



# Isle of Man Government

Reiltys Ellan Vannin

# ISLE OF MAN CENSUS 2006

## FORM 1 (FOR PRIVATE HOUSEHOLDS)

TO BE COMPLETED BY THE ENUMERATOR AND AMENDED, IF NECESSARY, BY THE PERSON SIGNING THIS FORM

Name

Address

Postcode

Habitation code  CD  ED  Form No.

Please tick one box to show the nature of the accommodation which the household occupies:

A house or bungalow that is:	A flat or maisonette that is:	A non permanent structure (such as a caravan)
1 <input type="checkbox"/> Detached	4 <input type="checkbox"/> in a purpose-built block or development	7 <input type="checkbox"/> Please specify
2 <input type="checkbox"/> Semi-detached	5 <input type="checkbox"/> in a converted house	<input type="text"/>
3 <input type="checkbox"/> Terraced (including end terrace)	6 <input type="checkbox"/> in a commercial building	<input type="text"/>

### TO THE HOUSEHOLDER, JOINT HOUSEHOLDERS OR MEMBERS OF THE HOUSEHOLD AGED 16 OR OVER

Please complete this Census Form on **SUNDAY 23rd APRIL 2006** and have it ready for collection the following week. Should this form not be collected by Monday 1st May 2006, please contact the Census Office on (01624) 693588 or email us at census@gov.im

If you are unsure how to answer any of the questions, the person who collects your form (your enumerator) will be glad to help you.

If you will not be present at this address on Census Night (evening of 23rd/morning of the 24th), please complete the form before you leave. If you are unlikely to return before 8th May 2006, please contact the Census Office.

Completion of the Census Form is compulsory under the Census Act 1929. Any person knowingly supplying false information or refusing to complete a Census form is liable to prosecution.

All the details that you provide are protected by law and will be treated in strict confidence. The information is only used for statistical purposes and anyone involved in the Census who improperly uses or discloses the information provided will be prosecuted. Names and addresses will not be entered on the Census database.

### INSTRUCTIONS TO HELP YOU COMPLETE THE FORM

- Use blue or black ink or ball point pen when filling in the form (please do not use a felt tipped pen).
- Please **read the notes** accompanying each question before giving your answers.
- A household comprises either one person living alone, or a group of people (who may or may not be related) living at the same address with common housekeeping, such as sharing one meal a day together or sharing a living room or sitting room.
- Answer questions for every member of the household by **ticking** the appropriate box or boxes or by giving the requested **written details**. You are required to answer all the questions unless otherwise instructed.
- **WHEN YOU HAVE COMPLETED THIS FORM PLEASE SIGN THE DECLARATION BELOW.**

**Declaration - This form is correctly completed to the best of my knowledge and belief.**

Signature(s)

Date

## IMPORTANT INFORMATION

### WHO SHOULD YOU INCLUDE ON THE FORM?

- Include everyone who spends Census Night (evening of 23rd/morning of 24th April) in your household **EXCEPT** anyone who lives elsewhere in the Isle of Man. These people must complete (or be included on) a Census Form **at their own address**.
- Include everyone who usually lives in your household but who spends Census Night elsewhere, e.g. with a friend in the Isle of Man, at University in the United Kingdom or elsewhere, on business or holiday abroad, serving with H.M. Forces, etc.
- Include anyone who does not normally live in the Isle of Man (e.g. a visitor from the UK) but who is temporarily staying with you.
- **Do not include** anyone who is in hospital or in a nursing home on Census Night - they will be included on the institution's return.

