**27 What is (was) your occupation in your main job?**

*In all cases describe the occupation fully and precisely giving the full job title.*

| *Use precise terms such as* | *Do NOT use general terms such as* |
|---|---|
| RETAIL STORE MANAGER | Manager |
| BUILDING CONTRACTOR | Contractor |
| PRINTING MACHINE OPERATOR | Machine Operator |
| SECONDARY TEACHER | Teacher |
| ELECTRICAL ENGINEER | Engineer |
| BUILDERS LABOURER | Labourer |

*Civil servants and local government employees should state their grade e.g.* CLERICAL OFFICER. *Garda or Army state their rank e.g.* GARDA SERGEANT. *Teachers should state the branch of teaching e.g.* PRIMARY TEACHER. *Clergy and religious orders should give full description e.g.* NUN REGISTERED GENERAL NURSE.

Write in your main OCCUPATION.

**IF a farmer or farm worker,** write in the SIZE of the farm.

Acres OR Hectares

**28 If you are retired,** Skip to Q32

**29 What is (was) the full name of the Organisation you work(ed) for in your main job?**

*If you have your own business, write in the NAME of the business.*

**30 What is (was) the full address at which you actually work(ed)?**

1 ☐ Work mainly at or from home 2 ☐ No fixed place of work

**31 What is (was) the business of your employer at the place where you work(ed) in your main job?**

*If you are (were) self-employed answer in respect of your own business. Describe the main product or service provided by your employer.*

*For example,* MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT.

**Is (was) the business of your employer mainly?**

1 ☐ Manufacturing
2 ☐ Wholesale trade
3 ☐ Retail trade
4 ☐ Other (agriculture, building, services, government, etc.)

**32 In the week ended Sunday 28 April did you do any work, either full-time or part-time, for payment or profit:**

- **as an employee,**
- **as a self-employed/freelance,**
- **in your own/family business,**
- **on a Community Employment Scheme or other Employment Scheme?**

✔ *'Yes' for any paid work, including casual or temporary work, even if only for one hour.*
✔ *'Yes' if you were away from work ill, on holiday, on maternity leave or temporarily laid off.*
✔ *'Yes' if you worked, paid or unpaid in your own/family business.*

1 ☐ Yes If Yes, Skip to Q36
2 ☐ No

**33 Were you actively looking for any kind of paid work in the last 4 weeks?**

1 ☐ Yes
2 ☐ No

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

1 ☐ Yes
2 ☐ No

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

1 ☐ Yes
2 ☐ No

**36 How many hours in total did you work last week?**

*Answer only if working for payment or profit. Answer to the nearest whole hour.*

Hours

**37 Declaration to be completed by the person completing the form.**

I declare that this form is correct and complete to the best of my knowledge and belief.

Signature

**You have now completed the Census form.**

**Thank you for your co-operation.**

If completing in a private household seal in the envelope provided and leave available for collection by the Census Enumerator along with the Household Form.

If completing in a communal establishment return your completed form to the Manager, person in charge or the Census Enumerator sealed in the envelope provided.



Central Statistics Office
An Phríomh-Oifig Staidrimh

# Daonáireamh na hÉireann
# Census of Population of Ireland
# Sunday 28 April 2002

## About the Census

The Census takes place every five years and counts all the people and households in the country. This Census will give a comprehensive picture of the social and living conditions of our people at the start of the twenty-first century.

The Census provides vital information necessary for planning Ireland's future.

## Participation is compulsory

This Census is being taken under the Statistics Act, 1993 and the Statistics (Census of Population) Order, 2001. Under Section 26 of the Statistics Act, 1993, you are obliged by law to complete this form. Any person who fails or refuses to provide this information or who knowingly provides false information may be subject to a fine of up to €25,000.

## Confidentiality is guaranteed

The confidentiality of your Census return is legally guaranteed by the Statistics Act, 1993. Information provided will be used for statistical purposes only.

## Census Enumerator

Your Census Enumerator will assist you if you have difficulty completing your Census form or if you have any questions about the Census.

Thank you for your co-operation.

Donal Garvey
Director General

**Tá leagan Gaeilge den fhoirm seo le fáil ach í a iarraidh ón áiritheoir.**

## Who should complete an Individual Census form?

This form should be completed by:

- any person (whether permanently resident in Ireland or only visiting the country) who passes the night of Sunday 28 April in a communal establishment or;
- anyone within a household who, for privacy reasons, prefers a separate Census form.

