

IN STRICT CONFIDENCE



# 1981 CENSUS—NORTHERN IRELAND

## H Form for Private Households

A household comprises either one person living alone or a group of persons (who may or may not be related) living at the same address with common housekeeping. Persons staying temporarily with the household are included.

To the Head or Joint Heads or members of the Household.

Please complete this form and have it ready for collection by the Census enumerator who will call on **Monday 6 April 1981** or soon after that day. If you are not sure how to answer any of the questions, the enumerator will be glad to help you when he or she calls. He will also need to make sure that you have filled in all these entries and you should give him any information which he may need for this purpose.

Completion of this form is compulsory under the Census Act (Northern Ireland) 1969, and if you refuse to complete it or give false information you may have to pay a fine of up to £10. There is no penalty for refusing to state religious denomination as this is a voluntary question.

The legal obligation to fill in the form rests on **you** but each person who has to be included is required to give you the information which you need. However, if any member of the household who is aged 16 years or over does not wish to give you his personal information, please ask the enumerator for an individual form and envelope. The completed individual form can then be returned in the official envelope direct to the enumerator or to the local census officer and you need only answer questions 1, 5 and 6 on this form for that person. If the completed individual form is given to you in the envelope, you should pass it unopened to the enumerator.

The information which you give on the form will be treated as **STRICTLY CONFIDENTIAL** and will be used only for compiling statistics. No names and addresses will be fed into the computer and **no information about named individuals will be passed by the Census Office to any other Government Department or to any other Authority or person.** If anyone in the census organisation improperly discloses information which you provide, he will be liable to prosecution. Similarly, you must not disclose any information which anyone (for example, a visitor or boarder) gives you to enable you to complete the form.

When you have completed the form, please sign the declaration at the foot of the last page.

**Census Office  
Management Services Building II  
Stoney Road  
Stormont.  
BELFAST BT4 3UP  
Telephone: Belfast 760711**

**ERIC BOSTON  
Registrar General**

Where boxes are provided please answer by putting a tick in the box against the answer which applies. For example, if the answer to the marital status question is 'single', tick box 1 thus: 1  single. **Please use ink or ballpoint pen**

FOR ENUMERATOR'S USE ONLY					
E.D. No.	<b>1</b>	Form No.	Grid Reference	Males	Females
Local Authority		Ward		Townland	
Town or Village					
Street etc. with No. or name of house					
Name of head of household					

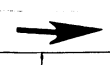
FOR OFFICIAL USE
Family type
Dwelling type
Planning code

PLEASE TURN OVER →

Where boxes are provided please tick the appropriate box (Please use ink or ballpoint pen)

1-2 Beginning with the head or joint head of the household include on this form:  
 (a) each person alive at midnight on 5 April 1981 who spends the night of 5-6 April in this household.  
 (b) each person who usually lives in this household but spends the night of 5-6 April elsewhere—include those in hospital, on holiday, at school or university even if they are being put on another census form elsewhere.  
 (c) all visitors, anyone on night work or travelling overnight to arrive in your household on 6 April.  
 (d) a new baby still in hospital—if not yet named enter 'BABY' in Forename column.

