

Confidential

FORM A

*The information in this Census is Confidential
It will be used for Statistical Purposes only.*

1998 CENSUS OF ST HELENA



SUNDAY 8th MARCH 1998

Prepared pursuant to Census Ordinance 1986

**It is a legal obligation to complete the Census
Not to do so is a legal offence punishable by a fine.**

The completed Schedules must be available for collection by
Monday 9th March 1998.

The declaration must be signed by the Head of Household or the person
responsible.

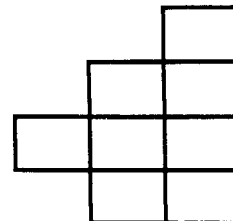
Please read the general notes before completing the Schedules.

Thank you for your co-operation

Enumerator	
Delivered	
Collected	

1998 CENSUS OF ST HELENA

complete in respect of Sunday 8th March 1998



SCHEDULE 1: HOUSEHOLD INFORMATION

This column for official use only

	1. Name and address of head of household or other resident in charge of household. NAME ADDRESS																			
TYPE <input type="checkbox"/>	2. Dwelling type/building (please tick one box only) <table style="width: 100%; text-align: center;"> <tr> <td>Detached house</td> <td>Semi-detached/terraced</td> <td>Flat</td> <td colspan="2">Other</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td colspan="2">4 <input type="checkbox"/></td> </tr> </table>					Detached house	Semi-detached/terraced	Flat	Other		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>						
Detached house	Semi-detached/terraced	Flat	Other																	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																	
<input type="checkbox"/>	3. Number of people in the household on Census night..... (enter number in box) INCLUDE night workers, fishermen etc returning to the household EXCLUDE other absent members such as those in hospital or not on the island																			
<input type="checkbox"/>	4. Number of people usually resident in the household (enter number in box) INCLUDE night workers etc returning to the household and persons temporarily absent e.g in hospital EXCLUDE other absent members such as those not on the island																			
<input type="checkbox"/>	5. Household members living outside St Helena and EXPECTED TO RETURN WITHIN 2 YEARS Complete schedule 3 for each of these household members. (enter number in box)																			
<input type="checkbox"/>	6. Is the dwelling you live in, shared with or occupied by any other household? (please tick one box only) <table style="width: 100%; text-align: center;"> <tr> <td></td> <td>Yes</td> <td>No</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td colspan="2"></td> </tr> </table> If <u>yes</u> state total number of households in the dwelling, including your own household (enter number in box)						Yes	No				1 <input type="checkbox"/>	2 <input type="checkbox"/>							
	Yes	No																		
	1 <input type="checkbox"/>	2 <input type="checkbox"/>																		
<input type="checkbox"/>	TENURE AND OWNERSHIP																			
<input type="checkbox"/>	7. Is the accommodation used by your household: (please tick one box only) <table style="width: 100%; text-align: center;"> <tr> <td>Owner-Occupied?</td> <td>Rented untied</td> <td>Rented tied</td> <td colspan="2">Rent Free</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td colspan="2">4 <input type="checkbox"/></td> </tr> </table>					Owner-Occupied?	Rented untied	Rented tied	Rent Free		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>						
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1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																	
<input type="checkbox"/>	8. Is the accommodation used by your household: (please tick one box only) <table style="width: 100%; text-align: center;"> <tr> <td></td> <td></td> <td colspan="3">Rented/rent free</td> </tr> <tr> <td>Owned Outright</td> <td>Being bought on loan</td> <td>From Government</td> <td>From Non-Govt Employer</td> <td>Private Landlord/ Other</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> </table>							Rented/rent free			Owned Outright	Being bought on loan	From Government	From Non-Govt Employer	Private Landlord/ Other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
		Rented/rent free																		
Owned Outright	Being bought on loan	From Government	From Non-Govt Employer	Private Landlord/ Other																
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																

Schedule 1 (cont.)

This column for
Official use only

ROOMS

9 How many rooms are there in your household's accommodation? (enter number in box)

EXCLUDE bathrooms, toilets, hallways, broom cupboards etc. and kitchens unless you sit down to eat in them.

