



# ISLE OF MAN CENSUS 1991

**APPENDIX**

## Form for Private Households H1.91

For Enumerator's Use Only					
C.D. No.	E.D. No.	Form No.	Habitation Code	PANEL A: Please tick one box to show the nature of the accommodation which this household occupies.	
Name .....  Address .....  .....  .....  .....				<b>A house or bungalow that is:</b> 1 <input type="checkbox"/> detached  2 <input type="checkbox"/> semi-detached  3 <input type="checkbox"/> terraced (including end of terrace)  <b>A non-permanent structure (such as a caravan)</b> 7 <input type="checkbox"/> please specify .....	<b>A flat or maisonette that is:</b> 4 <input type="checkbox"/> in a purpose-built block or development 5 <input type="checkbox"/> in a converted house 6 <input type="checkbox"/> in a commercial building

### To the Householder

Please complete this Census Form on SUNDAY 14<sup>TH</sup> APRIL 1991 and have it ready for collection the following day. If you are unsure how to answer any of the questions, the person who collects your form (your enumerator) will be glad to help you. If you will not be present at this address on Census Night, please complete the form before you leave.

There is a legal obligation to provide information for the Census. All the details that you give will be treated in confidence. Anyone involved in the Census who improperly uses or discloses the information provided will be prosecuted. Names and addresses will not be entered on the Census computer.

Thank you for your co-operation.

### PLEASE READ THESE INSTRUCTIONS BEFORE FILLING IN THE FORM

- ★ First answer questions H1-H5 about your household's accommodation and amenities, then answer questions 1-19 about each member of your household.
- ★ Please *read the notes* accompanying each question before giving your answers.
- ★ Answer the questions by ticking the appropriate box or boxes  or by giving the requested written details. You are required to answer *all the questions*, unless otherwise instructed.
- ★ Use blue or black ball-point pen when filling in the form (please do not use felt-tipped pen).
- ★ When you have completed the form, please sign the declaration on the last page.

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, such as sharing one meal a day together.

**H1 Accommodation**

In what type of accommodation does your household live?

A self-contained flat has its room(s) and its facilities (i.e. bath or shower, W.C. and kitchen) behind its own private door.

- 1 House or bungalow not shared with another household
- 2 House or bungalow shared with another household
- 3 Self-contained flat not shared with another household
- 4 Self-contained flat shared with another household
- 5 Flat or bed-sitter, not self-contained
- 6 Other (please specify)

- As an owner occupier**
- 1 Buying the property through a mortgage or loan
  - 2 Owning the property outright
  - 3 The Government or Local Authority
  - 4 A private landlord, furnished
  - 5 A private landlord, unfurnished
  - 6 Your employer or the employer of another member of your household
  - 7 In some other way
- Please give details

- DO NOT COUNT: small kitchens (less than 6 feet wide); bathrooms and/or toilets; closets; pantries; storerooms, cellars or attics; garages; landings, halls, lobbies or recesses; offices or shops used solely for business purposes.
- Please enter the number of rooms in this box
- 1 Car(s)
  - 2 Van(s)
  - 3 Motorcycle(s), Scooter(s), Moped(s)
  - 4 Other (please specify)
  - 5 No motor vehicles - NOW GO TO QUESTION H5

(ii) How many of the vehicles are USUALLY left overnight in these places?

Please enter the number of vehicles in the appropriate box or boxes.

- 1 A private garage or carport
- 2 A private parking area or driveway
- 3 A public parking area
- 4 A public road or street
- 5 Elsewhere (please specify)

**H5 Amenities**

(i) Does your household have the use of any of these amenities?

- 1 Yes - for use only by this household
- 2 Yes - for use also by another household
- 3 No - bath or shower not available
- 1 Yes - for use only by this household
- 2 Yes - for use also by another household
- 3 A flush toilet (W.C.) with entrance inside the building
- 1 Yes - for use only by this household
- 2 Yes - for use also by another household
- 3 No - flush toilet has outside entrance only
- 4 No - no flush toilet indoors or outdoors
- 1 A telephone installed in the building
- 1 Yes - for use only by this household
- 2 Yes - for use also by another household
- 3 No - telephone not installed

(ii) What is your household's MAIN form of heating?

Please tick one box only.