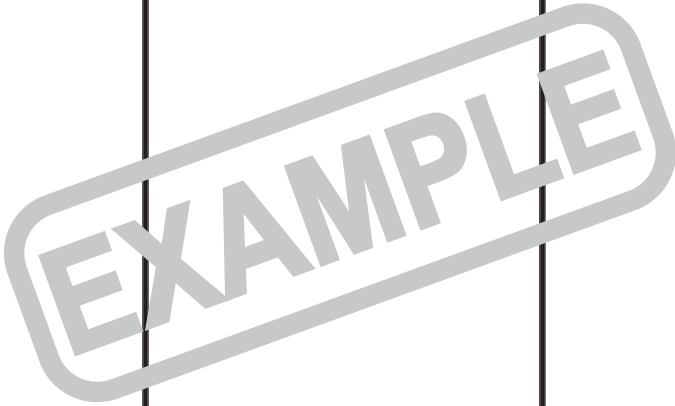
**Is there any one else that has not been included (such as visitors) because there is no room on the form?**

- Yes** (PLEASE ASK YOUR ENUMERATOR FOR ANOTHER FORM)
- No**

May the Census Office telephone you if they have a query about your form?  
If so please write the number below

**REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF THE FORM**

Lift this page for the eleven census questions 

<b>Person No. 1</b> Head or Joint Head of Household	<b>Person No. 2</b>	<b>Person No. 3</b>	<b>Person No. 4</b>
Surname <u>Cubbon</u> ..... Forename(s) <u>David</u> ..... .....	Surname <u>Cubbon</u> ..... Forename(s) <u>Alison</u> ..... .....	Surname <u>Cubbon</u> ..... Forename(s) <u>Ruth</u> ..... .....	Surname <u>Cubbon</u> ..... Forename(s) <u>John</u> ..... .....
			
	<b>Relationship to Person No. 1</b> 1 <input checked="" type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Living together as a couple 3 <input type="checkbox"/> Son or daughter 4 <input type="checkbox"/> Father or mother 5 <input type="checkbox"/> Grandchild 6 <input type="checkbox"/> Brother or sister 7 <input type="checkbox"/> Other relative <i>(please specify)</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 8 <input type="checkbox"/> Unrelated	<b>Relationship to Person No. 1</b> 1 <input type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Living together as a couple 3 <input checked="" type="checkbox"/> Son or daughter 4 <input type="checkbox"/> Father or mother 5 <input type="checkbox"/> Grandchild 6 <input type="checkbox"/> Brother or sister 7 <input type="checkbox"/> Other relative <i>(please specify)</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 8 <input type="checkbox"/> Unrelated	<b>Relationship to Person No. 1</b> 1 <input type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Living together as a couple 3 <input checked="" type="checkbox"/> Son or daughter 4 <input type="checkbox"/> Father or mother 5 <input type="checkbox"/> Grandchild 6 <input type="checkbox"/> Brother or sister 7 <input type="checkbox"/> Other relative <i>(please specify)</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 8 <input type="checkbox"/> Unrelated
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**GUIDANCE FOR COMPLETING QUESTION 3 ON PAGE 2**

Please read the following information to assist you in completing question 3 - relationship in the household

- The example shows how to provide the relationship information requested in question 3 for David Cubbon, his wife (Alison) and their two children (Ruth and John).

**WHO SHOULD BE INCLUDED**

- ★ EVERYONE who spends Census Night (evening of the 23rd/morning of 24th April) in your household EXCEPT anyone who lives elsewhere
- ★ EVERYONE who usually lives in your household but who spends Census Night elsewhere, e.g. with a friend in the Isle of Man
- ★ ANYONE who is staying temporarily and who does not normally live in the Isle of Man, e.g. a visitor from the UK.
- ★ DO NOT INCLUDE anyone who is in hospital or in a nursing home on Census night – they will be included on the institution's return

If any member of the household (aged 16 or over) does not wish you to see his or her personal details, ask your enumerator for a PERSONAL FORM (to be filled in by that person) and enter the person's NAME ONLY on this form.

