



In strict confidence

1981 Census England

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 householding. Persons staying temporarily with the household are included.

To the Head or Joint Heads or members of the Household

Please complete this census form and have it ready to be collected by the census enumerator for your area. He or she will call for the form on **Monday 6 April 1981** or soon after. If you are not sure how to complete any of the entries on the form, the enumerator will be glad to help you when he calls. He will also need to check that you have filled in all the entries.

This census is being held in accordance with a decision made by Parliament. The leaflet headed 'Census 1981' describes why it is necessary and how the information will be used. 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.

If any member of the household who is age 16 or over does not wish you or other members of the household to see his or her personal information, then please ask the enumerator for an extra form and an envelope. The enumerator will then explain how to proceed.

When you have completed the form, please sign the declaration in Panel C on the last page.

A R THATCHER
Registrar General

Office of Population Censuses and Surveys
PO Box 200 Portsmouth PO2 8HH
Telephone 0329-42511

Please answer questions H1 - H5 about your household's accommodation, check the answer in Panel A, answer questions 1-16 overleaf and Panel B on the back page. 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 Single

Please use ink or ballpoint pen.

To be completed by the Enumerator

| Census District | Enumeration District | Form Number | | | | | | | | | | |
|---|----------------------|-------------|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
| Name | | | | | | | | | | | | |
| Address | | | | | | | | | | | | |
| Postcode | | | | | | | | | | | | |
| <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Panel A

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

This household's accommodation is:

- In a caravan 20
- In any other mobile or temporary structure 30
- In a purpose-built block of flats or maisonettes 12
- In any other permanent building in which the entrance from outside the building is:
 - NOT SHARED with another household 10
 - SHARED with another household 11

H1 Rooms

Please count the rooms in your household's accommodation.

Do not count:

small kitchens, that is those under 2 metres (6ft 6ins) wide, bathrooms, WCs.

Number of rooms

Note

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

Rooms used solely for business, professional or trade purposes should be excluded.

H2 Tenure

How do you and your household occupy your accommodation? Please tick the appropriate box.

As an owner occupier (including purchase by mortgage):

- 1 of freehold property
- 2 of leasehold property

By renting, rent free or by lease:

- 3 from a local authority (council or New Town)
- 4 with a job, shop, farm or other business
- 5 from a housing association or charitable trust
- 6 furnished from a private landlord, company or other organisation
- 7 unfurnished from a private landlord, company or other organisation

In some other way:

- Please give details

Note

- a If the accommodation is occupied by lease originally granted for, or since extended to, more than 21 years, tick box 2.
- b If a share in the property is being bought under an arrangement with a local authority, New Town corporation or housing association, for example, shared ownership (equity sharing), a co-ownership scheme, tick box 1 or 2 as appropriate.

H3 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 fixed bath or shower
- 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 inside flush toilet (WC)
- 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 outside flush toilet (WC)

H4 Please answer this question if box 11 in Panel A is ticked.

Are your rooms (not counting a bathroom or WC) enclosed behind your own front door inside the building?

1 YES 2 NO

If your household has only one room (not including a bathroom or WC) please answer 'YES'.

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.

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

1-3 Include on your census form:

- all the persons who spend Census night 5-6 April 1981 in this household (including anyone visiting overnight and anyone who arrives here on the Monday and who has not been included as present on another census form).
- any persons who usually live with your household but who are absent on census night.
For example, on holiday, in hospital, at school or college. Include them even if you know they are being put on another census form elsewhere.

Write the names in the top row, starting with the head or a joint head of household (BLOCK CAPITALS please)

Include any newly born baby even if still in hospital. If not yet given a name write 'BABY' and the surname.

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.

5 Relationship in household

Please tick the box which indicates 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.

6 Whereabouts on night of 5-6 April 1981

Please tick the appropriate box to indicate where the person was on the night of 5-6 April 1981.

7 Usual address

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

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

Boarders should be asked what they consider to be their usual address.