1st person	21	2nd person	22
Surname		Surname	
Forename(s)		Forename(s)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Day    Month    Year		Day    Month    Year	
1 <input type="checkbox"/> Single (never married) 2 <input type="checkbox"/> Married (1st marriage) 3 <input type="checkbox"/> Re-married 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed		1 <input type="checkbox"/> Single (never married) 2 <input type="checkbox"/> Married (1st marriage) 3 <input type="checkbox"/> Re-married 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed	
<b>5. Relationship in Household</b> Please tick the box which shows the relationship of each person to the person entered in the first column.  Please write in relationship of 'other relative'—for example, father, daughter-in-law, brother-in-law, niece, uncle, cousin, grandchild.  Please write in position in household of 'unrelated person'—for example, boarder, housekeeper, friend, flatmate, foster child etc.		<b>Relationship to 1st person</b> 1 <input type="checkbox"/> Husband or wife of first person 2 <input type="checkbox"/> Son or daughter of first person 3 <input type="checkbox"/> Other relative—please state: ..... 4 <input type="checkbox"/> Unrelated, please state: .....	
<b>6. Whereabouts on night of 5-6 April 1981</b> Please tick the appropriate box to indicate where the person was on the night of 5-6 April 1981.		1 <input type="checkbox"/> At this address, out on night work or travelling to this address 2 <input type="checkbox"/> Elsewhere in N. Ireland 3 <input type="checkbox"/> Outside N. Ireland	
<b>7. Usual Address</b> If the person usually lives here tick 'this address' box. If not then tick 'elsewhere' box and enter the person's usual address.  Students and children away from home during term-time should regard their home address as their usual address.  Boarders should decide if they consider this their usual address.  The home address should be taken as the usual address for a head of household who lives away from home for part of the week.		<input type="checkbox"/> This address <input type="checkbox"/> Elsewhere—please state below  <i>Block capitals please</i> Address ..... ..... .....	
<b>8. Usual Address one year ago</b> If the person's usual address one year ago (i.e. 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 the usual address.  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 5 April 1980 write 'UNDER ONE'.		<input type="checkbox"/> Same as Question 7 <input type="checkbox"/> Different—write the person's address on 5 April 1980 <i>Block capitals please</i> Address ..... ..... .....	
<b>9. Country of birth</b> If the person was born in Northern Ireland, Wales, Scotland, England or the Republic of Ireland please tick the appropriate box. If the person was born in another country tick box 6 'Elsewhere' and write the present name of that country.		1 <input type="checkbox"/> Northern Ireland 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> England 5 <input type="checkbox"/> Republic of Ireland 6 <input type="checkbox"/> Elsewhere Please write the present name of the country	
<b>10. Religion</b> 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.		Religion	