	Person No. 1 Head or Joint Head of Household	Person No. 2						
<b>1 Full Name</b>	Surname ..... Forename(s) ..... .....	Surname ..... Forename(s) ..... .....						
Write the names in BLOCK CAPITALS starting with the head or joint head of household.  For a baby not yet named, enter the SURNAME and write "BABY".								
<b>2 Visitors</b>	1 <input type="checkbox"/> No  2 <input type="checkbox"/> Yes – working in the Isle of Man for a temporary period (more than 3 days)  3 <input type="checkbox"/> Yes – working for 3 days or less, or visiting for other purposes (e.g. holiday) <i>ANSWER NO FURTHER QUESTIONS</i>	1 <input type="checkbox"/> No  2 <input type="checkbox"/> Yes – working in the Isle of Man for a temporary period (more than 3 days)  3 <input type="checkbox"/> Yes – working for 3 days or less, or visiting for other purposes (e.g. holiday) <i>ANSWER NO FURTHER QUESTIONS</i>						
Is this person a visitor?  <b>A visitor</b> is a person whose usual place of residence is <b>outside the Isle of Man</b> . This includes persons who are visiting the Isle of Man on holiday, business or to work for a temporary period but who <b>do not intend to take up residence in the Island in the immediate future</b> .								
<b>3 Relationship in Household</b>	<b>Relationship to Person No. 1</b>							
Please tick the box which indicates the relationship of each person to the Person Number 1 (the head or joint head of household). <b>Tick one box only.</b>  ★ <b>Box 3:</b> The term 'son or daughter' includes a stepchild or an adopted child.  ★ <b>Box 7:</b> Write in the relationship of 'other relative', for example, daughter-in-law, nephew, cousin, etc.	1 <input type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Living together as a couple 3 <input type="checkbox"/> Son or daughter 4 <input type="checkbox"/> Father or mother 5 <input type="checkbox"/> Grandchild 6 <input type="checkbox"/> Brother or sister 7 <input type="checkbox"/> Other relative (please specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> 8 <input type="checkbox"/> Unrelated							
<b>4 Date of Birth</b>	For Office Use							
Enter day, month and year in figures, showing all four digits of the year, e.g. 14th May 1956 should be entered as	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Day</td> <td style="width: 10%; text-align: center;">Month</td> <td style="width: 10%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">1 4</td> <td style="text-align: center;">0 5</td> <td style="text-align: center;">1 9 5 6</td> </tr> </table>		Day	Month	Year	1 4	0 5	1 9 5 6
Day	Month	Year						
1 4	0 5	1 9 5 6						
<b>5 Sex</b>	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female						
<b>6 Whereabouts on Census Night</b> (Evening of 23rd/morning of 24th April)	1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man 3 <input type="checkbox"/> Absent from the Isle of Man	1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man 3 <input type="checkbox"/> Absent from the Isle of Man						
Was the person present or absent from this address on Census Night?								

1  No

2  Yes – working in the Isle of Man for a temporary period (more than 3 days)

3  Yes – working for 3 days or less, or visiting for other purposes (e.g. holiday)

**ANSWER NO FURTHER QUESTIONS**

1  No

2  Yes – working in the Isle of Man for a temporary period (more than 3 days)

3  Yes – working for 3 days or less, or visiting for other purposes (e.g. holiday)

**ANSWER NO FURTHER QUESTIONS**

1  No

2  Yes – working in the Isle of Man for a temporary period (more than 3 days)

3  Yes – working for 3 days or less, or visiting for other purposes (e.g. holiday)

**ANSWER NO FURTHER QUESTIONS**

1  No

2  Yes – working in the Isle of Man for a temporary period (more than 3 days)

3  Yes – working for 3 days or less, or visiting for other purposes (e.g. holiday)

**ANSWER NO FURTHER QUESTIONS**

**Relationship to Person No. 1**

1  Husband or wife

2  Living together as a couple

3  Son or daughter

4  Father or mother

5  Grandchild

6  Brother or sister

7  Other relative (please specify)

8  Unrelated

**Relationship to Person No. 1**

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3  Son or daughter

4  Father or mother

5  Grandchild

6  Brother or sister

7  Other relative (please specify)

8  Unrelated

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1  Husband or wife

2  Living together as a couple

3  Son or daughter

4  Father or mother

5  Grandchild

6  Brother or sister

7  Other relative (please specify)

8  Unrelated

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Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

1  Male

2  Female

1  Male

2  Female

1  Male

2  Female

1  Male

2  Female

1  Present

2  Absent from this address but elsewhere in the Isle of Man

3  Absent from the Isle of Man

1  Present

2  Absent from this address but elsewhere in the Isle of Man

3  Absent from the Isle of Man

1  Present

2  Absent from this address but elsewhere in the Isle of Man

3  Absent from the Isle of Man

1  Present

2  Absent from this address but elsewhere in the Isle of Man

3  Absent from the Isle of Man

## 7 Place of Birth

(i) What is the person's nationality?