8 Usual address one year ago

If the person's 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 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'.

9 Country of birth

Please tick the appropriate box.

If box 6 is ticked please write in the present name of the country in which the birthplace is now situated.

1st person

Name and surname

Sex

Male Female

Date of birth

Day Month Year

Marital status

- 1 Single
 2 Married (1st marriage)
 3 Re-married
 4 Divorced
 5 Widowed

2nd person

Name and surname

Sex

Male Female

Date of birth

Day Month Year

Marital status

- 1 Single
 2 Married (1st marriage)
 3 Re-married
 4 Divorced
 5 Widowed

Relationship to 1st person

- 01 Husband or wife
 02 Son or daughter
 Other relative, please specify

Unrelated, please specify

- 1 At this address, out on night work or travelling to this address
 2 Elsewhere in England, Wales or Scotland
 3 Outside Great Britain

- This address
 Elsewhere - write the person's usual address and postcode

Address (BLOCK CAPITALS please)

including Postcode

- 1 At this address, out on night work or travelling to this address
 2 Elsewhere in England, Wales or Scotland
 3 Outside Great Britain

- This address
 Elsewhere - write the person's usual address and postcode

Address (BLOCK CAPITALS please)

including Postcode

- Same as at Question 7
 Different - write the person's address and postcode on 5 April 1980

Address (BLOCK CAPITALS please)

including Postcode

- Same as at Question 7
 Different - write the person's address and postcode on 5 April 1980

Address (BLOCK CAPITALS please)

including Postcode

Country of birth

- 1 England
 2 Wales
 3 Scotland
 4 Northern Ireland
 5 Irish Republic
 Elsewhere. Please write the present name of the country.

Country of birth

- 1 England
 2 Wales
 3 Scotland
 4 Northern Ireland
 5 Irish Republic
 Elsewhere. Please write the present name of the country.