**Please complete this form using a BLACK or BLUE pen.**

**Tick boxes like this:** ✔

**If you make a mistake:**

Fill in the box like this: 1 ■ Per week

✔ correct one like this: 2 ✔ Per month

Where you are required to write in an answer please use BLOCK CAPITAL LETTERS and leave one space between each word. Continue on to a new line if a word will not fit, as in the example.

**Example**

6 ✔ Other, write in your RELIGION

GREEK ORTHODOX

## What you need to do if you are in a communal establishment

1. Answer the questions on pages 2-4 of this form.
2. Sign the declaration and return your form (sealed in the envelope provided) to the manager, to the person in charge, or to the Census Enumerator.

## What you need to do if you are in a household

1. Ensure that you are listed as one of the persons present in the household on the night of Sunday 28 April (List 1 on page 3 of the Household Form).
2. Answer the questions on pages 2-4 of this form.
3. Sign the declaration, seal the completed form in the envelope provided and leave available for collection by the Census Enumerator along with the Household Form.

**For office use only**

House Number and Street/Townland Name or Name and Address of Communal Establishment

| County Code | Enumeration Area Code | ED Code | Street/Townland Code | D No. | Form (Private households only) | Person Number | Number of persons: Males | Females | Total |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | of | | Count this person as present in this space on the Household Form/Listing Form | | |

**1 What is your name?**
*First name and surname*

**2 Sex**
1 Male
2 Female

**3 What is your relationship to Person 1 on Household Form?**
*Answer only if you are in a private household and completing an Individual Form for privacy reasons.*
✔ *one box only.*
1 Husband or wife
2 Partner
3 Son or daughter
4 Mother or father
5 Son-in-law or daughter-in-law
6 Mother-in-law or father-in-law
7 Other related, write in RELATIONSHIP
8 Unrelated (including foster children)

**4 What is your date of birth?**
Day / Month / Year

**5 What is your place of birth?**
*Give the place of residence of your mother at the time of your birth, not the location of the hospital where you were born.*
If IRELAND (including Northern Ireland), write in the COUNTY.
If elsewhere ABROAD, write in the COUNTRY.

**6 What is your Nationality?**
*If you have more than one nationality, please declare all of them.*
1 Irish
2 Other NATIONALITY, write in
3 No nationality

**7 Where do you usually live?**
1 HERE at this address
2 Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
3 Elsewhere ABROAD, write in the COUNTRY

**8 Where did you usually live one year ago?**
*Answer if aged 1 year or over.*
1 SAME as now
2 Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY
3 Elsewhere ABROAD, write in the COUNTRY

**9 Have you lived outside the Republic of Ireland for a continuous period of one year or more?**
*Answer if aged 1 year or over and living in Ireland.*
1 Yes
2 No
**IF 'Yes'**, write in the YEAR of last taking up residence in the Republic of Ireland
AND
the COUNTRY of last previous residence.

**10 What is your current marital status?**
*Answer if aged 15 years or over.*
✔ *one box only.*
1 Single (never Married)
2 Married (first Marriage)
3 Re-married (following Widowhood)
4 Re-married (following Divorce/Annulment)
5 Separated (including Deserted)
6 Divorced
7 Widowed

**11 Can you speak Irish?**
*Answer if aged 3 years or over.*
1 Yes
2 No
**IF 'Yes', do you speak Irish?**
1 Daily
2 Weekly
3 Less often
4 Never

**12 What is your religion?**
✔ *one box only.*
1 Roman Catholic
2 Church of Ireland
3 Presbyterian
4 Methodist
5 Islam
6 Other, write in your RELIGION
7 No religion

**13 Are you a member of the Irish Traveller Community?**
1 Yes
2 No

**14 Do you have any of the following long-lasting conditions:**
(a) Blindness, deafness or a severe vision or hearing impairment? Yes 1 No 2
(b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying? Yes 1 No 2

**15 Because of a physical, mental or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:**
*Answer (a) and (b) if aged 5 years or over.*
(a) Learning, remembering or concentrating? Yes 1 No 2
(b) Dressing, bathing or getting around inside the home? Yes 1 No 2
*Answer (c) and (d) if aged 15 years or over.*
(c) Going outside the home alone to shop or visit a doctor's surgery? Yes 1 No 2
(d) Working at a job or business? Yes 1 No 2





