

In strict confidence

1981 Census Wales

lw Form for making an Individual Return

Please complete this census form and have it ready for collection as early as possible on the morning of **Monday 6 April 1981**.

This census is being held in accordance with a decision made by Parliament. Completion of this form is compulsory under the Census Act 1920. If you refuse to complete it, or if you give false information, you may have to pay a fine of up to £50.

Your replies will be treated in STRICT CONFIDENCE. They will be used to produce statistics but your name and address will NOT be fed into the census computer. After the census, the forms will be locked away for 100 years before they are passed to the Public Record Office.

When you have completed the form please sign the declaration on the last page. $% \label{eq:complete}$

A R THATCHER Registrar General

Office of Population Censuses and Surveys PO Box 200 Portsmouth PO2 8HH

Telephone: 0329-42511

To be completed by the Enumerator					
Census District	Enumeration District	Form Number	Serial Number		
To be completed or other person is	by the Manager, Chief F n charge of the Establish	Resident Officer, Co	mmanding Officer		
_					
Name of establishme					
*********	nt or vessel				
*********	nt or vessel				
Name of establishme Address	nt or vessel				

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Where boxes are provided please answer by putting a tick against the answer which applies. For example, if the answer to the marital status question is 'Single', tick box 1 thus:	1 Name Write surname and forename(s) (BLOCK CAPITALS please) For a baby who has not yet been given a name write 'BABY' and the surname.	Name and surname
1 🗹 Single		
Please use ink or ballpoint pen.		
	2 Sex Please tick the appropriate box.	Sex Female
Overseas visitor	3 Date of birth	Date of birth
If you are an overseas visitor, that is;	Write the day, month and year of birth.	Day Month Year
 if you normally reside overseas, 		
 are not working or seeking work in England, Scotland or Wales and are visiting this country for less than 1 month, you need only answer 	4 Marital status Please tick the box showing the present marital status. If separated but not divorced please tick 'Married (1st marriage)' or 'Re-married' as appropriate.	Marital status 1 Single 2 Married (1st marriage) 3 Re-married 4 Divorced 5 Widowed
questions 1 to 13.	5 Position in establishment	
	Please write in your position in this establishment.	
	For example write 'Guest', 'Patient', 'Inmate', 'Staff', 'Student', 'Boarder', 'Crew', 'Passenger'.	
	If you are completing the form in a private household, your relationship to the person making the return for the rest of the household should be stated.	
	6 Whereabouts on night of 5-6 April 1981	Not applicable to this form.
	7 Usual address If you usually live here please tick 'This address'. If not, tick 'Elsewhere' and write in your usual address. If you are a student or a schoolchild away from home during term time your home address should be taken as your usual address.	This address Elsewhere – write your usual address and postcode Address (BLOCK CAPITALS please)
		including Postcode
	8 Usual address one year ago If your usual address one year ago, on 5 April 1980, was the same as that given in answer to question 7 please tick 'Same'. If not, please tick 'Different' and write in your usual address. For a child born since 5 April 1980 write 'UNDER ONE'.	Same as at Question 7 Different – write your address and postcode on 5 April 1980 Address (BLOCK CAPITALS please)
		including Postcode
	9 Country of birth Please tick the appropriate box.	Country of birth 1
	If box $\boldsymbol{\theta}$ is ticked please write in the present name of the country in which the birthplace is now situated.	Elsewhere. Please write the present name of the country.