3rd person	23	4th person	24	5th person	25	6th person	26
Surname		Surname		Surname		Surname	
Forename(s)		Forename(s)		Forename(s)		Forename(s)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Day    Month    Year		Day    Month    Year		Day    Month    Year		Day    Month    Year	
1 <input type="checkbox"/> Single (never married) 2 <input type="checkbox"/> Married (1st marriage) 3 <input type="checkbox"/> Re-married 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed		1 <input type="checkbox"/> Single (never married) 2 <input type="checkbox"/> Married (1st marriage) 3 <input type="checkbox"/> Re-married 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed		1 <input type="checkbox"/> Single (never married) 2 <input type="checkbox"/> Married (1st marriage) 3 <input type="checkbox"/> Re-married 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed		1 <input type="checkbox"/> Single (never married) 2 <input type="checkbox"/> Married (1st marriage) 3 <input type="checkbox"/> Re-married 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed	
<b>Relationship to 1st person</b> 1 <input type="checkbox"/> Husband or wife of first person 2 <input type="checkbox"/> Son or daughter of first person 3 <input type="checkbox"/> Other relative—please state: ..... 4 <input type="checkbox"/> Unrelated, please state: .....		<b>Relationship to 1st person</b> 1 <input type="checkbox"/> Husband or wife of first person 2 <input type="checkbox"/> Son or daughter of first person 3 <input type="checkbox"/> Other relative—please state: ..... 4 <input type="checkbox"/> Unrelated, please state: .....		<b>Relationship to 1st person</b> 1 <input type="checkbox"/> Husband or wife of first person 2 <input type="checkbox"/> Son or daughter of first person 3 <input type="checkbox"/> Other relative—please state: ..... 4 <input type="checkbox"/> Unrelated, please state: .....		<b>Relationship to 1st person</b> 1 <input type="checkbox"/> Husband or wife of first person 2 <input type="checkbox"/> Son or daughter of first person 3 <input type="checkbox"/> Other relative—please state: ..... 4 <input type="checkbox"/> Unrelated, please state: .....	
1 <input type="checkbox"/> At this address, out on night work or travelling to this address 2 <input type="checkbox"/> Elsewhere in N. Ireland 3 <input type="checkbox"/> Outside N. Ireland		1 <input type="checkbox"/> At this address, out on night work or travelling to this address 2 <input type="checkbox"/> Elsewhere in N. Ireland 3 <input type="checkbox"/> Outside N. Ireland		1 <input type="checkbox"/> At this address, out on night work or travelling to this address 2 <input type="checkbox"/> Elsewhere in N. Ireland 3 <input type="checkbox"/> Outside N. Ireland		1 <input type="checkbox"/> At this address, out on night work or travelling to this address 2 <input type="checkbox"/> Elsewhere in N. Ireland 3 <input type="checkbox"/> Outside N. Ireland	
<input type="checkbox"/> This address <input type="checkbox"/> Elsewhere—please state below <i>Block capitals please</i> Address ..... ..... .....		<input type="checkbox"/> This address <input type="checkbox"/> Elsewhere—please state below <i>Block capitals please</i> Address ..... ..... .....		<input type="checkbox"/> This address <input type="checkbox"/> Elsewhere—please state below <i>Block capitals please</i> Address ..... ..... .....		<input type="checkbox"/> This address <input type="checkbox"/> Elsewhere—please state below <i>Block capitals please</i> Address ..... ..... .....	
<input type="checkbox"/> Same as Question 7 <input type="checkbox"/> Different—write the person's address on 5 April 1980 <i>Block capitals please</i> Address ..... ..... .....		<input type="checkbox"/> Same as Question 7 <input type="checkbox"/> Different—write the person's address on 5 April 1980 <i>Block capitals please</i> Address ..... ..... .....		<input type="checkbox"/> Same as Question 7 <input type="checkbox"/> Different—write the person's address on 5 April 1980 <i>Block capitals please</i> Address ..... ..... .....		<input type="checkbox"/> Same as Question 7 <input type="checkbox"/> Different—write the person's address on 5 April 1980 <i>Block capitals please</i> Address ..... ..... .....	
1 <input type="checkbox"/> Northern Ireland 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> England 5 <input type="checkbox"/> Republic of Ireland 6 <input type="checkbox"/> Elsewhere Please write the present name of the country ..... .....		1 <input type="checkbox"/> Northern Ireland 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> England 5 <input type="checkbox"/> Republic of Ireland 6 <input type="checkbox"/> Elsewhere Please write the present name of the country ..... .....		1 <input type="checkbox"/> Northern Ireland 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> England 5 <input type="checkbox"/> Republic of Ireland 6 <input type="checkbox"/> Elsewhere Please write the present name of the country ..... .....		1 <input type="checkbox"/> Northern Ireland 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> England 5 <input type="checkbox"/> Republic of Ireland 6 <input type="checkbox"/> Elsewhere Please write the present name of the country ..... .....	
Religion ..... .....		Religion ..... .....		Religion ..... .....		Religion ..... .....	

Where boxes are provided please tick the appropriate box (Please use ink or ballpoint pen)

**1-2** Beginning with the head or joint head of the household include on this form:  
 (a) each person alive at midnight on 5 April 1981 who spends the night of 5-6 April in this household.  
 (b) each person who usually lives in this household but spends the night of 5-6 April elsewhere—include those in hospital, on holiday, at school or university even if they are being put on another census form elsewhere.  
 (c) all visitors, anyone on night work or travelling overnight to arrive in your household on 6 April.  
 (d) a new baby still in hospital—if not yet named enter 'BABY' in Forename column.

1st person	21	2nd person	22
Surname		Surname	
Forename(s)		Forename(s)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Day Month Year		Day Month Year	

**3. Date of birth**

Note: Questions 11 to 17 do not apply to persons under 16 years of age (born after 5 April 1965)

**11. Whether working, retired, housewife, etc. last week**

Please tick all boxes appropriate to the person's activity last week.

**A job** (box 1 and box 2) means any work for pay or profit but not unpaid work. It includes:

- casual or temporary work
- work on a person's own account
- work in a family business
- 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.

Tick box 1 or box 2, as appropriate, if the person had a job but was not at work for all or part of the week because he or she was:

- on holiday
- temporarily laid off
- on strike
- sick

For a full-time student tick box 9 as well as any other appropriate boxes.