**16 How do you usually travel to work, school or college?**
✔ *one box only, for the longest part, by distance, of your usual journey to work, school or college.*
1 On foot
2 Bicycle
3 Bus, minibus or coach
4 Train or DART
5 Motor cycle or scooter
6 Driving a car
7 Passenger in a car
8 Lorry or van
9 Other means
10 Work mainly at or from home
11 Not applicable

**17 What time do you usually leave home to go to work, school or college?**
1 Before 07:00
2 07:00 - 07:30
3 07:31 - 08:00
4 08:01 - 08:30
5 08:31 - 09:00
6 09:01 - 09:30
7 After 09:30
8 Not applicable

**18 What distance is your journey from home to work, school or college and how long does it usually take?**
*Write in distance to the nearest mile and journey time in minutes.*
Miles
Minutes

**19 If you are aged under 15,**
Skip to Q37 on next page

**20 Have you ceased your full-time education?**
1 Yes
2 No
**IF 'Yes',** write in AGE at which it ceased.

**21 What is the highest level of education (full-time or part-time) which you have completed to date?**
✔ *one box only.*
1 No formal education
2 Primary education
**Second Level**
3 Lower secondary: *Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent*
4 Upper secondary: *Leaving Certificate (including Applied and Vocational Programmes),'A' Levels, NCVA Level 1 Certificate or equivalent*
5 Technical or Vocational qualification: *Completed Apprenticeship, NCVA Level 2/3 Certificate, NCEA Foundation Certificate, Teagasc Certificate/Diploma or equivalent*
6 Both Upper secondary and Technical or Vocational qualification
**Third Level**
7 Non Degree: *National Certificate, Diploma NCEA/Institute of Technology or equivalent*
8 Primary Degree *(Third Level Bachelor Degree)*
9 Professional qualification (of Degree status at least)
10 Both a Degree and a Professional qualification
11 Postgraduate Certificate or Diploma
12 Postgraduate Degree (Masters)
13 Doctorate (Ph.D)

**22 Do you hold any THIRD LEVEL qualification(s) which you attained after completing 2 or more years of study?**
1 Yes
2 No
**IF 'Yes',** please indicate the main subject area(s) in which the qualification(s) is held.
✔ *ALL the boxes that apply.*
1 Education
2 Art *(including Fine Arts, Performing Arts, Graphic and Audio Visual Arts, Design)*
3 Humanities *(including Languages, Literature, History, Archaeology, Philosophy, Theology)*
4 Social Sciences/Business/Law *(including Economics and Journalism)*
5 Life Sciences/Medical Laboratory Science
6 Physical Sciences/Chemistry
7 Mathematics/Statistics
8 Computing/Information Technology
9 Engineering/Architecture
10 Agriculture/Forestry/Fishery/Veterinary
11 Medicine/Dentistry/Nursing/Associated Medical Disciplines/Social Services
12 Tourism/Hotel and Catering/Sports and Leisure/Transport Services/Environmental Protection/Security Services
13 Other

**23 Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?**
*Include problems which are due to old age.*
*Personal help includes help with basic tasks such as feeding or dressing.*
1 Yes, 1-14 hours a week
2 Yes, 15-28 hours a week
3 Yes, 29-42 hours a week
4 Yes, 43 or more hours a week
5 No

**24 How would you describe your present principal status?**
✔ *one box only.*
1 Working for payment or profit
2 Looking for first regular job
3 Unemployed
4 Student or pupil
5 Looking after home/family
6 Retired from employment
7 Unable to work due to permanent sickness or disability
8 Other, write in

**25 If you are:**
- **working for payment or profit (Q24 box 1),**
- **unemployed (Q24 box 3),**
- **retired (Q24 box 6),**

**answer the following questions about your main job or your last main job if you are not currently employed.**
**Otherwise,**
Skip to Q32 on next page

**26 Do (did) you work as an employee or are (were) you self-employed in your main job?**
*Your main job is the job in which you usually work(ed) the most hours.*
1 Employee
2 Self-employed, with paid employees
3 Self-employed, without paid employees
4 Assisting relative (not receiving a fixed wage or salary)