



1991 Census
NORTHERN IRELAND
H Form for Private Households

To the Head or Joint Heads or members of the Household aged 16 or over

Please complete this form for all members of the household, including children, and have it ready for collection on Monday 22nd April. Your Census Enumerator will call to collect it then or soon afterwards and will help you with the form if you have any difficulties. The enclosed leaflet explains why the Census is necessary and how the information is used.

Completion of the form is compulsory under the Census Act (Northern Ireland) 1969. If you refuse to complete it, or give false information, you may have to pay a fine of up to £400. There is no penalty for refusing to state religious denomination as this is a voluntary question.

Your answers will be treated in strict confidence and used only to produce statistics. No names and addresses will be put into the computer; only the postcode will be entered. The forms will be kept securely and treated as confidential. No information about named individuals will be passed by the Census Office to any other Government Department or to any other authority or person.

Anyone using or disclosing census information improperly will be liable to prosecution. For example, it would be improper for you to pass on to someone else information which you have been given in confidence by a visitor to enable you to complete the Census Form.

If any member of the household aged 16 or over does not wish you, or another member of the household, to see their information, please ask the Enumerator for an Individual Form with an envelope.

After completing the form, please sign the declaration on the last page. Thank you for your co-operation.

R McMurray
Registrar General

Please read these instructions before filling in this form

A Household:

A household comprises either one person living alone or a group of people (not necessarily related) living at the same address with common housekeeping - that is, sharing at least one meal a day or sharing a living room or sitting room.

People staying temporarily with the household are included.

- ▶ If there is more than one household in this building, answer for your household only.
- ▶ First check **Panel A** and then answer questions **H1** on **this page** and **H2** to **H5** on the **back page**.
- ▶ When you have answered the household questions, answer the questions on the **inside pages** about each member of your household.
- ▶ If a member of the household is completing an Individual Form please enter their name and answer questions 5 and 6 on this form.
- ▶ Then complete **Panel B** and **Panel C** on the back page.
- ▶ Answer each question by ticking the appropriate box or boxes where they are provided.
- ▶ Please write in ink or ballpoint pen.

Enquiries to:
Census Office
Department of Health and Social Services
The Buildings
Stormont
BELFAST BT9 7RA
Telephone Belfast 763939

FOR OFFICE USE ONLY										
E.D. No.	1		Form No. (Grid Reference)				Males	Females		
District Council			Ward				Townland			
Town or Village						BUA Code	Family Type			
Street etc. with No. or name of house										
Postcode	B	T								
Name of head of household										

Panel A
To be completed by the Enumerator and amended, if necessary, by the person(s) signing this form.

Tick one box to show the type of accommodation which this household occupies.

A caravan or other mobile or temporary structure 1

A whole house or bungalow that is { detached 2
semi-detached 3
terraced (include end of terrace) 4

The whole of a purpose built flat or maisonette { in a commercial building (for example in an office building or hotel or over a shop) 5
in a block of flats 6

Part of a converted or shared house, bungalow or flat { separate entrance into the building 7
shared entrance into the building 8

H 1 Accommodation
If box 7 or box 8 in Panel A is ticked, tick one box below to show the type of accommodation which your household occupies.

A one roomed flatlet with private bath or shower, WC and kitchen facilities. 1

One room or bedsit, not self-contained (to move from your room to bathroom, WC or kitchen facility you have to use a hall, landing or stairway open to other households). 2

A self-contained flat or accommodation with 2 or more rooms, having bath or shower, WC and kitchen facilities all behind its own private door. 3

2 or more rooms, not self-contained (to move between rooms or to bathroom, WC, or kitchen facilities you have to use a hall, landing or stairway open to other households). 4

Please turn to the back page and answer questions H2 to H5 →

1-3 Name, sex and date of birth of people to be included

Important - please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if you know they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Northern Ireland on Sunday 21st April and who has not been included as present on another census form.
- ▶ any baby born before 22 April, even if still in hospital. If not yet given a name write **BABY** and the surname.
- ▶ **Write the names in BLOCK CAPITALS starting with the head of a joint head of household.**

4 Marital status

On the 21st April what is the person's marital status?

If separated but not divorced, please tick 'Married (first marriage)' or 'Re-married' as appropriate. Please tick one box.

5 Relationship in household

Tick the box which indicates the relationship of each person to the person in the first column.

A stepchild or adopted child should be included as the son or daughter of the step or adoptive parent.

Write in relationship of 'Other relative' - for example, father, daughter-in-law, niece, uncle, cousin. Write in position in household of an 'Unrelated' person - for example, boarder, housekeeper, friend, flatmate, foster child.