Do not count as a full-time student, a person in a paid occupation in which training is also given, such as a student nurse, an apprentice or a management trainee.

31	32
<input type="checkbox"/> In a full-time job at any time last week	<input type="checkbox"/> In a full-time job at any time last week
<input type="checkbox"/> In a part-time job at any time last week	<input type="checkbox"/> In a part-time job at any time last week
<input type="checkbox"/> Waiting to take up a job already accepted	<input type="checkbox"/> Waiting to take up a job already accepted
<input type="checkbox"/> Seeking work	<input type="checkbox"/> Seeking work
<input type="checkbox"/> Prevented by temporary sickness from seeking work	<input type="checkbox"/> Prevented by temporary sickness from seeking work
<input type="checkbox"/> Permanently sick or disabled	<input type="checkbox"/> Permanently sick or disabled
<input type="checkbox"/> Housewife	<input type="checkbox"/> Housewife
<input type="checkbox"/> Wholly retired from employment	<input type="checkbox"/> Wholly retired from employment
<input type="checkbox"/> At school or a full time student at an educational establishment not provided by an employer	<input type="checkbox"/> At school or a full time student at an educational establishment not provided by an employer
<input type="checkbox"/> Other, please specify	<input type="checkbox"/> Other, please specify

**Questions about present or previous employment**

For persons in a job last week

For persons wholly retired  
 For persons out of work last week

For persons prevented from working because of permanent sickness or disablement

For other persons including those with no previous job

— please answer questions 12-16 in respect of the main job during the week.  
 — please answer questions 12-14 in respect of the most recent full-time job, if any.  
 — please write 'Not applicable' at question 12 and leave questions 13-16 blank.

**12. Name and Business of Employer (if self-employed the name and nature of the person's business)**

At (a) give the trading name if one is used and avoid abbreviations or initials. At (b) please describe clearly what the employer (or self-employed person) makes or does.

For members of the Armed Forces, civil servants and local government officers see note 1 on back page before answering this question.

For a person employed in private domestic service please write 'Domestic Service'.

a Name of Employer	a Name of Employer
b Nature of business	b Nature of business

**13. Occupation**

At (a) please give full and precise details of the person's occupation. Terms such as fitter or engineer should not be used by themselves. Greater detail is required, for example, tool-room fitter, electrical engineer etc. If unemployed or retired state the usual occupation when working.

At (b) describe the actual work done.

**Civil Servants:** At (a) civil servants should write 'Civil Servant' and at (b) non-industrial civil servants should state their rank or grade and industrial civil servants should give the job title only, for example, radio mechanic or wood working machinist.

**Other Public Officials:** Local Government and other public officials should give their rank or grade at (a) and complete (b).

**Armed Forces:** Members should give their rank or rating at (a) and leave (b) blank.

a Occupation	a Occupation
b Description of work	b Description of work

**14. Employment Status**

Please tick one box only.

Members of the Armed Forces should not answer this question.

EMPLOYEE  
 SELF EMPLOYED

<input type="checkbox"/> Apprentice or articled trainee	<input type="checkbox"/> Apprentice or articled trainee
<input type="checkbox"/> Employee not supervising other employees	<input type="checkbox"/> Employee not supervising other employees
<input type="checkbox"/> Employee supervising other employees	<input type="checkbox"/> Employee supervising other employees
<input type="checkbox"/> Self-employed, not employing others	<input type="checkbox"/> Self-employed, not employing others
<input type="checkbox"/> Self-employed, employing others	<input type="checkbox"/> Self-employed, employing others

3rd person	23	4th person	24	5th person	25	6th person	26
Surname		Surname		Surname		Surname	
Forename(s)		Forename(s)		Forename(s)		Forename(s)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Day Month Year		Day Month Year		Day Month Year		Day Month Year	

NOTE: Questions 11 to 17 do not apply to person under 16 years of age (born after 5 April 1965)