10 Is there a bathroom in your household's accommodation?

	Yes		No
1	<input type="checkbox"/>	2	<input type="checkbox"/>

11 Bedrooms: how many rooms are usually used for sleeping in? (enter number in box)

AMENITIES

AMENITIES

12 Is the main water supply to this household : (please tick one box only)

Piped
(inside dwelling)

1

Rainwater
tank

3

5

Other
please describe

Standpipe
(includes piped to
tank outside dwelling)

2

Spring or
stream

4

.....
.....

13 Are the main toilet facilities for this household: (please tick one box only)

Flush toilet

1

Earth closet

3

Other

5

Chemical closet latrines

2

Pit latrines

4

None

6

14 Is the main power fuel used for LIGHTING in this household: (please tick one box only)

Electric mains only

1

Mobil/Calor Gas

4

Other

7

Private
generator only

2

Paraffin/Kerosine

5

Mains and standby
generator

3

Candle

6

15 Fuel or Power used for cooking by the household.
Tick in section A the sole or main fuel type used.
Tick in section B the principle second fuel type if used.

A Sole or main fuel used for cooking
(tick one box only)

B Secondary fuel used for cooking
(tick one box only if applicable)

Electricity

1

Electricity

1

Mobil/Calor gas

2

Mobil/Calor gas

2

Paraffin/Kerosine

3

Paraffin/Kerosine

3

Wood

4

Wood

4

Generator

5

Generator

5

Other

6

Other

6

Schedule 1 (cont.)

16-19. Does this household have: (please tick box)

	Yes	No		Yes	No
16. A fitted bath?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	18. A shower?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
17. A wash-hand basin?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	19. A kitchen sink?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Screw panel washing machine

ROOF CONSTRUCTION

20. Is the roof of the dwelling you occupy made of: (tick one box only)

Galvanised iron	1 <input type="checkbox"/>	Other please specify	4 <input type="checkbox"/>
Asbestos sheeting	2 <input type="checkbox"/>	Don't know	5 <input type="checkbox"/>
Galvanised iron and asbestos	3 <input type="checkbox"/>		

21. Does the dwelling have an operational solar water heater?

	Yes	No
	1 <input type="checkbox"/>	2 <input type="checkbox"/>

HOUSEHOLD ASSETS

22. Household assets which members of your household OWNS, RENTS OR HAVE MAIN USE OF
(enter the number of each asset, eg Cars 2, if none enter 0)

No.	Motor Vehicles			Boats		Other			
	Car	Vans & pick-ups	Motor cycles Scooters	Other motor vehicles	with motor	other	Fridge/ freezer	Video equip.	Television

Now complete

**SCHEDULE 2 Person Information and
SCHEDULE 3 Household Members living outside of St Helena**

SCHEDULE 2: PERSON INFORMATION

Tick one box for each question unless otherwise stated.