6 Whereabouts on night of 21-22 April 1991

Please tick the appropriate box to indicate where the person was on the night of 21-22 April 1991.

7 All married, widowed, separated and divorced women

All married, widowed, separated and divorced women in the household.

- a - enter in Box 1 the total number of children born alive to her.
- b - enter in Box 2 how many of these children were born alive after 21st April 1990.

8 Usual address

If the person usually lives here please tick 'This address'. If not, tick 'Elsewhere' and write in the person's usual address.

For students and children away from home during term time, the home address should be taken as the usual address.

For any person who lives away from home for part of the week, the home address should be taken as the usual address.

Any person who is not a permanent member of the household should be asked what he or she considers to be his or her usual address.

9 Term time address of students and school children

If not a student or schoolchild, please tick first box.

For a student or schoolchild who lives here during term time, tick 'This address'.

If he or she does not live here during term time, tick 'Elsewhere' and write in the current or most recent term time address.

Person No. 1		21
Name and surname		
Sex	Male	<input type="checkbox"/> 1
	Female	<input type="checkbox"/> 2
Date of birth		
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
Single <input type="checkbox"/> 1 (never married) Married <input type="checkbox"/> 2 (first marriage) Re-married <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 (decree absolute) Widowed <input type="checkbox"/> 5		
At this address, out on night work or travelling to this address <input type="checkbox"/> 1 Elsewhere in Northern Ireland <input type="checkbox"/> 2 Outside Northern Ireland <input type="checkbox"/> 3		
a	Number of children	<input type="text"/> 1
b	Number of children	<input type="text"/> 2
This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> 2 If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> Postcode <input type="text"/>		
Not a student or schoolchild <input type="checkbox"/> 1 This address <input type="checkbox"/> 2 Elsewhere <input type="checkbox"/> 3 If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> Postcode <input type="text"/>		

Person No. 2		22
Name and surname		
Sex	Male	<input type="checkbox"/> 1
	Female	<input type="checkbox"/> 2
Date of birth		
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
Single <input type="checkbox"/> 1 (never married) Married <input type="checkbox"/> 2 (first marriage) Re-married <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 (decree absolute) Widowed <input type="checkbox"/> 5		
Relationship to Person No. 1 Husband or wife <input type="checkbox"/> 1 Living together as a couple <input type="checkbox"/> 2 Son or daughter <input type="checkbox"/> 3 Other relative <input type="checkbox"/> 4 <i>please specify</i> <input type="text"/> <input type="text"/> Unrelated <input type="checkbox"/> 5 <i>please specify</i> <input type="text"/> <input type="text"/>		
At this address, out on night work or travelling to this address <input type="checkbox"/> 1 Elsewhere in Northern Ireland <input type="checkbox"/> 2 Outside Northern Ireland <input type="checkbox"/> 3		
a	Number of children	<input type="text"/> 1
b	Number of children	<input type="text"/> 2
This address <input type="checkbox"/> 1 Elsewhere <input type="checkbox"/> 2 If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> Postcode <input type="text"/>		
Not a student or schoolchild <input type="checkbox"/> 1 This address <input type="checkbox"/> 2 Elsewhere <input type="checkbox"/> 3 If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS <input type="text"/> <input type="text"/> Postcode <input type="text"/>		

1-3 Name, sex and date of birth of people to be included

Important - please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if you know they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Northern Ireland on Sunday 21st April and who has not been included as present on another census form.
- ▶ any baby born before 22 April, even if still in hospital. If not yet given a name write **BABY** and the surname.
- ▶ **Write the names in BLOCK CAPITALS starting with the head or a joint head of household.**

Person No. 1 21	Person No. 2 22
Name and surname <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Name and surname <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day Month Year <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	Date of birth Day Month Year <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>

Please read A below, tick the box that applies and follow the instruction by the box ticked. This will tell you which questions to answer for each person.

A Did the person have a paid job last week or do unpaid work in a family business, including a shop or farm (any of the boxes 1, 2, 3, 4 or 5 ticked at question 15)?

B Has the person had a paid job within the last 10 years?

16 Hours worked a week

How many hours a week does or did the person usually work in his or her main job?

Do not count overtime or meal breaks.

17 Occupation

Please give the full title of the person's present or last job and describe the main things he/she does or did in the job.

At a, give the full title by which the job is known, for example: 'padding machinist'; 'poultry processor'; 'jig and tool fitter'; 'supervisor of typists'; 'accounts clerk'; rather than general titles like 'machinist'; 'process worker'; 'supervisor' or 'clerk'. Give rank or grade if the person has one.

At b, write down the main things the person actually does or did in the job. If possible ask him/her to say what these things are and write them down.