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(ii) Where was the person born?

0  Isle of Man

1  England

2  Wales

3  Scotland

4  Northern Ireland

5  Republic of Ireland

6  Channel Islands

7  Elsewhere (please  
give present name  
of country)

0  Isle of Man

1  England

2  Wales

3  Scotland

4  Northern Ireland

5  Republic of Ireland

6  Channel Islands

7  Elsewhere (please  
give present name  
of country)

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(iii) If the person was born in the Isle of Man were any of their parents or grandparents born in England, Scotland, Wales or Northern Ireland?

Yes

No

Yes

No

(iv) If the person was not born in the Isle of Man were either of their parents born in the Isle of Man?

Yes

No

Yes

No

Question 7 continued on next page

<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
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0 <input type="checkbox"/> Isle of Man 1 <input type="checkbox"/> England 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> Northern Ireland 5 <input type="checkbox"/> Republic of Ireland 6 <input type="checkbox"/> Channel Islands 7 <input type="checkbox"/> Elsewhere (please give present name of country)				0 <input type="checkbox"/> Isle of Man 1 <input type="checkbox"/> England 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> Northern Ireland 5 <input type="checkbox"/> Republic of Ireland 6 <input type="checkbox"/> Channel Islands 7 <input type="checkbox"/> Elsewhere (please give present name of country)				0 <input type="checkbox"/> Isle of Man 1 <input type="checkbox"/> England 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> Northern Ireland 5 <input type="checkbox"/> Republic of Ireland 6 <input type="checkbox"/> Channel Islands 7 <input type="checkbox"/> Elsewhere (please give present name of country)				0 <input type="checkbox"/> Isle of Man 1 <input type="checkbox"/> England 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> Northern Ireland 5 <input type="checkbox"/> Republic of Ireland 6 <input type="checkbox"/> Channel Islands 7 <input type="checkbox"/> Elsewhere (please give present name of country)			
<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
For Office Use				For Office Use				For Office Use				For Office Use			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			

(v) When did the person's current period of residency begin?

1  At birth (now go to Q8)

2  in

1  At birth (now go to Q8)

2  in

(vi) Where did the person live before taking up residency in the Isle of Man?

• Tick one box only

• If the person has had more than one period of residency in the Isle of Man, please indicate where they lived before taking up the present period of residency

1  England

2  Wales

3  Scotland

4  Northern Ireland

5  Republic of Ireland

6  Channel Islands

7  Elsewhere (please give present name of country)

1  England

2  Wales

3  Scotland

4  Northern Ireland

5  Republic of Ireland

6  Channel Islands

7  Elsewhere (please give present name of country)

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*The remaining questions apply to persons AGED*

PLEASE ANSWER QUESTION 8A IF THE PERSON IS CURRENTLY IN WORK

PLEASE ANSWER QUESTION 8B IF THE PERSON IS CURRENTLY WITHOUT WORK

## 8A Persons in Work

Which of these things does the person currently do?

Please study the list of answers and read the notes below before ticking any boxes.

You may tick more than one box if necessary (see note below).

**In the case of a person with more than one job:**

- (a) If working for one employer full-time and another part-time, tick **BOXES 1 and 2**;
- (b) If working for an employer full-time and self employed part-time, tick **BOX 1** and either **BOX 4 or 5**;
- (c) If working part-time for more than one employer, tick **BOX 3**.

School teachers working full-time please tick **BOX 1**.

Women on maternity leave with a formal job attachment should count themselves as employed and tick the applicable box(es).