1 Person No. 1 (in CAPITALS) HEAD OF HOUSEHOLD	Person No. 2 (in CAPITALS)	Person No. 3 (in CAPITALS)	Person No. 4 (in CAPITALS)
Name and surname in full <input type="text"/>	Name and surname in full <input type="text"/>	Name and surname in full <input type="text"/>	Name and surname in full <input type="text"/>
2 Sex: Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex: Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex: Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex: Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
3 Date of birth Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>
4 Marital Status: Never married <input type="checkbox"/> 1 Married (first) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Separated <input type="checkbox"/> 4 Divorced <input type="checkbox"/> 5 Widowed <input type="checkbox"/> 6	Marital Status: Never married <input type="checkbox"/> 1 Married (first) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Separated <input type="checkbox"/> 4 Divorced <input type="checkbox"/> 5 Widowed <input type="checkbox"/> 6	Marital Status: Never married <input type="checkbox"/> 1 Married (first) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Separated <input type="checkbox"/> 4 Divorced <input type="checkbox"/> 5 Widowed <input type="checkbox"/> 6	Marital Status: Never married <input type="checkbox"/> 1 Married (first) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Separated <input type="checkbox"/> 4 Divorced <input type="checkbox"/> 5 Widowed <input type="checkbox"/> 6
5 Relation to Head of Household: Head <input type="checkbox"/> 1	Relation to Head of Household: Spouse <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother <input type="checkbox"/> 4 Sister <input type="checkbox"/> 5 Nephew <input type="checkbox"/> 6 Niece <input type="checkbox"/> 7 Grandchild <input type="checkbox"/> 8 Parent <input type="checkbox"/> 9 In-law <input type="checkbox"/> 10 Not related <input type="checkbox"/> Other <input type="text"/> (Specify: <input type="text"/>)	Relation to Head of Household: Spouse <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother <input type="checkbox"/> 4 Sister <input type="checkbox"/> 5 Nephew <input type="checkbox"/> 6 Niece <input type="checkbox"/> 7 Grandchild <input type="checkbox"/> 8 Parent <input type="checkbox"/> 9 In-law <input type="checkbox"/> 10 Not related <input type="checkbox"/> Other <input type="text"/> (Specify: <input type="text"/>)	Relation to Head of Household: Spouse <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother <input type="checkbox"/> 4 Sister <input type="checkbox"/> 5 Nephew <input type="checkbox"/> 6 Niece <input type="checkbox"/> 7 Grandchild <input type="checkbox"/> 8 Parent <input type="checkbox"/> 9 In-law <input type="checkbox"/> 10 Not related <input type="checkbox"/> Other <input type="text"/> (Specify: <input type="text"/>)
6 Place of usual Residence: This address <input type="checkbox"/> 1 Elsewhere on St Helena <input type="checkbox"/> 2 Ascension <input type="checkbox"/> 3 U.K. <input type="checkbox"/> 4 Falklands <input type="checkbox"/> 5 South Africa <input type="checkbox"/> 6 Other (specify) <input type="text"/>	Place of usual Residence: This address <input type="checkbox"/> 1 Elsewhere on St Helena <input type="checkbox"/> 2 Ascension <input type="checkbox"/> 3 U.K. <input type="checkbox"/> 4 Falklands <input type="checkbox"/> 5 South Africa <input type="checkbox"/> 6 Other (specify) <input type="text"/>	Place of usual Residence: This address <input type="checkbox"/> 1 Elsewhere on St Helena <input type="checkbox"/> 2 Ascension <input type="checkbox"/> 3 U.K. <input type="checkbox"/> 4 Falklands <input type="checkbox"/> 5 South Africa <input type="checkbox"/> 6 Other (specify) <input type="text"/>	Place of usual Residence: This address <input type="checkbox"/> 1 Elsewhere on St Helena <input type="checkbox"/> 2 Ascension <input type="checkbox"/> 3 U.K. <input type="checkbox"/> 4 Falklands <input type="checkbox"/> 5 South Africa <input type="checkbox"/> 6 Other (specify) <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Marital Status:

- Never married 1
- Married (first) 2
- Re-married 3
- Separated 4
- Divorced 5
- Widowed 6

Marital Status:

- Never married 1
- Married 2
- Re-married 3
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Marital Status:

- Never married 1
- Married 2
- Re-married 3
- Separated 4
- Divorced 5
- Widowed 6

5 Relation to Head of Household:

- Spouse 2
- Child 3
- Brother 4
- Sister 5
- Nephew 6
- Niece 7
- Grandchild 8
- Parent 9
- In-law 10
- Not related/
Other

Relation to Head of Household:

- Spouse 2
- Child 3
- Brother 4
- Sister 5
- Nephew 6
- Niece 7
- Grandchild 8
- Parent 9
- In-law 10
- Not related/
Other

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- Spouse 2
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- Spouse 2
- Child 3
- Brother 4
- Sister 5
- Nephew 6
- Niece 7
- Grandchild 8
- Parent 9
- In-law 10
- Not related/
Other

(Specify)

(Specify)

(Specify)

(Specify)

6 Place of usual Residence:

- This address 1
- Elsewhere on
St Helena 2
- Ascension 3
- United Kingdom 4
- Falklands 5
- South Africa 6
- Other (specify)