Armed Forces - enter 'commissioned officer' or 'other rank' as appropriate at **a**, and leave **b** blank.

Civil Servants - give grade at **a**, and at **b** state discipline or specialism, for example: 'electrical engineer'; 'accountant'; 'chemist'; 'administrator'.

Other Public Officials - give rank or grade at **a** and description of duties at **b**.

18 Name and business of employer (if self-employed give the name and nature of person's business)

At a, please give the name of the employer. Give the trading name if one is used. Do not use abbreviations.

At b, describe clearly what the employer (or the person if self-employed) makes or does (or did).

Armed Forces - write 'Armed Forces' at **a** and leave **b** blank. For a member of the Armed Forces of a country other than the UK - add the name of the country.

Civil Servants - give name of Department at **a** and write 'Government Department' at **b**.

Other Public Officials - give name of employing authority at **a** and department in which employed at **b**.

<p>YES <input type="checkbox"/> Answer questions 16, 17, 18, 19 and 20 about the main job last week, then go to question 21</p> <p>NO <input type="checkbox"/> Answer B</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17, 18, 19 and 20 about the main job last week, then go to question 21</p> <p>NO <input type="checkbox"/> Answer B</p>
<p>YES <input type="checkbox"/> Answer questions 16, 17 and 18 about the most recent job, then go on to question 21</p> <p>NO <input type="checkbox"/> Go on to question 21</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17 and 18 about the most recent job, then go on to question 21</p> <p>NO <input type="checkbox"/> Go on to question 21</p>
<p>Number of hours worked a week <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p>	<p>Number of hours worked a week <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p>
<p>a Full job title <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>	<p>a Full job title <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>
<p>b Main things done in job <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>	<p>b Main things done in job <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>
<p>a Name of employer <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>	<p>a Name of employer <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>
<p>b Description of employer's business <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>	<p>b Description of employer's business <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>

Please turn over →

Person No. 3 23

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Person No. 4 24

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Person No. 5 25

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Person No. 6 26

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

This question is for all persons aged 3 or over (born before 22nd April 1988)

Can speak Irish 1
Can read Irish 2
Can write Irish 4
Does not know Irish 0

Can speak Irish 1
Can read Irish 2
Can write Irish 4
Does not know Irish 0

Can speak Irish 1
Can read Irish 2
Can write Irish 4
Does not know Irish 0

Can speak Irish 1
Can read Irish 2
Can write Irish 4
Does not know Irish 0

Answers to the remaining questions are not required for any person under 16 years of age (born after 21st April 1975)

Was working for an employer full time (more than 30 hours a week) 1

Was working for an employer part time (one hour or more a week) 2

Was self-employed, employing other people 3

Was self-employed, not employing other people 4

Unpaid work 5

Was on a government employment or training scheme 6

Was waiting to start a job he/she had already accepted 7

Was unemployed and looking for a job 8

Was at school or in other full time education 9

Was unable to work because of long term sickness or disability 10

Was retired from paid work 11

Was looking after the home or family 12

Other 13
please specify

Was working for an employer full time (more than 30 hours a week) 1

Was working for an employer part time (one hour or more a week) 2

Was self-employed, employing other people 3

Was self-employed, not employing other people 4

Unpaid work 5

Was on a government employment or training scheme 6

Was waiting to start a job he/she had already accepted 7

Was unemployed and looking for a job 8

Was at school or in other full time education 9

Was unable to work because of long term sickness or disability 10

Was retired from paid work 11

Was looking after the home or family 12

Other 13
please specify

Was working for an employer full time (more than 30 hours a week) 1

Was working for an employer part time (one hour or more a week) 2

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Unpaid work 5

Was on a government employment or training scheme 6

Was waiting to start a job he/she had already accepted 7

Was unemployed and looking for a job 8

Was at school or in other full time education 9

Was unable to work because of long term sickness or disability 10

Was retired from paid work 11

Was looking after the home or family 12

Other 13
please specify

Was working for an employer full time (more than 30 hours a week) 1

Was working for an employer part time (one hour or more a week) 2

Was self-employed, employing other people 3

Was self-employed, not employing other people 4

Unpaid work 5

Was on a government employment or training scheme 6

Was waiting to start a job he/she had already accepted 7

Was unemployed and looking for a job 8

Was at school or in other full time education 9

Was unable to work because of long term sickness or disability 10

Was retired from paid work 11

Was looking after the home or family 12

Other 13
please specify

Please turn over →

1-3 Name, sex and date of birth of people to be included

Important - please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if you know they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Northern Ireland on Sunday 21st April and who has not been included as present on another census form.
- ▶ any baby born before 22 April, even if still in hospital. If not yet given a name write **BABY** and the surname.
- ▶ **Write the names in BLOCK CAPITALS starting with the head or a joint head of household.**

Person No. 1 21	Person No. 2 22
Name and surname <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Name and surname <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day Month Year <div style="display: flex; justify-content: space-between;"><input type="text"/><input type="text"/><input type="text"/></div>	Date of birth Day Month Year <div style="display: flex; justify-content: space-between;"><input type="text"/><input type="text"/><input type="text"/></div>

This question is for all persons aged 3 or over (born before 22nd April 1988)

14 Irish language

Can the person speak, read or write Irish?