1  Works for an employer full-time (30 hours or more per week)

2  Works for an employer part-time (less than 30 hours per week)

3  Works for more than one employer part-time (less than 30 hours per week)

4  Is self-employed, employing others

5  Is self-employed, not employing others

1  Works for an employer full-time (30 hours or more per week)

2  Works for an employer part-time (less than 30 hours per week)

3  Works for more than one employer part-time (less than 30 hours per week)

4  Is self-employed, employing others

5  Is self-employed, not employing others



<p>1 <input type="checkbox"/> At birth (now go to Q8)</p> <p>2 <input type="checkbox"/> in <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>1 <input type="checkbox"/> At birth (now go to Q8)</p> <p>2 <input type="checkbox"/> in <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>1 <input type="checkbox"/> At birth (now go to Q8)</p> <p>2 <input type="checkbox"/> in <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>1 <input type="checkbox"/> At birth (now go to Q8)</p> <p>2 <input type="checkbox"/> in <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>1 <input type="checkbox"/> England</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> Northern Ireland</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Channel Islands</p> <p>7 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> England</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> Northern Ireland</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Channel Islands</p> <p>7 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> England</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> Northern Ireland</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Channel Islands</p> <p>7 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> England</p> <p>2 <input type="checkbox"/> Wales</p> <p>3 <input type="checkbox"/> Scotland</p> <p>4 <input type="checkbox"/> Northern Ireland</p> <p>5 <input type="checkbox"/> Republic of Ireland</p> <p>6 <input type="checkbox"/> Channel Islands</p> <p>7 <input type="checkbox"/> Elsewhere (please give present name of country)</p> <p><input type="text"/></p>
For Office Use <input type="text"/> <input type="text"/> <input type="text"/>	For Office Use <input type="text"/> <input type="text"/> <input type="text"/>	For Office Use <input type="text"/> <input type="text"/> <input type="text"/>	For Office Use <input type="text"/> <input type="text"/> <input type="text"/>

*16 AND OVER (born on or before 23rd April, 1990)*

<p>1 <input type="checkbox"/> Works for an employer full-time (30 hours or more per week)</p> <p>2 <input type="checkbox"/> Works for an employer part-time (less than 30 hours per week)</p> <p>3 <input type="checkbox"/> Works for more than one employer part-time (less than 30 hours per week)</p> <p>4 <input type="checkbox"/> Is self-employed, employing others</p> <p>5 <input type="checkbox"/> Is self-employed, not employing others</p>	<p>1 <input type="checkbox"/> Works for an employer full-time (30 hours or more per week)</p> <p>2 <input type="checkbox"/> Works for an employer part-time (less than 30 hours per week)</p> <p>3 <input type="checkbox"/> Works for more than one employer part-time (less than 30 hours per week)</p> <p>4 <input type="checkbox"/> Is self-employed, employing others</p> <p>5 <input type="checkbox"/> Is self-employed, not employing others</p>	<p>1 <input type="checkbox"/> Works for an employer full-time (30 hours or more per week)</p> <p>2 <input type="checkbox"/> Works for an employer part-time (less than 30 hours per week)</p> <p>3 <input type="checkbox"/> Works for more than one employer part-time (less than 30 hours per week)</p> <p>4 <input type="checkbox"/> Is self-employed, employing others</p> <p>5 <input type="checkbox"/> Is self-employed, not employing others</p>	<p>1 <input type="checkbox"/> Works for an employer full-time (30 hours or more per week)</p> <p>2 <input type="checkbox"/> Works for an employer part-time (less than 30 hours per week)</p> <p>3 <input type="checkbox"/> Works for more than one employer part-time (less than 30 hours per week)</p> <p>4 <input type="checkbox"/> Is self-employed, employing others</p> <p>5 <input type="checkbox"/> Is self-employed, not employing others</p>
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PLEASE ANSWER QUESTION 8B IF THE PERSON IS CURRENTLY WITHOUT WORK

## 8B Persons without Work

If this person is without work, which of the following reasons apply?

Please study the list of answers and read the notes below before ticking any boxes.

You may tick more than one box if necessary.

**BOX 1:** Do not count training given or paid for by an employer.

**BOX 6:** Include any person wanting a job but prevented from looking by a temporary illness.

**BOX 10:** Includes a woman on maternity leave with no formal job attachment, who should tick this box and write "Maternity Leave".

If **BOX 6** is ticked, tick any boxes that apply from **boxes 7-9** and answer Question 9 about Occupation on next page.