	÷		
	W Welsh language		
	For persons aged 3 or over (born before 6 April 1978).		a Speak Welsh
	Do you speak Welsh? Please tick the appropriate how		1 ☐ YES ☐ NO
	if you speak Welsh, do	you also	b if YES do you also
	Speak English? Read Welsh?		1 Speak English?
	Write Welsh?		2 Read Welsh?
	THE TYPEST()		1
	Answers to remaining		4 Write Welsh?
	age (born after 5 Apr	g questions are not required foil 1965)	or persons under 16 years of
	Please tick all boxes are	retired, housewife, etc last week	In a full sime int
	A inh (box 1 and box 2)		1 In a full-time job at any time last week
		is any type of work for pay or profit but	2 In a part-time job at any time last week
	casual or temporary wor	k	1
	work on your own account		3 Waiting to take up a job already accepted
	work in a family business	5	4 Seeking work
	part-time work even if only for a few hours A part-time job (box 2) is a job in which the hours worked, excluding any overtime, are usually 30 hours or less per week.		1
	Tick how ton hour	PS. WCGK.	Prevented by temporary sickness from seeking work
	for all or part of the week becau	ours or less per week. iate, if you had a job but were not at work use you were:	6 Permanently sick or disabled
	temporarily laid off on strike		7 Housewife
	sick		8 Wholly retired from
	If you are a full time at the	k box 9 parametra	employment
	appropriate boxes.	Sox o as well as any other	At school or a full-time student at an educational
	in which training is also given, s	me student, if you are in a paid occupatior uch as a student nurse, an apprentice or a	establishment not provided by an employer
	management trainee.	an apprentice or a	O Other, please specify
	Questions about preser	nt or previous employment	
		please answer sweet	
	last week If you were wholly	please answer questions 11-1 during the week.	5 in respect of the main job
Notes for Armed Forces,	retired	1	
CIVII Servants and local	If you'were out of work last week	1.	
government officers	If you were prevented	please answer questions 11-1; recent full-time job, if any Lea	3 in respect of the most
Armed Forces	Irom Working become	3 in respect of the most we questions 14 and 15	
If you are a member of the Armed Forces – write 'ARMED FORCES' at 11a: if you are	Permanent sickness or		
Armed Fores are a member of the		J	
than the UK – add the name of the country.	If you are not in any of the categories above or have	please write 'Not applicable'	
At 12a give your rank or rating	not nad a previous job	please write 'Not applicable' at questions 12-15 blank.	question 11 and leave
	11 Name and business of	employer (if self-employed the	
Questions 11b, 12b and 13 should not be answered.	name and nature of the	person's business)	
Civil servants	one is used and avoid using a	employer. Give the trading name if	a Name of employer
If you are a civil servant - give the	If you are a mamban and	and of finitials.	
write 'COVERNIA TIMENT at 11a,	questions 11-15.	med Forces, a civil servant or a notes alongside before answering	
DEPARTMENT' at 11b and 'CIVIL SERVANT' at 12a.		our employer (or you if self-employed)	
At 12h for a new test	makes or does.	out employer (or you if self-employed)	 Nature of business
servant – give your rank or grade only.	If you are employed in private domestic service write 'Domestic Service'.		
At 12b for an industrial civil			
ger vant - give your job title only.	12 Occupation		
Local government officers	Please give full and precise details of your		8 Occupation
If you are a local government officer or other public official -	that name is known in the trade or industry by a special name		a Occupation
authority or me local	and tool fitter, 'hard be used, for example, 'radio-mechania', 'ii-		
employed at the	occir as mechanic, 'fitter', 'fore	eman'.	
At 128 give your rank on and	b Please describe the actual work done.		b Description of work
	Question 16 should be answe	red if you are and to	J
		. ou in you are aged 18 or over	PLEASE TURN OVER

PLEASE TURN OVER -

13 Employment status	1 Apprentice or articled	
Please tick the appropriate box. Box 3 should be ticked if you have management or supervisory	2 Employee not supervising other employees	
responsibility for other employees. Box 2 should be ticked if you are employed as a quality control inspector	3 Employee supervising	
and concerned only with the technical quality of a product.	other employees Self-employed not	
	employing others	
	5 others	
14 Address of place of work Please give the full address of your place of work.	Full address and postcode of workplace	
If you are employed on a site for a long period give the address of the site.	Address (BLOCK CAPITALS please)	
If you do not work regularly at one place and report daily to a depot or other fixed address, give that address.		
	including	
	Postcode	
If you do not report daily to a fixed address tick box 1. If you work mainly at home tick box 2.	1 No fixed place 2 Mainly at home	
15 Daily journey to work	1 British Rail train	
Please tick the appropriate box to show how the longest part, by distance,	Underground, tube, metro,	
of your daily journey to work is normally made. If you use different means of transport on different days show the means	Bus, minibus or coach	
most often used. Car or van includes three-wheeled cars and motor caravans.	(public or private) Motor cycle, scooter,	
	moped	
	5 driving	
	6 Car or van — driver 7 Car or van — passenger	
	8 Pedal cycle	
	9 On foot 0 Other (please specify)	
	0 Works mainly at home	
16 Degrees, professional and vocational qualifications	1 NO — none of these	
Have you obtained any qualifications after the age of 18 such as:	2 YES — give details	
Degrees, Diplomas, HNC, HND, Nursing qualifications, Teaching qualifications,	Title	Title
Graduate or corporate membership of professional institutions,	Subject(s)	Subject(s)
Other professional, educational or vocational qualifications? Exclude qualifications normally obtained at school, such as GCE, CSE and	Year	Year
School Certificates.	Institution	Institution
If box 2 is ticked write in all qualifications even if they are not relevant to your present job or if you are not working.		
Please list the qualifications in the order in which they were obtained. Write for each qualification:	Title	Title
the title	Subject(s)	Subject(s)
the major subject or subjects the year obtained and		
the awarding institution	Year	Year
If more than four, please enter in the space top right.	institution	institution
Declaration		
This form is correctly completed to the best of my knowledge and belief.		
Signature		
Į.	Date	April 1