| 3rd person | 4th person | 5th person | 6th person |
|--|--|--|--|
| Name and surname | Name and surname | Name and surname | Name and surname |
| 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 |
| Date of birth | Date of birth | Date of birth | Date of birth |
| Marital status 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married (1st marriage) 3 <input type="checkbox"/> Re-married 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed | Marital status 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married (1st marriage) 3 <input type="checkbox"/> Re-married 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed | Marital status 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married (1st marriage) 3 <input type="checkbox"/> Re-married 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed | Marital status 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married (1st marriage) 3 <input type="checkbox"/> Re-married 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed |
| Relationship to 1st person 01 <input type="checkbox"/> Husband or wife 02 <input type="checkbox"/> Son or daughter <input type="checkbox"/> Other relative, please specify | Relationship to 1st person 01 <input type="checkbox"/> Husband or wife 02 <input type="checkbox"/> Son or daughter <input type="checkbox"/> Other relative, please specify | Relationship to 1st person 01 <input type="checkbox"/> Husband or wife 02 <input type="checkbox"/> Son or daughter <input type="checkbox"/> Other relative, please specify | Relationship to 1st person 01 <input type="checkbox"/> Husband or wife 02 <input type="checkbox"/> Son or daughter <input type="checkbox"/> Other relative, please specify |
| <input type="checkbox"/> Unrelated, please specify | <input type="checkbox"/> Unrelated, please specify | <input type="checkbox"/> Unrelated, please specify | <input type="checkbox"/> Unrelated, please specify |
| 1 <input type="checkbox"/> At this address, out on night work or travelling to this address 2 <input type="checkbox"/> Elsewhere in England, Wales or Scotland 3 <input type="checkbox"/> Outside Great Britain | 1 <input type="checkbox"/> At this address, out on night work or travelling to this address 2 <input type="checkbox"/> Elsewhere in England, Wales or Scotland 3 <input type="checkbox"/> Outside Great Britain | 1 <input type="checkbox"/> At this address, out on night work or travelling to this address 2 <input type="checkbox"/> Elsewhere in England, Wales or Scotland 3 <input type="checkbox"/> Outside Great Britain | 1 <input type="checkbox"/> At this address, out on night work or travelling to this address 2 <input type="checkbox"/> Elsewhere in England, Wales or Scotland 3 <input type="checkbox"/> Outside Great Britain |
| <input type="checkbox"/> This address <input type="checkbox"/> Elsewhere - write the person's usual address and postcode | <input type="checkbox"/> This address <input type="checkbox"/> Elsewhere - write the person's usual address and postcode | <input type="checkbox"/> This address <input type="checkbox"/> Elsewhere - write the person's usual address and postcode | <input type="checkbox"/> This address <input type="checkbox"/> Elsewhere - write the person's usual address and postcode |
| Address (BLOCK CAPITALS please) | Address (BLOCK CAPITALS please) | Address (BLOCK CAPITALS please) | Address (BLOCK CAPITALS please) |
| including Postcode | including Postcode | including Postcode | including Postcode |
| <input type="checkbox"/> Same as at Question 7 <input type="checkbox"/> Different - write the person's address and postcode on 5 April 1980 | <input type="checkbox"/> Same as at Question 7 <input type="checkbox"/> Different - write the person's address and postcode on 5 April 1980 | <input type="checkbox"/> Same as at Question 7 <input type="checkbox"/> Different - write the person's address and postcode on 5 April 1980 | <input type="checkbox"/> Same as at Question 7 <input type="checkbox"/> Different - write the person's address and postcode on 5 April 1980 |
| Address (BLOCK CAPITALS please) | Address (BLOCK CAPITALS please) | Address (BLOCK CAPITALS please) | Address (BLOCK CAPITALS please) |
| including Postcode | including Postcode | including Postcode | including Postcode |
| Country of birth 1 <input type="checkbox"/> England 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> Northern Ireland 5 <input type="checkbox"/> Irish Republic 6 <input type="checkbox"/> Elsewhere. Please write the present name of the country. | Country of birth 1 <input type="checkbox"/> England 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> Northern Ireland 5 <input type="checkbox"/> Irish Republic 6 <input type="checkbox"/> Elsewhere. Please write the present name of the country. | Country of birth 1 <input type="checkbox"/> England 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> Northern Ireland 5 <input type="checkbox"/> Irish Republic 6 <input type="checkbox"/> Elsewhere. Please write the present name of the country. | Country of birth 1 <input type="checkbox"/> England 2 <input type="checkbox"/> Wales 3 <input type="checkbox"/> Scotland 4 <input type="checkbox"/> Northern Ireland 5 <input type="checkbox"/> Irish Republic 6 <input type="checkbox"/> Elsewhere. Please write the present name of the country. |

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

1-3 Include on your census form:

- all the persons who spend Census night 5-6 April 1981 in this household (including anyone visiting overnight and anyone who arrives here on the Monday and who has not been included as present on another census form).
- any persons who usually live with your household but who are absent on census night.
For example, on holiday, in hospital, at school or college. Include them even if you know they are being put on another census form elsewhere.

Write the names in the top row, starting with the head or a joint head of household (BLOCK CAPITALS please)

Include any newly born baby even if still in hospital. If not yet given a name write 'BABY' and the surname.

| 1st person | 2nd person |
|--|--|
| Name and surname | Name and surname |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of birth Day Month Year | Date of birth Day Month Year |

Answers to remaining questions are not required for persons under 16 years of age (born after 5 April 1965)

10 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 type of 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.

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

Questions about present or previous employment

For persons in a job last week

— please answer questions 11-15 in respect of the main job during the week

For persons wholly retired

For persons out of work last week

For persons prevented from working because of permanent sickness or disablement

— please answer questions 11-13 in respect of the most recent full-time job

For other persons including those with no previous job— please write 'Not applicable' at question 11 and leave questions 12-15 blank

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

a Please give the name of the person's employer. Give the trading name if one is used and avoid using abbreviations or initials.