<p>1 <input type="checkbox"/> In a full-time job at any time last week</p> <p>2 <input type="checkbox"/> In a part-time job at any time last week</p> <p>3 <input type="checkbox"/> Waiting to take up a job already accepted</p> <p>4 <input type="checkbox"/> Seeking work</p> <p>5 <input type="checkbox"/> Prevented by temporary sickness from seeking work</p> <p>6 <input type="checkbox"/> Permanently sick or disabled</p> <p>7 <input type="checkbox"/> Housewife</p> <p>8 <input type="checkbox"/> Wholly retired from employment</p> <p>9 <input type="checkbox"/> At school or a full time student at an educational establishment not provided by an employer</p> <p>0 <input type="checkbox"/> Other, please specify</p>	33	<p>1 <input type="checkbox"/> In a full-time job at any time last week</p> <p>2 <input type="checkbox"/> In a part-time job at any time last week</p> <p>3 <input type="checkbox"/> Waiting to take up a job already accepted</p> <p>4 <input type="checkbox"/> Seeking work</p> <p>5 <input type="checkbox"/> Prevented by temporary sickness from seeking work</p> <p>6 <input type="checkbox"/> Permanently sick or disabled</p> <p>7 <input type="checkbox"/> Housewife</p> <p>8 <input type="checkbox"/> Wholly retired from employment</p> <p>9 <input type="checkbox"/> At school or a full time student at an educational establishment not provided by an employer</p> <p>0 <input type="checkbox"/> Other, please specify</p>	34	<p>1 <input type="checkbox"/> In a full-time job at any time last week</p> <p>2 <input type="checkbox"/> In a part-time job at any time last week</p> <p>3 <input type="checkbox"/> Waiting to take up a job already accepted</p> <p>4 <input type="checkbox"/> Seeking work</p> <p>5 <input type="checkbox"/> Prevented by temporary sickness from seeking work</p> <p>6 <input type="checkbox"/> Permanently sick or disabled</p> <p>7 <input type="checkbox"/> Housewife</p> <p>8 <input type="checkbox"/> Wholly retired from employment</p> <p>9 <input type="checkbox"/> At school or a full time student at an educational establishment not provided by an employer</p> <p>0 <input type="checkbox"/> Other, please specify</p>	35	<p>1 <input type="checkbox"/> In a full-time job at any time last week</p> <p>2 <input type="checkbox"/> In a part-time job at any time last week</p> <p>3 <input type="checkbox"/> Waiting to take up a job already accepted</p> <p>4 <input type="checkbox"/> Seeking work</p> <p>5 <input type="checkbox"/> Prevented by temporary sickness from seeking work</p> <p>6 <input type="checkbox"/> Permanently sick or disabled</p> <p>7 <input type="checkbox"/> Housewife</p> <p>8 <input type="checkbox"/> Wholly retired from employment</p> <p>9 <input type="checkbox"/> At school or a full time student at an educational establishment not provided by an employer</p> <p>0 <input type="checkbox"/> Other, please specify</p>	36
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Leave questions 15 and 16 blank.

a Name of Employer	a Name of Employer	a Name of Employer	a Name of Employer
b Nature of business	b Nature of business	b Nature of business	b Nature of business
a Occupation	a Occupation	a Occupation	a Occupation
b Description of work	b Description of work	b Description of work	b Description of work
<p>1 <input type="checkbox"/> Apprentice or articled trainee</p> <p>2 <input type="checkbox"/> Employee not supervising other employees</p> <p>3 <input type="checkbox"/> Employee supervising other employees</p> <p>4 <input type="checkbox"/> Self-employed, not employing others</p> <p>5 <input type="checkbox"/> Self-employed, employing others</p>	<p>1 <input type="checkbox"/> Apprentice or articled trainee</p> <p>2 <input type="checkbox"/> Employee not supervising other employees</p> <p>3 <input type="checkbox"/> Employee supervising other employees</p> <p>4 <input type="checkbox"/> Self-employed, not employing others</p> <p>5 <input type="checkbox"/> Self-employed, employing others</p>	<p>1 <input type="checkbox"/> Apprentice or articled trainee</p> <p>2 <input type="checkbox"/> Employee not supervising other employees</p> <p>3 <input type="checkbox"/> Employee supervising other employees</p> <p>4 <input type="checkbox"/> Self-employed, not employing others</p> <p>5 <input type="checkbox"/> Self-employed, employing others</p>	<p>1 <input type="checkbox"/> Apprentice or articled trainee</p> <p>2 <input type="checkbox"/> Employee not supervising other employees</p> <p>3 <input type="checkbox"/> Employee supervising other employees</p> <p>4 <input type="checkbox"/> Self-employed, not employing others</p> <p>5 <input type="checkbox"/> Self-employed, employing others</p>