Place of usual Residence:

- This address 1
- Elsewhere on
St Helena 2
- Ascension 3
- United Kingdom 4
- Falklands 5
- South Africa 6
- Other (specify)

Place of usual Residence:

- This address 1
- Elsewhere on
St Helena 2
- Ascension 3
- United Kingdom 4
- Falklands 5
- South Africa 6
- Other (specify)

Place of usual Residence:

- This address 1
- Elsewhere on
St Helena 2
- Ascension 3
- United Kingdom 4
- Falklands 5
- South Africa 6
- Other (specify)

7 Religion:	Religion:	Religion:	Religion:
Anglican/C of E <input type="checkbox"/>	1 Anglican/C of E <input type="checkbox"/>	1 Anglican/C of E <input type="checkbox"/>	1 Anglican/C of E <input type="checkbox"/>
Jehovah's Witness <input type="checkbox"/>	2 Jehovah's Witness <input type="checkbox"/>	2 Jehovah's Witness <input type="checkbox"/>	2 Jehovah's Witness <input type="checkbox"/>
Baptist <input type="checkbox"/>	3 Baptist <input type="checkbox"/>	3 Baptist <input type="checkbox"/>	3 Baptist <input type="checkbox"/>
Roman Catholic <input type="checkbox"/>	4 Roman Catholic <input type="checkbox"/>	4 Roman Catholic <input type="checkbox"/>	4 Roman Catholic <input type="checkbox"/>
Apostolic <input type="checkbox"/>	5 Apostolic <input type="checkbox"/>	5 Apostolic <input type="checkbox"/>	5 Apostolic <input type="checkbox"/>
Seventh Day <input type="checkbox"/>	6 Seventh Day <input type="checkbox"/>	6 Seventh Day <input type="checkbox"/>	6 Seventh Day <input type="checkbox"/>
Salvation Army <input type="checkbox"/>	7 Salvation Army <input type="checkbox"/>	7 Salvation Army <input type="checkbox"/>	7 Salvation Army <input type="checkbox"/>
Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8 Country of Birth	Country of Birth	Country of Birth	Country of Birth
St Helena <input type="checkbox"/>	1 St Helena <input type="checkbox"/>	1 St Helena <input type="checkbox"/>	1 St Helena <input type="checkbox"/>
United Kingdom <input type="checkbox"/>	2 United Kingdom <input type="checkbox"/>	2 United Kingdom <input type="checkbox"/>	2 United Kingdom <input type="checkbox"/>
Ascension <input type="checkbox"/>	3 Ascension <input type="checkbox"/>	3 Ascension <input type="checkbox"/>	3 Ascension <input type="checkbox"/>
South Africa <input type="checkbox"/>	4 South Africa <input type="checkbox"/>	4 South Africa <input type="checkbox"/>	4 South Africa <input type="checkbox"/>
Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TO BE COMPLETED BY ALL PERSONS 12 YEARS OR OVER

9 Age finished full time Education <i>If still at school state 'Student'</i> State age in years	Age finished full time Education <i>If still at school state 'Student'</i> State age in years	Age finished full time Education <i>If still at school state 'Student'</i> State age in years	Age finished full time Education <i>If still at school state 'Student'</i> State age in years
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10 Literacy	Literacy	Literacy	Literacy
Can read <input type="checkbox"/> Yes <input type="checkbox"/> No	Can read <input type="checkbox"/> Yes <input type="checkbox"/> No	Can read <input type="checkbox"/> Yes <input type="checkbox"/> No	Can read <input type="checkbox"/> Yes <input type="checkbox"/> No
Can write <input type="checkbox"/> Yes <input type="checkbox"/> No	Can write <input type="checkbox"/> Yes <input type="checkbox"/> No	Can write <input type="checkbox"/> Yes <input type="checkbox"/> No	Can write <input type="checkbox"/> Yes <input type="checkbox"/> No

