## 5. Country of birth?

- Gibraltar       UK
- Spain       Other EU
- Morocco       Other

## 6. Date of birth?

<input type="text"/>				
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## 7. Religion?

- Roman Catholic       Ch. of England
- Other Christian       Muslim
- Jewish       Hindu
- Other       None

## 1. Relationship to the Householder?

- Husband/wife       Partner
- Same-sex partner       Son/daughter
- Step-child       Grandchild
- Brother/sister       Step-brother/  
step-sister
- Mother/father       Step-mother/  
step-father
- Grandparent       Other related
- Unrelated

## 2. Marital status?

- Never married       Married
- Widowed       Divorced
- Separated       Re-married

## 3. Sex?

- Male       Female

## 4. Nationality?

- Gibraltar       UK British
- Spanish       Other EU
- Moroccan       Other

## 5. Country of birth?

- Gibraltar       UK
- Spain       Other EU
- Morocco       Other

## 6. Date of birth?

<input type="text"/>				
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## 7. Religion?

- Roman Catholic       Ch. of England
- Other Christian       Muslim
- Jewish       Hindu
- Other       None

## 1. Relationship to the Householder?

- Husband/wife       Partner
- Same-sex partner       Son/daughter
- Step-child       Grandchild
- Brother/sister       Step-brother/  
step-sister
- Mother/father       Step-mother/  
step-father
- Grandparent       Other related
- Unrelated

## 2. Marital status?

- Never married       Married
- Widowed       Divorced
- Separated       Re-married

## 3. Sex?

- Male       Female

## 4. Nationality?

- Gibraltar       UK British
- Spanish       Other EU
- Moroccan       Other

## 5. Country of birth?

- Gibraltar       UK
- Spain       Other EU
- Morocco       Other

## 6. Date of birth?

<input type="text"/>				
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## 7. Religion?

- Roman Catholic       Ch. of England
- Other Christian       Muslim
- Jewish       Hindu
- Other       None

Please read the notes on page 2 carefully before completing this part and tick  the relevant boxes.

## PERSON 1

8. Do you stay at another address for more than 30 days a year? (Exclude holiday and business travel)

- No
- Yes, at another Gibraltar address
- Yes, at an address outside Gibraltar
- Yes, at a student's term-time address

9. How is your health in general?

- Very good       Good
- Fair               Bad
- Very bad

10. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, limited a lot
- Yes, limited a little
- No

## PERSON 2

8. Do you stay at another address for more than 30 days a year? (Exclude holiday and business travel)

- No
- Yes, at another Gibraltar address
- Yes, at an address outside Gibraltar
- Yes, at a student's term-time address

9. How is your health in general?

- Very good       Good
- Fair               Bad
- Very bad

10. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, limited a lot
- Yes, limited a little
- No

## PERSON 3

8. Do you stay at another address for more than 30 days a year? (Exclude holiday and business travel)

- No
- Yes, at another Gibraltar address
- Yes, at an address outside Gibraltar
- Yes, at a student's term-time address

9. How is your health in general?

- Very good       Good
- Fair               Bad
- Very bad

10. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, limited a lot
- Yes, limited a little
- No

For Persons Aged 14 And Over, Continue

11. How well can you speak English?

- Very well       Well
- Not well       Not at all

12. Do you look after, or give any help to family members, friends, neighbours or others because of either: long-term physical or mental ill-health/disability or problems related to old age? (Exclude persons in permanent care institutions)

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

For Persons Aged 14 And Over, Continue

11. How well can you speak English?

- Very well       Well
- Not well       Not at all

12. Do you look after, or give any help to family members, friends, neighbours or others because of either: long-term physical or mental ill-health/disability or problems related to old age? (Exclude persons in permanent care institutions)

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

For Persons Aged 14 And Over, Continue

11. How well can you speak English?

- Very well       Well
- Not well       Not at all

12. Do you look after, or give any help to family members, friends, neighbours or others because of either: long-term physical or mental ill-health/disability or problems related to old age? (Exclude persons in permanent care institutions)

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

Please read the notes on page 2 carefully before completing this part and tick  the relevant boxes.