Please tick the appropriate box(es).

Can speak Irish <input type="checkbox"/> 1 Can read Irish <input type="checkbox"/> 2 Can write Irish <input type="checkbox"/> 4 Does not know Irish <input type="checkbox"/> 0	Can speak Irish <input type="checkbox"/> 1 Can read Irish <input type="checkbox"/> 2 Can write Irish <input type="checkbox"/> 4 Does not know Irish <input type="checkbox"/> 0
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Answers to the remaining questions are not required for any person under 16 years of age (born after 21st April 1975)

15 Whether working, retired, looking after the home etc. last week

Which of the following things was the person doing **last week**?

Please read carefully right through the list. If the person did more than one of the things listed last week, **tick all the descriptions that apply**

Casual or temporary work should be counted at boxes 1, 2, 3 or 4. Also tick boxes 1, 2, 3 or 4 if the person had a job last week but was off sick, on holiday, temporarily laid off or on strike. Working for an employer is **part time** if the hours worked, excluding any overtime and meal breaks, are usually 30 hours or less a week (box 2).

Unpaid work in a family business including a shop or farm.

Include for example ACE Scheme, Youth Training Programme and Job Training Programme.

Include any person wanting a job but prevented by holiday or temporary sickness from looking for one.

Do not count training given or paid for by an employer.

Include voluntary work and any other activity.

Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1 Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2 Was self-employed, employing other people <input type="checkbox"/> 3 Was self-employed, not employing other people <input type="checkbox"/> 4 Unpaid work <input type="checkbox"/> 5 Was on a government employment or training scheme <input type="checkbox"/> 6 Was waiting to start a job he/she had already accepted <input type="checkbox"/> 7 Was unemployed and looking for a job <input type="checkbox"/> 8 Was at school or in other full time education <input type="checkbox"/> 9 Was unable to work because of long term sickness or disability <input type="checkbox"/> 10 Was retired from paid work <input type="checkbox"/> 11 Was looking after the home or family <input type="checkbox"/> 12 Other <input type="checkbox"/> 13 <i>please specify</i>	Was working for an employer full time (more than 30 hours a week) <input type="checkbox"/> 1 Was working for an employer part time (one hour or more a week) <input type="checkbox"/> 2 Was self-employed, employing other people <input type="checkbox"/> 3 Was self-employed, not employing other people <input type="checkbox"/> 4 Unpaid work <input type="checkbox"/> 5 Was on a government employment or training scheme <input type="checkbox"/> 6 Was waiting to start a job he/she had already accepted <input type="checkbox"/> 7 Was unemployed and looking for a job <input type="checkbox"/> 8 Was at school or in other full time education <input type="checkbox"/> 9 Was unable to work because of long term sickness or disability <input type="checkbox"/> 10 Was retired from paid work <input type="checkbox"/> 11 Was looking after the home or family <input type="checkbox"/> 12 Other <input type="checkbox"/> 13 <i>please specify</i>
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Person No. 3 23

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Same as Question 8 1
Different 2
Child under one 3

If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS

Postcode

Northern Ireland 1
England 2
Scotland 3
Wales 4
Republic of Ireland 5
Elsewhere 6

If 'Elsewhere', please write in the present name of the country

Religion

Yes, has a health problem which limits activities 1
Has no such health problem 2

Person No. 4 24

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Same as Question 8 1
Different 2
Child under one 3

If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS

Postcode

Northern Ireland 1
England 2
Scotland 3
Wales 4
Republic of Ireland 5
Elsewhere 6

If 'Elsewhere', please write in the present name of the country

Religion

Yes, has a health problem which limits activities 1
Has no such health problem 2

Person No. 5 25

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Same as Question 8 1
Different 2
Child under one 3

If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS

Postcode

Northern Ireland 1
England 2
Scotland 3
Wales 4
Republic of Ireland 5
Elsewhere 6

If 'Elsewhere', please write in the present name of the country

Religion

Yes, has a health problem which limits activities 1
Has no such health problem 2

Person No. 6 26

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Same as Question 8 1
Different 2
Child under one 3