7 Religion:	Religion:	Religion:	Religion:
Anglican/C of E <input type="checkbox"/>	1 Anglican/C of E <input type="checkbox"/>	1 Anglican/C of E <input type="checkbox"/>	1 Anglican/C of E <input type="checkbox"/>
Jehovah's Witness <input type="checkbox"/>	2 Jehovah's Witness <input type="checkbox"/>	2 Jehovah's Witness <input type="checkbox"/>	2 Jehovah's Witness <input type="checkbox"/>
Baptist <input type="checkbox"/>	3 Baptist <input type="checkbox"/>	3 Baptist <input type="checkbox"/>	3 Baptist <input type="checkbox"/>
Roman Catholic <input type="checkbox"/>	4 Roman Catholic <input type="checkbox"/>	4 Roman Catholic <input type="checkbox"/>	4 Roman Catholic <input type="checkbox"/>
Apostolic <input type="checkbox"/>	5 Apostolic <input type="checkbox"/>	5 Apostolic <input type="checkbox"/>	5 Apostolic <input type="checkbox"/>
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Salvation Army <input type="checkbox"/>	7 Salvation Army <input type="checkbox"/>	7 Salvation Army <input type="checkbox"/>	7 Salvation Army <input type="checkbox"/>
Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>

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TO BE COMPLETED BY ALL PERSONS 12 YEARS OR OVER

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Can read <input type="checkbox"/> Yes <input type="checkbox"/> No	Can read <input type="checkbox"/> Yes <input type="checkbox"/> No	Can read <input type="checkbox"/> Yes <input type="checkbox"/> No	Can read <input type="checkbox"/> Yes <input type="checkbox"/> No
Can write <input type="checkbox"/> Yes <input type="checkbox"/> No	Can write <input type="checkbox"/> Yes <input type="checkbox"/> No	Can write <input type="checkbox"/> Yes <input type="checkbox"/> No	Can write <input type="checkbox"/> Yes <input type="checkbox"/> No

11 If over 18 years: Have you achieved any academic, trade or vocational qualifications since reaching the age of 18.

Do not include qualifications normally obtained at high school e.g. GCE, CSE

Yes No

If Yes
tick relevant box

Post graduate degree,
e.g. MSc or PHD 1

First degree from
a university 2

Qualification of degree /
equivalent 3
e.g. HND, HNC

Nursing or teaching
qualification 4

Other academic, trade or
vocational qualification 5

Please state title of last awarding
body and qualification achieved

Yes No

If Yes
tick relevant box

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First degree from
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Other academic, trade or
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Please state title of last awarding
body and qualification achieved

TO BE COMPLETED BY ALL PERSONS 12 YEARS OR OVER

ECONOMIC ACTIVITY
Last week
(Tick any box that applies)

ECONOMIC ACTIVITY
Last week
(Tick any box that applies)

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Last week
(Tick any box that applies)

ECONOMIC ACTIVITY
Last week
(Tick any box that applies)

12 Employment:

Employment:

Employment:

Employment:

- Employed full-time 1
- Employed part-time 2
- Self-employed 3
- Unemployed and looking for work 4
- Waiting to start job accepted 5
- 3-day scheme 6
- Housewife/looking after family 7
- Student 8
- Retired from paid work 9
- Disabled 10

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- Housewife/looking after family 7
- Student 8
- Retired from paid work 9
- Disabled 10

Other (please specify)

Other (please specify)

Other (please specify)

Other (please specify)

13 Main Occupation

Main Occupation

Main Occupation

Main Occupation

Enter PRESENT MAIN OCCUPATION

Enter PRESENT MAIN OCCUPATION

Enter PRESENT MAIN OCCUPATION

Enter PRESENT MAIN OCCUPATION

*e.g. Shop Assistant, Driver
Labourer, Teacher etc.
For those without a present
occupation enter "NONE"*

*e.g. Shop Assistant, Driver
Labourer, Teacher etc.
For those without a present
occupation enter "NONE"*

*e.g. Shop Assistant, Driver
Labourer, Teacher etc.
For those without a present
occupation enter "NONE"*

*e.g. Shop Assistant, Driver
Labourer, Teacher etc.
For those without a present
occupation enter "NONE"*