## PERSON 4

8. Do you stay at another address for more than 30 days a year? (Exclude holiday and business travel)

- No
- Yes, at another Gibraltar address
- Yes, at an address outside Gibraltar
- Yes, at a student's term-time address

9. How is your health in general?

- Very good       Good
- Fair               Bad
- Very bad

10. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, limited a lot
- Yes, limited a little
- No

For Persons Aged 14 And Over, Continue

11. How well can you speak English?

- Very well       Well
- Not well       Not at all

12. Do you look after, or give any help to family members, friends, neighbours or others because of either: long-term physical or mental ill-health/disability or problems related to old age? (Exclude persons in permanent care institutions)

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

## PERSON 5

8. Do you stay at another address for more than 30 days a year? (Exclude holiday and business travel)

- No
- Yes, at another Gibraltar address
- Yes, at an address outside Gibraltar
- Yes, at a student's term-time address

9. How is your health in general?

- Very good       Good
- Fair               Bad
- Very bad

10. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, limited a lot
- Yes, limited a little
- No

For Persons Aged 14 And Over, Continue

11. How well can you speak English?

- Very well       Well
- Not well       Not at all

12. Do you look after, or give any help to family members, friends, neighbours or others because of either: long-term physical or mental ill-health/disability or problems related to old age? (Exclude persons in permanent care institutions)

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

## PERSON 6

8. Do you stay at another address for more than 30 days a year? (Exclude holiday and business travel)

- No
- Yes, at another Gibraltar address
- Yes, at an address outside Gibraltar
- Yes, at a student's term-time address

9. How is your health in general?

- Very good       Good
- Fair               Bad
- Very bad

10. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, limited a lot
- Yes, limited a little
- No

For Persons Aged 14 And Over, Continue

11. How well can you speak English?

- Very well       Well
- Not well       Not at all

12. Do you look after, or give any help to family members, friends, neighbours or others because of either: long-term physical or mental ill-health/disability or problems related to old age? (Exclude persons in permanent care institutions)

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

**PART B INDIVIDUAL QUESTIONS CONTINUED (Exclude visitors from outside Gibraltar)**Please read the notes on page 2 carefully before completing this part and tick  the relevant boxes.**PERSON 1****13. Which of these qualifications do you have? (Tick all that apply)**

- 1-4 O levels/CSEs/GCSEs Grades A\*-C
- 5 and over O levels/CSEs/GCSEs Grades A\*-C/ 1 A-level, 2-3 AS levels
- 2 and over A levels, 4 and over AS levels
- Degree (BA, BSc, LLB)
- Higher degree (MA, PhD)
- NVQ Level 1, Foundation GNVQ
- NVQ Level 2, Intermediate GNVQ
- NVQ Level 3, Advance GNVQ, ONC, OND
- NVQ Levels 4-5, HNC, HND
- Professional qualifications (e.g. teaching, nursing, accountancy)
- Foreign qualifications
- Other qualifications (e.g. City & Guilds, RSA, BTEC)
- No qualifications

**14. Do you have a mortgage in respect of any property in or outside Gibraltar?**

- Yes  No

**15. State whether in paid employment:**

- Yes  No

**For Persons Not In Paid Employment****16. State whether:**

- Retired (whether receiving a pension or not)
- Student
- Looking after home or family
- Long-term sick or disabled
- Unemployed

**For Retired Persons****17. State last occupation:**

\_\_\_\_\_

**18. State how long you were in that occupation:**

\_\_\_\_\_

**19. State how long since you retired from that occupation:**

\_\_\_\_\_

**PERSON 2****13. Which of these qualifications do you have? (Tick all that apply)**

- 1-4 O levels/CSEs/GCSEs Grades A\*-C
- 5 and over O levels/CSEs/GCSEs Grades A\*-C/ 1 A-level, 2-3 AS levels
- 2 and over A levels, 4 and over AS levels
- Degree (BA, BSc, LLB)
- Higher degree (MA, PhD)
- NVQ Level 1, Foundation GNVQ
- NVQ Level 2, Intermediate GNVQ
- NVQ Level 3, Advance GNVQ, ONC, OND
- NVQ Levels 4-5, HNC, HND
- Professional qualifications (e.g. teaching, nursing, accountancy)
- Foreign qualifications
- Other qualifications (e.g. City & Guilds, RSA, BTEC)
- No qualifications