For members of the Armed Forces, civil servants and local government officers see notes on back page before answering questions 11-15.

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

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

| | |
|-----------------------|-----------------------|
| a Name of employer | a Name of employer |
| b Nature of business | b Nature of business |
| a Occupation | a Occupation |
| b Description of work | b Description of work |

12 Occupation

a Please give full and precise details of the person's occupation.

If a person's job is known in the trade or industry by a special name, use that name. Precise terms should be used, for example, 'radio-mechanic', 'jig and tool fitter', 'tool room foreman' rather than general terms such as 'mechanic', 'fitter', 'foreman'.

b Please describe the actual work done.

| 3rd person | 4th person | 5th person | 6th person |
|--|--|--|--|
| Name and surname | Name and surname | Name and surname | Name and surname |
| 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 |
| Date of birth Day Month Year | Date of birth Day Month Year | Date of birth Day Month Year | Date of birth Day Month Year |

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

y. Leave questions 14 and 15 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 |

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

1-3 Include on your census form:

- all the persons who spend Census night 5-6 April 1981 in this household (including anyone visiting overnight and anyone who arrives here on the Monday and who has not been included as present on another census form).
- any persons who usually live with your household but who are absent on census night.
For example, on holiday, in hospital, at school or college. Include them even if you know they are being put on another census form elsewhere.

Write the names in the top row, starting with the head or a joint head of household (BLOCK CAPITALS please)

Include any newly born baby even if still in hospital. If not yet given a name write 'BABY' and the surname.

| 1st person | | |
|--|--|--|
| Name and surname | | |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Date of birth Day Month Year | | |

| 2nd person | | |
|--|--|--|
| Name and surname | | |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Date of birth Day Month Year | | |

13 Employment status

Please tick the appropriate box.

Box 3 should be ticked for a person having management or supervisory responsibility for other employees. For a person employed as a quality control inspector and concerned only with the technical quality of a product tick box 2.

| |
|---|
| 1 <input type="checkbox"/> Apprentice or articulated trainee |
| 2 <input type="checkbox"/> Employee not supervising other employees |
| 3 <input type="checkbox"/> Employee supervising other employees |
| 4 <input type="checkbox"/> Self-employed not employing others |
| 5 <input type="checkbox"/> Self-employed employing others |

| |
|---|
| 1 <input type="checkbox"/> Apprentice or articulated trainee |
| 2 <input type="checkbox"/> Employee not supervising other employees |
| 3 <input type="checkbox"/> Employee supervising other employees |
| 4 <input type="checkbox"/> Self-employed not employing others |
| 5 <input type="checkbox"/> Self-employed employing others |

14 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.

| |
|---|
| Full address and postcode of workplace Address (BLOCK CAPITALS please) |
| |
| |
| including Postcode |
| 1 <input type="checkbox"/> No fixed place |
| 2 <input type="checkbox"/> Mainly at home |

| |
|---|
| Full address and postcode of workplace Address (BLOCK CAPITALS please) |
| |
| |
| including Postcode |
| 1 <input type="checkbox"/> No fixed place |
| 2 <input type="checkbox"/> Mainly at home |

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

For a person working mainly at home tick box 2.

15 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 caravans.

| |
|--|
| 1 <input type="checkbox"/> British Rail train |
| 2 <input type="checkbox"/> Underground, tube, metro, etc |
| 3 <input type="checkbox"/> Bus, minibus or coach (public or private) |
| 4 <input type="checkbox"/> Motor cycle, scooter, moped |
| 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 |
| 0 <input type="checkbox"/> Other (please specify) |
| 0 <input type="checkbox"/> Works mainly at home |

| |
|--|
| 1 <input type="checkbox"/> British Rail train |
| 2 <input type="checkbox"/> Underground, tube, metro, etc |
| 3 <input type="checkbox"/> Bus, minibus or coach (public or private) |
| 4 <input type="checkbox"/> Motor cycle, scooter, moped |
| 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 |
| 0 <input type="checkbox"/> Other (please specify) |
| 0 <input type="checkbox"/> Works mainly at home |