Where boxes are provided please tick the appropriate box (Please use ink or ballpoint pen)

**1-2 Beginning with the head or joint head of the household include on this form:**

(a) each person alive at midnight on 5 April 1981 who spends the night of 5-6 April in this household.

(b) each person who usually lives in this household but spends the night of 5-6 April elsewhere—include those in hospital, on holiday, at school or university even if they are being put on another census form elsewhere.

(c) all visitors, anyone on night work or travelling overnight to arrive in your household on 6 April.

(d) a new baby still in hospital—if not yet named enter 'BABY' in Forename column.

1st person	21	2nd person	22
Surname		Surname	
Forename(s)		Forename(s)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

**3. Date of birth**

Day	Month	Year	Day	Month	Year

**15. Address of place of work**

Please give the full address of the person's place of work. If the work is carried out mainly at home please tick box 2.

For a person not working regularly at one place or who travels during work (a) give the address of the depot or office to which the person reports daily or (b) if the person does not report to a fixed address please tick box 1.

If employed on site work for a long period give the address of the site.

Full address of workplace	41	Full address of workplace	42
.....		.....	
.....		.....	
.....		.....	
or please tick 1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home		or please tick 1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home	

**16. Daily journey to work and time journey starts**

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 caravans.

1 <input type="checkbox"/> Train		1 <input type="checkbox"/> Train	
2 <input type="checkbox"/> Public service bus		2 <input type="checkbox"/> Public service bus	
3 <input type="checkbox"/> Employer's bus		3 <input type="checkbox"/> Employer's bus	
4 <input type="checkbox"/> Motor cycle, moped, scooter,		4 <input type="checkbox"/> Motor cycle, moped, scooter,	
5 <input type="checkbox"/> Car or van—pool, sharing driving		5 <input type="checkbox"/> Car or van—pool, sharing driving	
6 <input type="checkbox"/> Car or van—driver		6 <input type="checkbox"/> Car or van—driver	
7 <input type="checkbox"/> Car or van—passenger		7 <input type="checkbox"/> Car or van—passenger	
8 <input type="checkbox"/> Pedal cycle		8 <input type="checkbox"/> Pedal cycle	
9 <input type="checkbox"/> On foot		9 <input type="checkbox"/> On foot	
10 <input type="checkbox"/> Other (please specify)		10 <input type="checkbox"/> Other (please specify)	
.....		.....	
11 <input type="checkbox"/> Works mainly at home		11 <input type="checkbox"/> Works mainly at home	
Please state below the time the journey to work usually starts		Please state below the time the journey to work usually starts	
* am/pm		* am/pm	

\* Delete am or pm

**17. Degrees, professional and vocational qualifications**

Has the person obtained any qualifications after the age of 18 such as:

- Degrees, Diplomas, HNC, HND,
- Nursing qualifications, Teaching qualifications,
- Graduate or corporate membership of professional institutions,
- Other professional, educational or vocational qualifications?

Exclude qualifications normally obtained at school such as GCE, CSE and School Certificates.

If box 2 is ticked write in all qualifications even if they are not relevant to the person's present job or if the person is not working.

Please list the qualifications in the order in which they were obtained.

Write for each qualification:

- the title
- the major subject or subjects
- the year obtained and
- the awarding institution

If more than three, please enter in a spare column and link with an arrow.

1 <input type="checkbox"/> No—none of these		1 <input type="checkbox"/> No—none of these	
2 <input type="checkbox"/> Yes—give details		2 <input type="checkbox"/> Yes—give details	
Title .....		Title .....	
Subject(s) .....		Subject(s) .....	
Year .....		Year .....	
Institution .....		Institution .....	
.....		.....	
Title .....		Title .....	
Subject(s) .....		Subject(s) .....	
Year .....		Year .....	
Institution .....		Institution .....	
.....		.....	
Title .....		Title .....	
Subject(s) .....		Subject(s) .....	
Year .....		Year .....	
Institution .....		Institution .....	