- 1 Electricity
- 2 Gas (mains)
- 3 Gas (cylinders or tank on premises)
- 4 Oil
- 5 Coal or other solid fuel
- 6 Other (please specify - community system gas, solar, etc.)

(iii) Is your main form of heating a central heating system?

- 1 Yes
- 2 No

(iv) In addition to the main form of heating which OTHER form(s) of heating does your household use?

Please tick the appropriate box or boxes.

- 1 Electricity
- 2 Gas (mains)
- 3 Gas (bottles or cylinders)
- 4 Oil
- 5 Coal or other solid fuel
- 6 Other (please specify)
- 7 None

**H4 Motor Vehicles**

How many rooms are there in your household's accommodation? A large room divided by a fixed or sliding partition should be counted as two rooms; a room divided by curtains or portable screens should be counted as one room.

(i) How many motor vehicles are normally available for use by you or by members of your household? Enter the number of vehicles of each type in the appropriate box. If no vehicles, tick BOX 5. Include any vehicles provided by employers if used exclusively by you or by members of your household, but exclude vans used solely for carriage of goods.

**WHO SHOULD BE ENTERED ON THIS CENSUS FORM?**

★ Everyone who spends Census Night (14th/15th April 1991) in your household.

★ Everyone who usually lives in your household but who spends Census Night elsewhere e.g. staying with a friend elsewhere in the Isle of Man, at school or college in the United Kingdom, in H.M. Forces or the Merchant Navy, etc.

If any member of the household (aged 16 or over) does not wish you to see his/her personal details, ask your enumerator for a PERSONAL FORM and give this to the person concerned. You are only required to enter the NAME of this person on your Household Form.

**1 Full Name**  
Please write the person's full name in BLOCK CAPITALS, starting with the Head or Acting Head of Household.  
For a baby not yet named, enter the SURNAME and write "BABY".

**2 Visitors**

Is this person a visitor?

A visitor is a person whose usual place of residence is outside the Isle of Man. This includes persons who are visiting the Isle of Man on holiday, on business or to work for a temporary period but who do not intend to take up residence on the island.  
If BOXES 2 or 3 are ticked please note the instructions regarding further responses.

**3 Relationship in Household**

Please tick the box which indicates the relationship of each person to the Person No. 1 (the Head or Acting Head of Household).

Tick one box only.

The term 'son or daughter' includes a step-child or adopted child (BOX 3).

Write in the relationship of 'other relative' e.g. daughter-in-law, nephew, cousin, etc. (BOX 7).

**4 Date of Birth**

Enter day, month and year in figures e.g. 

14	05	1956
Day	Month	Year

**5 Sex**

**6 Whereabouts on Census Night**

Was the person present or absent from this address on Census Night?

**Person No. 1**  
Head or Acting Head of Household

Surname  
Forename(s)

Surname

**Person No. 2**

Surname

Forename(s)

1  No  
2  Yes - working in the Isle of Man for a temporary period (more than 3 days)  
3  Yes - on holiday, or on a business trip for less than 3 days  
PLEASE ANSWER QUESTIONS 14, 15 & 16 ONLY

Relationship to Person No. 1:  
1  Husband or wife  
2  Living together as a couple  
3  Son or daughter  
4  Father or mother  
5  Grandchild  
6  Brother or sister  
7  Other relative (please specify)  
8  Unrelated

Day   
Month   
Year

1  Male  
2  Female

1  Present  
2  Absent from this address but elsewhere in the Isle of Man  
3  Absent from the Isle of Man

Surname

Forename(s)

**Person No. 3**

Surname  
Forename(s)

Surname

Forename(s)

**Person No. 4**

Surname

Forename(s)

**Person No. 5**

Surname

Forename(s)

**Person No. 6**

1  No  
2  Yes - working in the Isle of Man for a temporary period (more than 3 days)  
3  Yes - on holiday, or on a business trip for less than 3 days  
PLEASE ANSWER QUESTIONS 14, 15 & 16 ONLY

Relationship to Person No. 1:  
1  Husband or wife  
2  Living together as a couple  
3  Son or daughter  
4  Father or mother  
5  Grandchild  
6  Brother or sister  
7  Other relative (please specify)  
8  Unrelated

Day   
Month   
Year

1  Male  
2  Female

1  Present  
2  Absent from this address but elsewhere in the Isle of Man  
3  Absent from the Isle of Man

\* INCLUDE anyone who is staying temporarily who does not normally live in the Isle of Man e.g. a visitor from the United Kingdom.  
\* DO NOT INCLUDE anyone who lives elsewhere on the Isle of Man but who spends Census Night in your household - these people should complete a Census Form at their own address.  
\* DO NOT INCLUDE anyone who is in hospital or in a nursing home on Census Night - they will be included on the institution's return.