**14. Do you have a mortgage in respect of any property in or outside Gibraltar?**

- Yes  No

**15. State whether in paid employment:**

- Yes  No

**For Persons Not In Paid Employment****16. State whether:**

- Retired (whether receiving a pension or not)
- Student
- Looking after home or family
- Long-term sick or disabled
- Unemployed

**For Retired Persons****17. State last occupation:**

\_\_\_\_\_

**18. State how long you were in that occupation:**

\_\_\_\_\_

**19. State how long since you retired from that occupation:**

\_\_\_\_\_

**PERSON 3****13. Which of these qualifications do you have? (Tick all that apply)**

- 1-4 O levels/CSEs/GCSEs Grades A\*-C
- 5 and over O levels/CSEs/GCSEs Grades A\*-C/ 1 A-level, 2-3 AS levels
- 2 and over A levels, 4 and over AS levels
- Degree (BA, BSc, LLB)
- Higher degree (MA, PhD)
- NVQ Level 1, Foundation GNVQ
- NVQ Level 2, Intermediate GNVQ
- NVQ Level 3, Advance GNVQ, ONC, OND
- NVQ Levels 4-5, HNC, HND
- Professional qualifications (e.g. teaching, nursing, accountancy)
- Foreign qualifications
- Other qualifications (e.g. City & Guilds, RSA, BTEC)
- No qualifications

**14. Do you have a mortgage in respect of any property in or outside Gibraltar?**

- Yes  No

**15. State whether in paid employment:**

- Yes  No

**For Persons Not In Paid Employment****16. State whether:**

- Retired (whether receiving a pension or not)
- Student
- Looking after home or family
- Long-term sick or disabled
- Unemployed

**For Retired Persons****17. State last occupation:**

\_\_\_\_\_

**18. State how long you were in that occupation:**

\_\_\_\_\_

**19. State how long since you retired from that occupation:**

\_\_\_\_\_

**PART B INDIVIDUAL QUESTIONS CONTINUED (Exclude visitors from outside Gibraltar)**Please read the notes on page 2 carefully before completing this part and tick  the relevant boxes.**PERSON 4****13. Which of these qualifications do you have? (Tick all that apply)**

- 1-4 O levels/CSEs/GCSEs Grades A\*-C
- 5 and over O levels/CSEs/GCSEs Grades A\*-C/ 1 A-level, 2-3 AS levels
- 2 and over A levels, 4 and over AS levels
- Degree (BA, BSc, LLB)
- Higher degree (MA, PhD)
- NVQ Level 1, Foundation GNVQ
- NVQ Level 2, Intermediate GNVQ
- NVQ Level 3, Advance GNVQ, ONC, OND
- NVQ Levels 4-5, HNC, HND
- Professional qualifications (e.g. teaching, nursing, accountancy)
- Foreign qualifications
- Other qualifications (e.g. City & Guilds, RSA, BTEC)
- No qualifications

**14. Do you have a mortgage in respect of any property in or outside Gibraltar?**

- Yes  No

**15. State whether in paid employment:**

- Yes  No

**PERSON 5****13. Which of these qualifications do you have? (Tick all that apply)**

- 1-4 O levels/CSEs/GCSEs Grades A\*-C
- 5 and over O levels/CSEs/GCSEs Grades A\*-C/ 1 A-level, 2-3 AS levels
- 2 and over A levels, 4 and over AS levels
- Degree (BA, BSc, LLB)
- Higher degree (MA, PhD)
- NVQ Level 1, Foundation GNVQ
- NVQ Level 2, Intermediate GNVQ
- NVQ Level 3, Advance GNVQ, ONC, OND
- NVQ Levels 4-5, HNC, HND
- Professional qualifications (e.g. teaching, nursing, accountancy)
- Foreign qualifications
- Other qualifications (e.g. City & Guilds, RSA, BTEC)
- No qualifications