If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS

Postcode

Northern Ireland 1
England 2
Scotland 3
Wales 4
Republic of Ireland 5
Elsewhere 6

If 'Elsewhere', please write in the present name of the country

Religion

Yes, has a health problem which limits activities 1
Has no such health problem 2

1-3 Name, sex and date of birth of people to be included

Important - please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if you know they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Northern Ireland on Sunday 21st April and who has not been included as present on another census form.
- ▶ any baby born before 22 April, even if still in hospital. If not yet given a name write **BABY** and the surname.
- ▶ **Write the names in BLOCK CAPITALS starting with the head or a joint head of household.**

10 Usual address one year ago

If the person's usual address one year ago (on the 21st April 1990) was the same as his or her current usual address (given in answer to question 8), please tick 'Same'. If not tick 'Different' and write in the usual address one year ago.

If everyone on the form has moved from the same address, please write the address in full for the first person and indicate with an arrow that this applies to the other people on the form.

For a child born since 21st April 1990, tick the 'Child under one' box.

11 Country of birth

Please tick the appropriate box.

12 Religion

Please state the Religion, Religious Denomination or Body to which the person belongs. The general term 'Protestant' should not be used alone and the denomination should be given as precisely as possible.

If none write NONE.

13 Long term illness

Does the person have any long term illness, health problem or handicap which limits his/her daily activities or the work he/she can do?

Include problems which are due to old age.

Person No. 1 21	Person No. 2 22																								
<p>Name and surname</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2</p> <p>Date of birth</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">Day</td> <td style="border: 1px solid black; width: 20px;">Month</td> <td style="border: 1px solid black; width: 20px;">Year</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table> <p>Same as Question 8 <input type="checkbox"/> 1 Different <input type="checkbox"/> 2 Child under one <input type="checkbox"/> 3</p> <p>If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Postcode</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table> <p>Northern Ireland <input type="checkbox"/> 1 England <input type="checkbox"/> 2 Scotland <input type="checkbox"/> 3 Wales <input type="checkbox"/> 4 Republic of Ireland <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> 6</p> <p>If 'Elsewhere', please write in the present name of the country</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Religion</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2</p>	Day	Month	Year										<p>Name and surname</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2</p> <p>Date of birth</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">Day</td> <td style="border: 1px solid black; width: 20px;">Month</td> <td style="border: 1px solid black; width: 20px;">Year</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table> <p>Same as Question 8 <input type="checkbox"/> 1 Different <input type="checkbox"/> 2 Child under one <input type="checkbox"/> 3</p> <p>If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Postcode</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table> <p>Northern Ireland <input type="checkbox"/> 1 England <input type="checkbox"/> 2 Scotland <input type="checkbox"/> 3 Wales <input type="checkbox"/> 4 Republic of Ireland <input type="checkbox"/> 5 Elsewhere <input type="checkbox"/> 6</p> <p>If 'Elsewhere', please write in the present name of the country</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Religion</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Yes, has a health problem which limits activities <input type="checkbox"/> 1 Has no such health problem <input type="checkbox"/> 2</p>	Day	Month	Year									
Day	Month	Year																							
Day	Month	Year																							

Person No. 3 23

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Single 1 (never married)
Married 2 (first marriage)
Re-married 3
Divorced 4 (decree absolute)
Widowed 5

Relationship to Person No.1
Husband or wife 1
Living together as a couple 2
Son or daughter 3
Other relative 4
please specify
Unrelated 5
please specify

At this address, out on night work or travelling to this address 1
Elsewhere in Northern Ireland 2
Outside Northern Ireland 3

a Number of children 1
b Number of children 2

This address 1
Elsewhere 2
If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS
Postcode

Not a student or schoolchild 1
This address 2
Elsewhere 3
If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS
Postcode

Person No. 4 24

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Single 1 (never married)
Married 2 (first marriage)
Re-married 3
Divorced 4 (decree absolute)
Widowed 5

Relationship to Person No.1
Husband or wife 1
Living together as a couple 2
Son or daughter 3
Other relative 4
please specify
Unrelated 5
please specify

At this address, out on night work or travelling to this address 1
Elsewhere in Northern Ireland 2
Outside Northern Ireland 3

a Number of children 1
b Number of children 2

This address 1
Elsewhere 2
If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS
Postcode

Not a student or schoolchild 1
This address 2
Elsewhere 3
If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS
Postcode

Person No. 5 25

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Single 1 (never married)
Married 2 (first marriage)
Re-married 3
Divorced 4 (decree absolute)
Widowed 5

Relationship to Person No.1
Husband or wife 1
Living together as a couple 2
Son or daughter 3
Other relative 4
please specify
Unrelated 5
please specify