16 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 |
| 2 <input type="checkbox"/> YES — give details |
| Title |
| Subject(s) |
| Year |
| Institution |
| Title |
| Subject(s) |
| Year |
| Institution |
| Title |
| Subject(s) |
| Year |
| Institution |

| |
|---|
| 1 <input type="checkbox"/> NO — none of these |
| 2 <input type="checkbox"/> YES — give details |
| Title |
| Subject(s) |
| Year |
| Institution |
| Title |
| Subject(s) |
| Year |
| Institution |
| Title |
| Subject(s) |
| Year |
| Institution |

| 3rd person | |
|--|--|
| Name and surname | |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Date of birth Day Month Year | |
| <input type="checkbox"/> Apprentice or articulated trainee <input type="checkbox"/> Employee not supervising other employees <input type="checkbox"/> Employee supervising other employees <input type="checkbox"/> Self-employed not employing others <input type="checkbox"/> Self-employed employing others | |
| Full address and postcode of workplace Address (BLOCK CAPITALS please) | |
| including Postcode | |
| <input type="checkbox"/> No fixed place <input type="checkbox"/> Mainly at home | |
| <input type="checkbox"/> British Rail train <input type="checkbox"/> Underground, tube, metro, etc <input type="checkbox"/> Bus, minibus or coach (public or private) <input type="checkbox"/> Motor cycle, scooter, moped <input type="checkbox"/> Car or van - pool, sharing driving <input type="checkbox"/> Car or van - driver <input type="checkbox"/> Car or van - passenger <input type="checkbox"/> Pedal cycle <input type="checkbox"/> On foot <input type="checkbox"/> Other (please specify) | |
| <input type="checkbox"/> Works mainly at home | |
| <input type="checkbox"/> NO - none of these <input type="checkbox"/> YES - give details | |
| Title Subject(s) | |
| Year Institution | |
| Title Subject(s) | |
| Year Institution | |
| Title Subject(s) | |
| Year Institution | |

| 4th person | |
|--|--|
| Name and surname | |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Date of birth Day Month Year | |
| <input type="checkbox"/> Apprentice or articulated trainee <input type="checkbox"/> Employee not supervising other employees <input type="checkbox"/> Employee supervising other employees <input type="checkbox"/> Self-employed not employing others <input type="checkbox"/> Self-employed employing others | |
| Full address and postcode of workplace Address (BLOCK CAPITALS please) | |
| including Postcode | |
| <input type="checkbox"/> No fixed place <input type="checkbox"/> Mainly at home | |
| <input type="checkbox"/> British Rail train <input type="checkbox"/> Underground, tube, metro, etc <input type="checkbox"/> Bus, minibus or coach (public or private) <input type="checkbox"/> Motor cycle, scooter, moped <input type="checkbox"/> Car or van - pool, sharing driving <input type="checkbox"/> Car or van - driver <input type="checkbox"/> Car or van - passenger <input type="checkbox"/> Pedal cycle <input type="checkbox"/> On foot <input type="checkbox"/> Other (please specify) | |
| <input type="checkbox"/> Works mainly at home | |
| <input type="checkbox"/> NO - none of these <input type="checkbox"/> YES - give details | |
| Title Subject(s) | |
| Year Institution | |
| Title Subject(s) | |
| Year Institution | |
| Title Subject(s) | |
| Year Institution | |