- 1  Is at school or in full-time education
- 2  Is retired from paid work
- 3  Looks after home or family (solely)
- 4  Is unable to work because of permanent long-term sickness
- 5  Is unable to work because of permanent long-term disability
- 6  Unemployed looking for work
- 7  Looked for work in the previous four weeks
- 8  Available to start work within two weeks
- 9  Waiting to start work already obtained
- 10  Other without work (*please specify*)

- 1  Is at school or in full-time education
- 2  Is retired from paid work
- 3  Looks after home or family (solely)
- 4  Is unable to work because of permanent long-term sickness
- 5  Is unable to work because of permanent long-term disability
- 6  Unemployed looking for work
- 7  Looked for work in the previous four weeks
- 8  Available to start work within two weeks
- 9  Waiting to start work already obtained
- 10  Other without work (*please specify*)

*If the person is without*

- 1  Is at school or in full-time education
- 2  Is retired from paid work
- 3  Looks after home or family (solely)
- 4  Is unable to work because of permanent long-term sickness
- 5  Is unable to work because of permanent long-term disability
- 6  Unemployed looking for work
- 7  Looked for work in the previous four weeks
- 8  Available to start work within two weeks
- 9  Waiting to start work already obtained
- 10  Other without work (*please specify*)

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- 5  Is unable to work because of permanent long-term disability
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- 8  Available to start work within two weeks
- 9  Waiting to start work already obtained
- 10  Other without work (*please specify*)

- 1  Is at school or in full-time education
- 2  Is retired from paid work
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- 4  Is unable to work because of permanent long-term sickness
- 5  Is unable to work because of permanent long-term disability
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- 7  Looked for work in the previous four weeks
- 8  Available to start work within two weeks
- 9  Waiting to start work already obtained
- 10  Other without work (*please specify*)

- 1  Is at school or in full-time education
- 2  Is retired from paid work
- 3  Looks after home or family (solely)
- 4  Is unable to work because of permanent long-term sickness
- 5  Is unable to work because of permanent long-term disability
- 6  Unemployed looking for work
- 7  Looked for work in the previous four weeks
- 8  Available to start work within two weeks
- 9  Waiting to start work already obtained
- 10  Other without work (*please specify*)

*work and not looking for work, ANSWER NO FURTHER QUESTIONS.*

The Questions below refer to the person's MAIN JOB OF LAST WEEK (whether full-time or part-time). IF THE PERSON IS UNEMPLOYED AND LOOKING FOR WORK PLEASE GIVE THEIR PREVIOUS OCCUPATION.

## 9 Occupation

**If in work, what is the person's occupation? If unemployed, what was the person's previous occupation?**

In part (i) give the **full title by which the job is known**, for example: 'gas fitter'; 'accounts clerk'; 'banking supervisor'; 'packing machinist'; rather than general title like 'fitter'; 'clerk'; 'supervisor'; or 'machinist'. If the job is known in the industry by a special name, use that name.

In part (ii) give the **main tasks actually done** in the job, for example: 'audio-typing'; 'managing accounts for private clients'; 'repairing agricultural machinery'; 'delivering goods to customers'.

**Armed Forces** – enter rank at (i) and leave (ii) blank;

**Civil Service** – give job title and grade at (i) and leave (ii) blank.

(i) Full job title

.....  
 .....  
 .....

(ii) Main tasks done in job

.....  
 .....  
 .....  
 .....

(i) Full job title

.....  
 .....  
 .....

(ii) Main tasks done in job

.....  
 .....  
 .....  
 .....

For Office Use


For Office Use


For Office Use


For Office Use


*The remaining two questions are FOR THOSE*

## 10 Name and Business of Employer/ Self-Employed Person's Business

In part (i) please give the name of the person's employer. Use the trading name if applicable (do not use abbreviations). If self-employed, state this at (i).

In part (ii) describe clearly what the employer (or self-employed person) makes or does, for example: 'provides office cleaning services'; 'manufactures animal foodstuffs'; 'installs central heating systems'; 'provides professional legal services'.