For official use only

TO BE COMPLETED BY ALL PERSONS 12 YEARS OR OVER

ECONOMIC ACTIVITY

Last week
(Tick any box that applies)

- 12 Employment:
- Employed full-time 1
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 - Housewife/looking after family 7
 - Student 8
 - Retired from paid work 9
 - Disabled 10

Other (please specify)

ECONOMIC ACTIVITY

Last week
(Tick any box that applies)

- Employment:
- Employed full-time 1
 - Employed part-time 2
 - Self-employed 3
 - Unemployed and looking for work 4
 - Waiting to start job accepted 5
 - 3-day scheme 6
 - Housewife/looking after family 7
 - Student 8
 - Retired from paid work 9
 - Disabled 10

Other (please specify)

ECONOMIC ACTIVITY

Last week
(Tick any box that applies)

- Employment:
- Employed full-time 1
 - Employed part-time 2
 - Self-employed 3
 - Unemployed and looking for work 4
 - Waiting to start job accepted 5
 - 3-day scheme 6
 - Housewife/looking after family 7
 - Student 8
 - Retired from paid work 9
 - Disabled 10

Other (please specify)

ECONOMIC ACTIVITY

Last week
(Tick any box that applies)

- Employment:
- Employed full-time 1
 - Employed part-time 2
 - Self-employed 3
 - Unemployed and looking for work 4
 - Waiting to start job accepted 5
 - 3-day scheme 6
 - Housewife/looking after family 7
 - Student 8
 - Retired from paid work 9
 - Disabled 10

Other (please specify)

13 Main Occupation

Enter PRESENT MAIN OCCUPATION

e.g. Shop Assistant, Driver, Labourer, Teacher etc.
For those without a present occupation enter "NONE"

Main Occupation

Enter PRESENT MAIN OCCUPATION

e.g. Shop Assistant, Driver, Labourer, Teacher etc.
For those without a present occupation enter "NONE"

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For those without a present occupation enter "NONE"

Main Occupation

Enter PRESENT MAIN OCCUPATION

e.g. Shop Assistant, Driver, Labourer, Teacher etc.
For those without a present occupation enter "NONE"

For official use only

TO BE COMPLETED BY ALL PERSONS AGE 12 OR OVER

<p>14 Nature of business/industry eg Agriculture, forestry, transport, retailing (if Government, state Department)</p>	<p>Nature of business/industry eg Agriculture, forestry, transport, retailing (if Government, state Department)</p>	<p>Nature of business/industry eg Agriculture, forestry, transport, retailing (if Government, state Department)</p>	<p>Nature of business/industry eg Agriculture, forestry, transport, retailing (if Government, state Department)</p>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TO BE COMPLETED BY ALL FEMALES 12 YEARS OR OVER

<p>15 Children ever born alive <i>(enter total number)</i></p>	<p>Children ever born alive <i>(enter total number)</i></p>	<p>Children ever born alive <i>(enter total number)</i></p>	<p>Children ever born alive <i>(enter total number)</i></p>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>16 Children living in this household now <i>(enter number)</i></p>	<p>Children living in this household now <i>(enter number)</i></p>	<p>Children living in this household now <i>(enter number)</i></p>	<p>Children living in this household now <i>(enter number)</i></p>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>17 Children living elsewhere <i>(enter number)</i></p> <p>Elsewhere in St Helena <input type="text"/></p> <p>Overseas <input type="text"/></p>	<p>Children living elsewhere <i>(enter number)</i></p> <p>Elsewhere in St Helena <input type="text"/></p> <p>Overseas <input type="text"/></p>	<p>Children living elsewhere <i>(enter number)</i></p> <p>Elsewhere in St Helena <input type="text"/></p> <p>Overseas <input type="text"/></p>	<p>Children living elsewhere <i>(enter number)</i></p> <p>Elsewhere in St Helena <input type="text"/></p> <p>Overseas <input type="text"/></p>
<p>18 Children dead <i>(enter number)</i></p>	<p>Children dead <i>(enter number)</i></p>	<p>Children dead <i>(enter number)</i></p>	<p>Children dead <i>(enter number)</i></p>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>19 Date of birth of last born child e.g. 12.6.65</p>	<p>Date of birth of last born child</p>	<p>Date of birth of last born child</p>	<p>Date of birth of last born child</p>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE 2: PERSON INFORMATION

Tick one box for each question unless otherwise stated.