3rd person		23		4th person		24		5th person		25		6th person		26	
Surname				Surname				Surname				Surname			
Forename(s)				Forename(s)				Forename(s)				Forename(s)			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
Day Month Year				Day Month Year				Day Month Year				Day Month Year			
Full address of workplace		43		Full address of workplace		44		Full address of workplace		45		Full address of workplace		46	
or please tick 1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home				or please tick 1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home				or please tick 1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home				or please tick 1 <input type="checkbox"/> No fixed place 2 <input type="checkbox"/> Mainly at home			
1 <input type="checkbox"/> Train 2 <input type="checkbox"/> Public service bus 3 <input type="checkbox"/> Employer's bus 4 <input type="checkbox"/> Motor cycle, moped, scooter, 5 <input type="checkbox"/> Car or van—pool, sharing driving 6 <input type="checkbox"/> Car or van—driver 7 <input type="checkbox"/> Car or van—passenger 8 <input type="checkbox"/> Pedal cycle 9 <input type="checkbox"/> On foot 10 <input type="checkbox"/> Other (please specify)				1 <input type="checkbox"/> Train 2 <input type="checkbox"/> Public service bus 3 <input type="checkbox"/> Employer's bus 4 <input type="checkbox"/> Motor cycle, moped, scooter, 5 <input type="checkbox"/> Car or van—pool, sharing driving 6 <input type="checkbox"/> Car or van—driver 7 <input type="checkbox"/> Car or van—passenger 8 <input type="checkbox"/> Pedal cycle 9 <input type="checkbox"/> On foot 10 <input type="checkbox"/> Other (please specify)				1 <input type="checkbox"/> Train 2 <input type="checkbox"/> Public service bus 3 <input type="checkbox"/> Employer's bus 4 <input type="checkbox"/> Motor cycle, moped, scooter, 5 <input type="checkbox"/> Car or van—pool, sharing driving 6 <input type="checkbox"/> Car or van—driver 7 <input type="checkbox"/> Car or van—passenger 8 <input type="checkbox"/> Pedal cycle 9 <input type="checkbox"/> On foot 10 <input type="checkbox"/> Other (please specify)				1 <input type="checkbox"/> Train 2 <input type="checkbox"/> Public service bus 3 <input type="checkbox"/> Employer's bus 4 <input type="checkbox"/> Motor cycle, moped, scooter, 5 <input type="checkbox"/> Car or van—pool, sharing driving 6 <input type="checkbox"/> Car or van—driver 7 <input type="checkbox"/> Car or van—passenger 8 <input type="checkbox"/> Pedal cycle 9 <input type="checkbox"/> On foot 10 <input type="checkbox"/> Other (please specify)			
11 <input type="checkbox"/> Works mainly at home				11 <input type="checkbox"/> Works mainly at home				11 <input type="checkbox"/> Works mainly at home				11 <input type="checkbox"/> Works mainly at home			
Please state below the time the journey to work usually starts				Please state below the time the journey to work usually starts				Please state below the time the journey to work usually starts				Please state below the time the journey to work usually starts			
* am/pm				* am/pm				* am/pm				* am/pm			
1 <input type="checkbox"/> No—none of these 2 <input type="checkbox"/> Yes—give details				1 <input type="checkbox"/> No—none of these 2 <input type="checkbox"/> Yes—give details				1 <input type="checkbox"/> No—none of these 2 <input type="checkbox"/> Yes—give details				1 <input type="checkbox"/> No—none of these 2 <input type="checkbox"/> Yes—give details			
Title .....				Title .....				Title .....				Title .....			
Subject(s) .....				Subject(s) .....				Subject(s) .....				Subject(s) .....			
Year .....				Year .....				Year .....				Year .....			
Institution .....				Institution .....				Institution .....				Institution .....			
Title .....				Title .....				Title .....				Title .....			
Subject(s) .....				Subject(s) .....				Subject(s) .....				Subject(s) .....			
Year .....				Year .....				Year .....				Year .....			
Institution .....				Institution .....				Institution .....				Institution .....			
Title .....				Title .....				Title .....				Title .....			
Subject(s) .....				Subject(s) .....				Subject(s) .....				Subject(s) .....			
Year .....				Year .....				Year .....				Year .....			
Institution .....				Institution .....				Institution .....				Institution .....			