| 5th person | |
|--|--|
| Name and surname | |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Date of birth Day Month Year | |
| <input type="checkbox"/> Apprentice or articulated trainee <input type="checkbox"/> Employee not supervising other employees <input type="checkbox"/> Employee supervising other employees <input type="checkbox"/> Self-employed not employing others <input type="checkbox"/> Self-employed employing others | |
| Full address and postcode of workplace Address (BLOCK CAPITALS please) | |
| including Postcode | |
| <input type="checkbox"/> No fixed place <input type="checkbox"/> Mainly at home | |
| <input type="checkbox"/> British Rail train <input type="checkbox"/> Underground, tube, metro, etc <input type="checkbox"/> Bus, minibus or coach (public or private) <input type="checkbox"/> Motor cycle, scooter, moped <input type="checkbox"/> Car or van - pool, sharing driving <input type="checkbox"/> Car or van - driver <input type="checkbox"/> Car or van - passenger <input type="checkbox"/> Pedal cycle <input type="checkbox"/> On foot <input type="checkbox"/> Other (please specify) | |
| <input type="checkbox"/> Works mainly at home | |
| <input type="checkbox"/> NO - none of these <input type="checkbox"/> YES - give details | |
| Title Subject(s) | |
| Year Institution | |
| Title Subject(s) | |
| Year Institution | |
| Title Subject(s) | |
| Year Institution | |

| 6th person | |
|--|--|
| Name and surname | |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Date of birth Day Month Year | |
| <input type="checkbox"/> Apprentice or articulated trainee <input type="checkbox"/> Employee not supervising other employees <input type="checkbox"/> Employee supervising other employees <input type="checkbox"/> Self-employed not employing others <input type="checkbox"/> Self-employed employing others | |
| Full address and postcode of workplace Address (BLOCK CAPITALS please) | |
| including Postcode | |
| <input type="checkbox"/> No fixed place <input type="checkbox"/> Mainly at home | |
| <input type="checkbox"/> British Rail train <input type="checkbox"/> Underground, tube, metro, etc <input type="checkbox"/> Bus, minibus or coach (public or private) <input type="checkbox"/> Motor cycle, scooter, moped <input type="checkbox"/> Car or van - pool, sharing driving <input type="checkbox"/> Car or van - driver <input type="checkbox"/> Car or van - passenger <input type="checkbox"/> Pedal cycle <input type="checkbox"/> On foot <input type="checkbox"/> Other (please specify) | |
| <input type="checkbox"/> Works mainly at home | |
| <input type="checkbox"/> NO - none of these <input type="checkbox"/> YES - give details | |
| Title Subject(s) | |
| Year Institution | |
| Title Subject(s) | |
| Year Institution | |
| Title Subject(s) | |
| Year Institution | |

Armed Forces

For members of the Armed Forces – write 'ARMED FORCES' at 11a; for a member of the Armed Forces of a country other than the UK – add the name of the country.

At 12a give the rank or rating only.

Questions 11b, 12b and 13 should not be answered.

Civil servants

For civil servants – give the name of their Department at 11a, write 'GOVERNMENT DEPARTMENT' at 11b and 'CIVIL SERVANT' at 12a.

At 12b for a non-industrial civil servant – give the rank or grade only.

At 12b for an industrial civil servant – give the job title only, which should be in precise terms, for example, 'radio mechanic', 'jig and tool fitter', 'tool room foreman' rather than general terms such as 'mechanic', 'fitter', 'foreman'.

Local government officers

For local government officers and other public officials – give the name of the local authority or public body at 11a and the branch in which they are employed at 11b.

At 12a give rank or grade and complete 12b.

Panel B

Is there anyone else you have not included (such as a visitor) because there was no room on the form?

YES

NO

Please ask the Enumerator for another form.

Have you left anyone out because you were not sure whether they should be included? If so, please give their name(s) and reason why you were not sure about including them.

Name _____

Reason _____

Name _____

Reason _____

Name _____

Reason _____

Name _____

Reason _____

May the Enumerator telephone you if we have a query on your form? If so, please write your telephone number here.

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 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 visitors, boarders or children including newly born infants, have been missed.

Panel C**Declaration**

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

Signature(s) _____

Date _____ April 1981