1 Person No. 5 (in CAPITALS)	Person No. 6 (in CAPITALS)	Person No. 7 (in CAPITALS)	Person No. 8 (in CAPITALS)
Name and surname in full <input type="text"/>	Name and surname in full <input type="text"/>	Name and surname in full <input type="text"/>	Name and surname in full <input type="text"/>
2 Sex: Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex: Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex: Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex: Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
3 Date of birth Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>

TO BE COMPLETED BY ALL PERSONS AGE 12 OR OVER

14 Nature of business/industry eg Agriculture, forestry, transport, retailing (if Government, state Department)	Nature of business/industry eg Agriculture, forestry, transport, retailing (if Government, state Department)	Nature of business/industry eg Agriculture, forestry, transport, retailing (if Government, state Department)	Nature of business/industry eg Agriculture, forestry, transport, retailing (if Government, state Department)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TO BE COMPLETED BY ALL FEMALES 12 YEARS OR OVER

15 Children ever born alive (enter total number) <input type="text"/>	Children ever born alive (enter total number) <input type="text"/>	Children ever born alive (enter total number) <input type="text"/>	Children ever born alive (enter total number) <input type="text"/>
16 Children living in this household now (enter number) <input type="text"/>	Children living in this household now (enter number) <input type="text"/>	Children living in this household now (enter number) <input type="text"/>	Children living in this household now (enter number) <input type="text"/>
17 Children living elsewhere (enter number) Elsewhere in St Helena <input type="text"/> Overseas <input type="text"/>	Children living elsewhere (enter number) Elsewhere in St Helena <input type="text"/> Overseas <input type="text"/>	Children living elsewhere (enter number) Elsewhere in St Helena <input type="text"/> Overseas <input type="text"/>	Children living elsewhere (enter number) Elsewhere in St Helena <input type="text"/> Overseas <input type="text"/>
18 Children dead (enter number) <input type="text"/>	Children dead (enter number) <input type="text"/>	Children dead (enter number) <input type="text"/>	Children dead (enter number) <input type="text"/>
19 Date of birth of last born child c.g. 12.6.65 <input type="text"/>	Date of birth of last born child <input type="text"/>	Date of birth of last born child <input type="text"/>	Date of birth of last born child <input type="text"/>

CONFIDENTIAL

1998 CENSUS OF ST HELENA

SCHEDULE 3 HOUSEHOLD MEMBERS LIVING OUTSIDE OF ST HELENA

HN	<input type="text"/>	<input type="text"/>	<input type="text"/>
SN	<input type="text"/>	<input type="text"/>	<input type="text"/>

(INCLUDE ONLY PERSONS EXPECTED TO RETURN TO RESIDE PERMANENTLY WITHIN 2 YEARS)