**W Please answer questions H1-H5 about your household's accommodation**

**H1 Rooms**  
Please count the rooms in your household's accommodation.

● Do not count:  
Kitchens less than 2 metres (6 feet 6 inches) wide, bathrooms, toilets, sculleries, closets, storerooms, landings, halls, recesses or rooms used for business, professional or trading purposes.

**Note**  
Rooms divided by curtains or portable screens count as one; those divided by a fixed or sliding partition count as two.

Number of rooms .....

**H2 Sharing**  
Do you share with any other household in the building the use of any room, landing, hall, passage or staircase?

Please tick one box only.

1  YES 2  NO

**H3 Tenure**  
Please tick the appropriate box to show how you and your household occupy your accommodation.

**As an owner occupier (including purchase by mortgage):**

1  of freehold property (for which no ground rent is paid)  
2  of leasehold property (for which ground rent is paid)

**By renting, rent free or by lease:**

3  from a public authority (e.g. N.I. Housing Executive)  
4  from a housing association or charitable trust  
5  unfurnished from a private landlord, company or other organisation  
6  furnished from a private landlord, company or other organisation

**In some other way:**

7  Please give details

**H4 Amenities**  
Has your household the use of the following amenities on these premises? Please tick the appropriate boxes.

● A fixed bath or shower permanently connected to a water supply and a waste pipe

1  Yes—for use only by this household  
2  Yes—for use also by another household  
3  No

● A flush toilet (WC) with entrance inside the building

1  Yes—for use only by this household  
2  Yes—for use also by another household  
3  No

● A flush toilet (WC) with entrance outside the building

1  Yes—for use only by this household  
2  Yes—for use also by another household  
3  No

**H4 Amenities (continued)**

● Water supply

1  Public supply piped into house  
2  Public supply at a standpipe  
3  Other

● Domestic sewage disposal

1  Public Sewer  
2  Septic tank/cesspit  
3  Dry closet/chemical toilet

● Central heating

**NOTE: Central heating is a heating system designed to heat two or more rooms. This includes electric storage radiators but not moveable electrical appliances such as electric fires or convector-type heaters.**

1  YES  
2  NO

● Which fuel or power is used to provide the main source of heating for your household? Please tick one box only.

1  Solid fuel (includes coal, anthracite, wood, turf)  
2  Electricity  
3  Oil (includes paraffin)  
4  Mains Gas  
5  Bottled Gas  
6  Other means—please specify

.....

● Does your household have any of the following forms of heating insulation?

**NOTE: More than one may be ticked.**

1  Roof space insulation  
2  Cavity wall insulation  
3  None

**H5 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).

0  None  
1  One  
2  Two  
3  Three or more

Include any car or van provided by employers if normally available for use by you or members of your household but exclude vans used solely for the carriage of goods.

**NOTE 1:** (see question 12) For civil servants, local government officers and other public officials please give the name of the government department, local authority or public body at (a). At (b) civil servants should write 'Government Department' and local government officers and others should state the branch in which they are employed. Members of the Armed Forces should write 'Armed Forces' at (a) and leave (b) blank. A member of the Armed Forces of a country other than the United Kingdom should state the name of the Country at (a) and leave (b) blank.

**Before you sign the form will you please check—**

- that all relevant questions have been answered
- that you have included everyone who spent the night of 5-6 April in your household
- that you have included anyone who usually lives here but was away from home on the night of 5-6 April
- that no children including new-born babies, visitors or boarders have been missed.

**Declaration** to be made by the person(s) completing the form.

I declare that this form is correctly completed to the best of my knowledge and belief.

Signature(s) .....

Date ..... April 1981