**Armed Forces** – enter 'Armed Forces' at (i) and leave (ii) blank.

**Civil Servants** – give name of Government Department at (i) and name of Government Division at (ii).

**Employees of Douglas Corporation and other Local Commissioners** – give name of the employing authority such as 'Douglas Corporation', 'Bride Commissioners' at (i) and leave (ii) blank. **Temps supplied by an agency** - enter details of the organisation at which they actually work.

(i) Name of employer

.....  
 .....  
 .....

(ii) Description of employer's business

.....  
 .....  
 .....  
 .....

(i) Name of employer

.....  
 .....  
 .....

(ii) Description of employer's business

.....  
 .....  
 .....  
 .....

For Office Use


For Office Use


## 11 Work Permits

**Does the person hold a current work permit?**

Isle of Man Workers, tick **BOX 1**.

For **temporary period** work permits, please state **for how many months** the permit was granted, e.g. **06** months.

1  No – does not need or hold a work permit

2  Yes – permit granted for an indefinite period

3  Yes – permit granted for  months

1  No – does not need or hold a work permit

2  Yes – permit granted for an indefinite period

3  Yes – permit granted for  months

# QUESTIONS

## ADDITIONAL QUESTIONS ON THIS CENSUS FORM?

Persons living elsewhere in the Isle of Man. These people must complete (or be included on) a Census Form **at their own address**.  
Persons living in the United Kingdom, at university in the United Kingdom, on business or holiday abroad, serving with H.M. Forces, etc.

return.

Person No. 3	Person No. 4	Person No. 5	Person No. 6
Surname ..... Forename(s) ..... .....	Surname ..... Forename(s) ..... .....	Surname ..... Forename(s) ..... .....	Surname ..... Forename(s) ..... .....
(i) Full job title ..... ..... .....	(i) Full job title ..... ..... .....	(i) Full job title ..... ..... .....	(i) Full job title ..... ..... .....
(ii) Main tasks done in job ..... ..... .....	(ii) Main tasks done in job ..... ..... .....	(ii) Main tasks done in job ..... ..... .....	(ii) Main tasks done in job ..... ..... .....
For Office Use	For Office Use	For Office Use	For Office Use
For Office Use	For Office Use	For Office Use	For Office Use

### IN WORK ONLY

(i) Name of employer ..... ..... .....	(i) Name of employer ..... ..... .....	(i) Name of employer ..... ..... .....	(i) Name of employer ..... ..... .....
(ii) Description of employer's business ..... ..... .....	(ii) Description of employer's business ..... ..... .....	(ii) Description of employer's business ..... ..... .....	(ii) Description of employer's business ..... ..... .....
For Office Use	For Office Use	For Office Use	For Office Use
1 <input type="checkbox"/> No – does not need or hold a work permit	1 <input type="checkbox"/> No – does not need or hold a work permit	1 <input type="checkbox"/> No – does not need or hold a work permit	1 <input type="checkbox"/> No – does not need or hold a work permit
2 <input type="checkbox"/> Yes – permit granted for an indefinite period	2 <input type="checkbox"/> Yes – permit granted for an indefinite period	2 <input type="checkbox"/> Yes – permit granted for an indefinite period	2 <input type="checkbox"/> Yes – permit granted for an indefinite period
3 <input type="checkbox"/> Yes – permit granted for <input type="text"/> months	3 <input type="checkbox"/> Yes – permit granted for <input type="text"/> months	3 <input type="checkbox"/> Yes – permit granted for <input type="text"/> months	3 <input type="checkbox"/> Yes – permit granted for <input type="text"/> months

**Please take a moment to check the following:**

- **Does the form have the correct postcode on the front?**
- **Have you signed the declaration on the front of the form?**
- **Please ensure that you have completed all the relevant sections**
- **Have you included all members of your household?**

**Any enquiries regarding the Census can be answered by your enumerator or call the Census Office on (01624) 693588. Alternatively contact us via email at [census@gov.im](mailto:census@gov.im) or the address below.**

Thank you for taking part in the Isle of Man 2006 Census

Gura mie eu son goaill aynr ayns coontey-sleih Ellan Vannin 2006



**Isle of Man**  
**Government**

*Reilrys Ellan Vannin*

Census Office

Willow House, 61-69

Main Road, Onchan, IM3 1AJ