At this address, out on night work or travelling to this address 1
Elsewhere in Northern Ireland 2
Outside Northern Ireland 3

a Number of children 1
b Number of children 2

This address 1
Elsewhere 2
If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS
Postcode

Not a student or schoolchild 1
This address 2
Elsewhere 3
If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS
Postcode

Person No. 6 26

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Single 1 (never married)
Married 2 (first marriage)
Re-married 3
Divorced 4 (decree absolute)
Widowed 5

Relationship to Person No.1
Husband or wife 1
Living together as a couple 2
Son or daughter 3
Other relative 4
please specify
Unrelated 5
please specify

At this address, out on night work or travelling to this address 1
Elsewhere in Northern Ireland 2
Outside Northern Ireland 3

a Number of children 1
b Number of children 2

This address 1
Elsewhere 2
If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS
Postcode

Not a student or schoolchild 1
This address 2
Elsewhere 3
If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS
Postcode

Person No. 3	23	Person No. 4	24	Person No. 5	25	Person No. 6	26
Name and surname		Name and surname		Name and surname		Name and surname	
Sex Male <input type="checkbox"/> 1		Sex Male <input type="checkbox"/> 1		Sex Male <input type="checkbox"/> 1		Sex Male <input type="checkbox"/> 1	
Female <input type="checkbox"/> 2		Female <input type="checkbox"/> 2		Female <input type="checkbox"/> 2		Female <input type="checkbox"/> 2	
Date of birth		Date of birth		Date of birth		Date of birth	
Day	Month	Year	Day	Month	Year	Day	Month
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please read A below, tick the box that applies and follow the instruction by the box ticked. This will tell you which questions to answer for each person.

<p>YES <input type="checkbox"/> Answer questions 16, 17, 18, 19 and 20 about the main job last week, then go to question 21</p> <p>NO <input type="checkbox"/> Answer B</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17, 18, 19 and 20 about the main job last week, then go to question 21</p> <p>NO <input type="checkbox"/> Answer B</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17, 18, 19 and 20 about the main job last week, then go to question 21</p> <p>NO <input type="checkbox"/> Answer B</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17, 18, 19 and 20 about the main job last week, then go to question 21</p> <p>NO <input type="checkbox"/> Answer B</p>
<p>YES <input type="checkbox"/> Answer questions 16, 17 and 18 about the most recent job, then go on to question 21</p> <p>NO <input type="checkbox"/> Go on to question 21</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17 and 18 about the most recent job, then go on to question 21</p> <p>NO <input type="checkbox"/> Go on to question 21</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17 and 18 about the most recent job, then go on to question 21</p> <p>NO <input type="checkbox"/> Go on to question 21</p>	<p>YES <input type="checkbox"/> Answer questions 16, 17 and 18 about the most recent job, then go on to question 21</p> <p>NO <input type="checkbox"/> Go on to question 21</p>
Number of hours worked a week	Number of hours worked a week	Number of hours worked a week	Number of hours worked a week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
a Full job title	a Full job title	a Full job title	a Full job title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b Main things done in job	b Main things done in job	b Main things done in job	b Main things done in job
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
a Name of employer	a Name of employer	a Name of employer	a Name of employer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b Description of employer's business	b Description of employer's business	b Description of employer's business	b Description of employer's business
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please turn over →

Please answer questions H2-H5 about your household's accommodation

H 2 Rooms 7

Please count the number of rooms your household has for its own use.

Do not count: small kitchens under 2 metres (6 feet 6 inches) wide
bathrooms
toilets

Do count: living room
bedrooms
kitchens at least 2 metres (6 feet 6 inches) wide
all other rooms in your accommodation

Total number of rooms is

H 5 Cars and vans

Please tick the appropriate box to indicate the number of cars and vans normally available for use by you or members of your household (other than visitors).

Exclude any car or van provided by employers if normally available for use by you or members of your household, but exclude vans used only for carrying goods.

None 0
One 1
Two 2
Three or more 3

H 3 Tenure

Please tick the box which best describes how you and your household occupy your accommodation.

As an owner occupier:

through mortgage or loan 1
owning the property outright 2

By renting, rent free or by lease:

from a public authority (for example NI Housing Executive) 3
from a housing association or charitable trust 4
unfurnished from a private landlord, company or other organisation 5
furnished from a private landlord, company or other organisation 6

In some other way: Please give details below 7

Please turn to the first inside page

Panel B

Was there anyone else (such as a visitor) here on the night of 21-22 April whom you have not included because there was no room on the form? No
Yes

If yes ticked, please ask the Enumerator for another form.