1. Person No. 1 (in CAPITALS)	Person No. 2 (in CAPITALS)	Person No. 3 (in CAPITALS)	Person No. 4 (in CAPITALS)
Name and surname in full <input type="text"/>	Name and surname in full <input type="text"/>	Name and surname in full <input type="text"/>	Name and surname in full <input type="text"/>
2. Sex: 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/>	Sex: 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/>	Sex: 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/>	Sex: 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/>
3. Age last birthday (in years) <input type="text"/>	Age last birthday (in years) <input type="text"/>	Age last birthday (in years) <input type="text"/>	Age last birthday (in years) <input type="text"/>
4. Marital Status: Never married <input type="checkbox"/> 1 Married (first) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Separated <input type="checkbox"/> 4 Divorced <input type="checkbox"/> 5 Widowed <input type="checkbox"/> 6	Marital Status: Never married <input type="checkbox"/> 1 Married (first) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Separated <input type="checkbox"/> 4 Divorced <input type="checkbox"/> 5 Widowed <input type="checkbox"/> 6	Marital Status: Never married <input type="checkbox"/> 1 Married (first) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Separated <input type="checkbox"/> 4 Divorced <input type="checkbox"/> 5 Widowed <input type="checkbox"/> 6	Marital Status: Never married <input type="checkbox"/> 1 Married (first) <input type="checkbox"/> 2 Re-married <input type="checkbox"/> 3 Separated <input type="checkbox"/> 4 Divorced <input type="checkbox"/> 5 Widowed <input type="checkbox"/> 6
5. Relation to Head of Household: Spouse <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother <input type="checkbox"/> 4 Sister <input type="checkbox"/> 5 Nephew <input type="checkbox"/> 6 Niece <input type="checkbox"/> 7 Grandchild <input type="checkbox"/> 8 Parent <input type="checkbox"/> 9 In-law <input type="checkbox"/> 10 Other (Specify) <input type="text"/>	Relation to Head of Household: Spouse <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother <input type="checkbox"/> 4 Sister <input type="checkbox"/> 5 Nephew <input type="checkbox"/> 6 Niece <input type="checkbox"/> 7 Grandchild <input type="checkbox"/> 8 Parent <input type="checkbox"/> 9 In-law <input type="checkbox"/> 10 Other (Specify) <input type="text"/>	Relation to Head of Household: Spouse <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother <input type="checkbox"/> 4 Sister <input type="checkbox"/> 5 Nephew <input type="checkbox"/> 6 Niece <input type="checkbox"/> 7 Grandchild <input type="checkbox"/> 8 Parent <input type="checkbox"/> 9 In-law <input type="checkbox"/> 10 Other (Specify) <input type="text"/>	Relation to Head of Household: Spouse <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Brother <input type="checkbox"/> 4 Sister <input type="checkbox"/> 5 Nephew <input type="checkbox"/> 6 Niece <input type="checkbox"/> 7 Grandchild <input type="checkbox"/> 8 Parent <input type="checkbox"/> 9 In-law <input type="checkbox"/> 10 Other (Specify) <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Country of Present Residence: Ascension <input type="checkbox"/> 1 U.K. <input type="checkbox"/> 2 Falklands <input type="checkbox"/> 3 South Africa <input type="checkbox"/> 4 Other (specify) <input type="text"/>	Country of Present Residence: Ascension <input type="checkbox"/> 1 U.K. <input type="checkbox"/> 2 Falklands <input type="checkbox"/> 3 South Africa <input type="checkbox"/> 4 Other (specify) <input type="text"/>	Country of Present Residence: Ascension <input type="checkbox"/> 1 U.K. <input type="checkbox"/> 2 Falklands <input type="checkbox"/> 3 South Africa <input type="checkbox"/> 4 Other (specify) <input type="text"/>	Country of Present Residence: Ascension <input type="checkbox"/> 1 U.K. <input type="checkbox"/> 2 Falklands <input type="checkbox"/> 3 South Africa <input type="checkbox"/> 4 Other (specify) <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Occupation <input type="text"/>	Occupation <input type="text"/>	Occupation <input type="text"/>	Occupation <input type="text"/>
<i>e.g. Technician, Teacher, Driver etc.</i>	<i>e.g. Technician, Teacher, Driver etc.</i>	<i>e.g. Technician, Teacher, Driver etc.</i>	<i>e.g. Technician, Teacher, Driver etc.</i>
8. Left St Helena: Month <input type="text"/> Year <input type="text"/>	Left St Helena: Month <input type="text"/> Year <input type="text"/>	Left St Helena: Month <input type="text"/> Year <input type="text"/>	Left St Helena: Month <input type="text"/> Year <input type="text"/>
9. Expected to return: Month <input type="text"/> Year <input type="text"/>	Expected to return: Month <input type="text"/> Year <input type="text"/>	Expected to return: Month <input type="text"/> Year <input type="text"/>	Expected to return: Month <input type="text"/> Year <input type="text"/>

DECLARATION (schedule 3)

I declare this to be a true return.

Signed.....

(by or on behalf of the person in charge of this dwelling)

.....
(Enumerator)

.....
(Supervisor)