**14. Do you have a mortgage in respect of any property in or outside Gibraltar?**

- Yes  No

**15. State whether in paid employment:**

- Yes  No

**PERSON 6****13. Which of these qualifications do you have? (Tick all that apply)**

- 1-4 O levels/CSEs/GCSEs Grades A\*-C
- 5 and over O levels/CSEs/GCSEs Grades A\*-C/ 1 A-level, 2-3 AS levels
- 2 and over A levels, 4 and over AS levels
- Degree (BA, BSc, LLB)
- Higher degree (MA, PhD)
- NVQ Level 1, Foundation GNVQ
- NVQ Level 2, Intermediate GNVQ
- NVQ Level 3, Advance GNVQ, ONC, OND
- NVQ Levels 4-5, HNC, HND
- Professional qualifications (e.g. teaching, nursing, accountancy)
- Foreign qualifications
- Other qualifications (e.g. City & Guilds, RSA, BTEC)
- No qualifications

**14. Do you have a mortgage in respect of any property in or outside Gibraltar?**

- Yes  No

**15. State whether in paid employment:**

- Yes  No

**For Persons Not In Paid Employment****16. State whether:**

- Retired (whether receiving a pension or not)
- Student
- Looking after home or family
- Long-term sick or disabled
- Unemployed

**For Persons Not In Paid Employment****16. State whether:**

- Retired (whether receiving a pension or not)
- Student
- Looking after home or family
- Long-term sick or disabled
- Unemployed

**For Persons Not In Paid Employment****16. State whether:**

- Retired (whether receiving a pension or not)
- Student
- Looking after home or family
- Long-term sick or disabled
- Unemployed