Have you left anyone out because you were not sure when they should be included on the form? No
Yes

If yes ticked, please give their names and the reason why you were not sure about including them.

Name
Reason

Name
Reason

Name
Reason

H 4 Amenities

Does your household - that is you and any people who usually live here with you - have the use of:

● A fixed bath or shower permanently connected to a water supply and waste pipe?
Yes - for use only by this household 1
Yes - for use also by another household 2
No - no bath or shower available 3

● A flush toilet (WC) with entrance inside the building?
Yes - for use only by this household 0
Yes - for use also by another household 1
No - flush toilet with outside entrance only 2
No - no flush toilet indoors or outdoors 3

● Central heating in living rooms and bedrooms (including night storage heaters, warm air or under-floor heating) whether actually used or not?
Yes - all living rooms and bedrooms centrally heated 1
Yes - some (not all) living rooms and bedrooms centrally heated 2
No - no living rooms or bedrooms centrally heated 3

● Water supply?
Public supply piped into the house 1
Public supply at a standpipe 2
Other 3

● Domestic sewage disposal?
Public Sewer 1
Septic tank/cesspit for use only by this household 2
Septic tank/cesspit for use also by another household 3
Dry closet/chemical toilet 4

Panel C

Before you sign the form will you please check:

- that all questions which should have been answered have been answered for every member of your household
- that you have included everyone who spent the night of 21-22 April in your household
- that you have included everyone who usually lives here but was away from home on the night of 21-22 April
- that no visitors, boarders or newly born children, even if still in hospital, have been missed

It would help the Enumerator to be able to telephone you if there is a query on, or an omission from, your form.

If you have no objection, please write your telephone number here.

Telephone number

Declaration

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

Signature(s)

Date April 1991

Name and surname

Blank box for name and surname

Sex Male 1
Female 2

Date of birth

Day Month Year grid

Please write full address and postcode of workplace below in BLOCK CAPITALS

Address lines

Postcode grid

No fixed place 1
Mainly at home 2

- Train 1
Public service bus 2
Employer's bus 3
Motor cycle, moped, scooter 4
Car or van-pool, sharing driving 5
Driving a car or van 6
Passenger in a car or van 7
Pedal cycle 8
On foot 9
Other 10

please specify

Blank box for specification

Works mainly at home 11

- Degree level or higher 1
BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND 2
GCE 'A' Level, Advanced Senior Certificate 3
BTEC (National), TEC (National), BEC (National), ONC, OND 4
GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) 5
CSE (other than Grade 1) 6
No formal qualifications as above 7

Blank box for qualifications

Grid for additional information

Name and surname

Blank box for name and surname

Sex Male 1
Female 2

Date of birth

Day Month Year grid

Please write full address and postcode of workplace below in BLOCK CAPITALS

Address lines

Postcode grid

No fixed place 1
Mainly at home 2

- Train 1
Public service bus 2
Employer's bus 3
Motor cycle, moped, scooter 4
Car or van-pool, sharing driving 5
Driving a car or van 6
Passenger in a car or van 7
Pedal cycle 8
On foot 9
Other 10

please specify

Blank box for specification

Works mainly at home 11

- Degree level or higher 1
BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND 2
GCE 'A' Level, Advanced Senior Certificate 3
BTEC (National), TEC (National), BEC (National), ONC, OND 4
GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) 5
CSE (other than Grade 1) 6
No formal qualifications as above 7

Blank box for qualifications

Grid for additional information

Name and surname

Blank box for name and surname

Sex Male 1
Female 2

Date of birth

Day Month Year grid

Please write full address and postcode of workplace below in BLOCK CAPITALS

Address lines

Postcode grid

No fixed place 1
Mainly at home 2

- Train 1
Public service bus 2
Employer's bus 3
Motor cycle, moped, scooter 4
Car or van-pool, sharing driving 5
Driving a car or van 6
Passenger in a car or van 7
Pedal cycle 8
On foot 9
Other 10

please specify

Blank box for specification

Works mainly at home 11

- Degree level or higher 1
BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND 2
GCE 'A' Level, Advanced Senior Certificate 3
BTEC (National), TEC (National), BEC (National), ONC, OND 4
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CSE (other than Grade 1) 6
No formal qualifications as above 7

Blank box for qualifications

Grid for additional information

Name and surname

Blank box for name and surname

Sex Male 1
Female 2

Date of birth

Day Month Year grid

Please write full address and postcode of workplace below in BLOCK CAPITALS

Address lines

Postcode grid

No fixed place 1
Mainly at home 2

- Train 1
Public service bus 2
Employer's bus 3
Motor cycle, moped, scooter 4
Car or van-pool, sharing driving 5
Driving a car or van 6
Passenger in a car or van 7
Pedal cycle 8
On foot 9
Other 10

please specify

Blank box for specification

Works mainly at home 11

- Degree level or higher 1
BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND 2
GCE 'A' Level, Advanced Senior Certificate 3
BTEC (National), TEC (National), BEC (National), ONC, OND 4
GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) 5
CSE (other than Grade 1) 6
No formal qualifications as above 7

Blank box for qualifications

Grid for additional information

1-3 Name, sex and date of birth of people to be included

Important - please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- ▶ any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if you know they are being included on another census form elsewhere.
- ▶ anyone who arrives here on Monday 22nd April who was in Northern Ireland on Sunday 21st April and who has not been included as present on another census form.
- ▶ any baby born before 22 April, even if still in hospital. If not yet given a name write **BABY** and the surname.
- ▶ **Write the names in BLOCK CAPITALS starting with the head or a joint head of household.**

19 Address of place of work

Please give the full address of the person's place of work.

For a person employed on a site for a long period give the address of the site.

For a person not working regularly at one place who reports daily to a depot or other fixed address, give that address.

For a person not reporting daily to a fixed address, tick box 1.

For a person working mainly at home, tick box 2.

Armed Forces - leave blank.

20 Daily journey to work

Please tick the appropriate box to show how the longest part, by distance, of the person's daily journey to work is normally made.

For a person using different means of transport on different days, show the means most often used.

Car or van includes three-wheeled cars and motor tricycles.

21 Academic, professional and vocational qualifications

A. Please tick the appropriate boxes if the person has obtained any of the qualifications listed aside.

B. Has the person obtained professional or vocational qualifications such as nursing or teaching qualifications?
If yes, please state qualifications held.

Person No. 1		21
Name and surname		
Sex	Male <input type="checkbox"/> 1	
	Female <input type="checkbox"/> 2	
Date of birth		
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
Please write full address and postcode of workplace below in BLOCK CAPITALS		
Postcode		
<input type="text"/>		
	No fixed place <input type="checkbox"/> 1	
	Mainly at home <input type="checkbox"/> 2	
Train <input type="checkbox"/> 1 Public service bus <input type="checkbox"/> 2 Employer's bus <input type="checkbox"/> 3 Motor cycle, moped, scooter <input type="checkbox"/> 4 Car or van-pool, sharing driving <input type="checkbox"/> 5 Driving a car or van <input type="checkbox"/> 6 Passenger in a car or van <input type="checkbox"/> 7 Pedal cycle <input type="checkbox"/> 8 On foot <input type="checkbox"/> 9 Other <input type="checkbox"/> 10 please specify <input type="text"/>		
	Works mainly at home <input type="checkbox"/> 11	
Degree level or higher <input type="checkbox"/> 1 BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND <input type="checkbox"/> 2 GCE 'A' Level, Advanced Senior Certificate <input type="checkbox"/> 3 BTEC (National), TEC (National), BEC (National), ONC, OND <input type="checkbox"/> 4 GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) <input type="checkbox"/> 5 CSE (other than Grade 1) <input type="checkbox"/> 6 No formal qualifications as above <input type="checkbox"/> 7		

Person No. 2		22
Name and surname		
Sex	Male <input type="checkbox"/> 1	
	Female <input type="checkbox"/> 2	
Date of birth		
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
Please write full address and postcode of workplace below in BLOCK CAPITALS		
Postcode		
<input type="text"/>		
	No fixed place <input type="checkbox"/> 1	
	Mainly at home <input type="checkbox"/> 2	
Train <input type="checkbox"/> 1 Public service bus <input type="checkbox"/> 2 Employer's bus <input type="checkbox"/> 3 Motor cycle, moped, scooter <input type="checkbox"/> 4 Car or van-pool, sharing driving <input type="checkbox"/> 5 Driving a car or van <input type="checkbox"/> 6 Passenger in a car or van <input type="checkbox"/> 7 Pedal cycle <input type="checkbox"/> 8 On foot <input type="checkbox"/> 9 Other <input type="checkbox"/> 10 please specify <input type="text"/>		
	Works mainly at home <input type="checkbox"/> 11	
Degree level or higher <input type="checkbox"/> 1 BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND <input type="checkbox"/> 2 GCE 'A' Level, Advanced Senior Certificate <input type="checkbox"/> 3 BTEC (National), TEC (National), BEC (National), ONC, OND <input type="checkbox"/> 4 GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) <input type="checkbox"/> 5 CSE (other than Grade 1) <input type="checkbox"/> 6 No formal qualifications as above <input type="checkbox"/> 7		