**For Retired Persons****17. State last occupation:**

\_\_\_\_\_

**18. State how long you were in that occupation:**

\_\_\_\_\_

**19. State how long since you retired from that occupation:**

\_\_\_\_\_

**For Retired Persons****17. State last occupation:**

\_\_\_\_\_

**18. State how long you were in that occupation:**

\_\_\_\_\_

**19. State how long since you retired from that occupation:**

\_\_\_\_\_

**For Retired Persons****17. State last occupation:**

\_\_\_\_\_

**18. State how long you were in that occupation:**

\_\_\_\_\_

**19. State how long since you retired from that occupation:**

\_\_\_\_\_

**PERSON 1**

**PERSON 2**

**PERSON 3**

**For Unemployed Persons**

**For Unemployed Persons**

**For Unemployed Persons**

20. State for how long:

21. Are you seeking any kind of paid employment?

Yes  No

22. Are you receiving any unemployment benefit?

Yes  No

23. Are you registered at the Employment Service?

Yes  No

20. State for how long:

21. Are you seeking any kind of paid employment?

Yes  No

22. Are you receiving any unemployment benefit?

Yes  No

23. Are you registered at the Employment Service?

Yes  No

20. State for how long:

21. Are you seeking any kind of paid employment?

Yes  No

22. Are you receiving any unemployment benefit?

Yes  No

23. Are you registered at the Employment Service?

Yes  No

**For Persons in Paid Employment**

**For Persons in Paid Employment**

**For Persons in Paid Employment**

24. Name of employer and place of work:

\_\_\_\_\_

\_\_\_\_\_

25. State your occupation:

\_\_\_\_\_

26. What is your full and specific job title?

\_\_\_\_\_

27. State other qualified occupational skills possessed, if any:

\_\_\_\_\_

\_\_\_\_\_

28. Employment status:

Employee  Self-employed

29. How long have you held that status?

\_\_\_\_\_

30. State whether:

Full-time  Part-time

31. How do you usually travel to work?

On foot  Bus  
 Bicycle  Motorcycle  
 Car or van

32. Do you belong to an occupational pension scheme?

Yes  No

33. At what age do you plan to retire?

50 55 60 65 Don't know

24. Name of employer and place of work:

\_\_\_\_\_

\_\_\_\_\_

25. State your occupation:

\_\_\_\_\_

26. What is your full and specific job title:

\_\_\_\_\_

27. State other qualified occupational skills possessed, if any:

\_\_\_\_\_

\_\_\_\_\_

28. Employment status:

Employee  Self-employed

29. How long have you held that status?

\_\_\_\_\_

30. State whether:

Full-time  Part-time

31. How do you usually travel to work?

On foot  Bus  
 Bicycle  Motorcycle  
 Car or van

32. Do you belong to an occupational pension scheme?

Yes  No

33. At what age do you plan to retire?

50 55 60 65 Don't know

24. Name of employer and place of work:

\_\_\_\_\_

\_\_\_\_\_

25. State your occupation:

\_\_\_\_\_

26. What is your full and specific job title:

\_\_\_\_\_

27. State other qualified occupational skills possessed, if any:

\_\_\_\_\_

\_\_\_\_\_

28. Employment status:

Employee  Self-employed

29. How long have you held that status?

\_\_\_\_\_

30. State whether:

Full-time  Part-time

31. How do you usually travel to work?

On foot  Bus  
 Bicycle  Motorcycle  
 Car or van

32. Do you belong to an occupational pension scheme?

Yes  No

33. At what age do you plan to retire?

50 55 60 65 Don't know

**PART B****INDIVIDUAL QUESTIONS CONTINUED (Exclude visitors from outside Gibraltar)**Please read the notes on page 2 carefully before completing this part and tick  the relevant boxes.**PERSON 4****For Unemployed Persons****20. State for how long:**

\_\_\_\_\_

**21. Are you seeking any kind of paid employment?** Yes  No**22. Are you receiving any unemployment benefit?** Yes  No**23. Are you registered at the Employment Service?** Yes  No**PERSON 5****For Unemployed Persons****20. State for how long:**

\_\_\_\_\_

**21. Are you seeking any kind of paid employment?** Yes  No**22. Are you receiving any unemployment benefit?** Yes  No**23. Are you registered at the Employment Service?** Yes  No**PERSON 6****For Unemployed Persons****20. State for how long:**

\_\_\_\_\_

**21. Are you seeking any kind of paid employment?** Yes  No**22. Are you receiving any unemployment benefit?** Yes  No**23. Are you registered at the Employment Service?** Yes  No**For Persons in Paid Employment****24. Name of employer and place of work:**

\_\_\_\_\_

\_\_\_\_\_

**25. State your occupation:**

\_\_\_\_\_

**26. What is your full and specific job title:**

\_\_\_\_\_

**27. State other qualified occupational skills possessed, if any:**

\_\_\_\_\_

\_\_\_\_\_

**28. Employment status:** Employee  Self-employed**29. How long have you held that status?**

\_\_\_\_\_

**30. State whether:** Full-time  Part-time**31. How do you usually travel to work?** On foot  Bus Bicycle  Motorcycle Car or van**32. Do you belong to an occupational pension scheme?** Yes  No**33. At what age do you plan to retire?**

50 55 60 65 Don't know

    **For Persons in Paid Employment****24. Name of employer and place of work:**

\_\_\_\_\_

\_\_\_\_\_

**25. State your occupation:**

\_\_\_\_\_

**26. What is your full and specific job title:**

\_\_\_\_\_

**27. State other qualified occupational skills possessed, if any:**

\_\_\_\_\_

\_\_\_\_\_

**28. Employment status:** Employee  Self-employed**29. How long have you held that status?**

\_\_\_\_\_

**30. State whether:** Full-time  Part-time**31. How do you usually travel to work?** On foot  Bus Bicycle  Motorcycle Car or van**32. Do you belong to an occupational pension scheme?** Yes  No**33. At what age do you plan to retire?**

50 55 60 65 Don't know

    **For Persons in Paid Employment****24. Name of employer and place of work:**

\_\_\_\_\_

\_\_\_\_\_

**25. State your occupation:**

\_\_\_\_\_

**26. What is your full and specific job title:**

\_\_\_\_\_

**27. State other qualified occupational skills possessed, if any:**

\_\_\_\_\_

\_\_\_\_\_

**28. Employment status:** Employee  Self-employed**29. How long have you held that status?**

\_\_\_\_\_

**30. State whether:** Full-time  Part-time**31. How do you usually travel to work?** On foot  Bus Bicycle  Motorcycle Car or van**32. Do you belong to an occupational pension scheme?** Yes  No**33. At what age do you plan to retire?**

50 55 60 65 Don't know

    **Please go to the declaration on the front page**

The following is to be completed by the Enumerator:

Postal address of the Householder

All relevant questions for each person on this Census Form have been completed and checked to see that the information is correct.

Enumerator signature

Date