WHO SHOULD BE ENTERED ON THIS CENSUS FORM?

\* Everyone who spends Census Night (14th/15th April 1991) in your household.

\* Everyone who usually lives in your household but who spends Census Night elsewhere e.g. staying with a friend elsewhere in the Isle of Man, at school or college in the United Kingdom, in H.M. Forces or the Merchant Navy, etc.

If any member of the household (aged 16 or over) does not wish you to see his/her personal details, ask your enumerator for a PERSONAL FORM and give this to the person concerned. You are only required to enter the NAME of this person on your Household Form.

1 Full Name

Please write the person's full name in BLOCK CAPITALS, starting with the Head or Acting Head of Household. For a baby not yet named, enter the SURNAME and write "BABY".

7 Present Marital Status

What is the person's present marital status?

Tick one box only.

8 Long-term illness

Does this 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 arise from old age.

9 Manx Language

Can the person speak, read or write Manx Gaelic?

Please tick the appropriate box or boxes.

If the person does not speak, read or write Manx Gaelic, or knows only a few words or phrases, tick BOX 1.

10 Place of Birth

Where was the person born?

If born in the Isle of Man, please answer parts (i) and (iii).

If not born in the Isle of Man, please answer parts (i) and (iii).

Belgium, Denmark, France, Germany, Greece, Italy, Luxembourg, Spain, Netherlands, Portugal.



(ii) If the person was BORN in the Isle of Man, were any of their parents or grandparents born in England, Scotland, Wales or Northern Ireland?

(iii) If the person was NOT BORN in the Isle of Man, were either of their parents born in the Isle of Man?

Person No. 1

Head or Acting Head of Household

Surname  
Forename(s)

1  Single  
2  Married  
3  Widowed  
4  Divorced  
5  Separated

1  No  
2  Yes

1  No - cannot speak, read or write Manx  
2  Yes - speaks Manx  
3  Yes - reads Manx  
4  Yes - writes Manx

1  Isle of Man - ANSWER PART (iii)  
2  England  
3  Wales  
4  Scotland  
5  Northern Ireland  
6  Republic of Ireland  
7  Other EC Country  
8  Channel Islands  
9  Elsewhere (please give present name of country)

For Office Use

1  No  
2  Yes  
NOW GO TO QUESTION 11

1  No  
2  Yes

Person No. 3

Surname  
Forename(s)

1  Single  
2  Married  
3  Widowed  
4  Divorced  
5  Separated

1  No  
2  Yes

1  No - cannot speak, read or write Manx  
2  Yes - speaks Manx  
3  Yes - reads Manx  
4  Yes - writes Manx

1  Isle of Man - ANSWER PART (iii)  
2  England  
3  Wales  
4  Scotland  
5  Northern Ireland  
6  Republic of Ireland  
7  Other EC Country  
8  Channel Islands  
9  Elsewhere (please give present name of country)

For Office Use

1  No  
2  Yes  
NOW GO TO QUESTION 11

1  No  
2  Yes

Person No. 4

Surname  
Forename(s)

1  Single  
2  Married  
3  Widowed  
4  Divorced  
5  Separated

1  No  
2  Yes

1  No - cannot speak, read or write Manx  
2  Yes - speaks Manx  
3  Yes - reads Manx  
4  Yes - writes Manx

1  Isle of Man - ANSWER PART (iii)  
2  England  
3  Wales  
4  Scotland  
5  Northern Ireland  
6  Republic of Ireland  
7  Other EC Country  
8  Channel Islands  
9  Elsewhere (please give present name of country)

For Office Use

1  No  
2  Yes  
NOW GO TO QUESTION 11

1  No  
2  Yes

Person No. 5

Surname  
Forename(s)

1  Single  
2  Married  
3  Widowed  
4  Divorced  
5  Separated

1  No  
2  Yes

1  No - cannot speak, read or write Manx  
2  Yes - speaks Manx  
3  Yes - reads Manx  
4  Yes - writes Manx

1  Isle of Man - ANSWER PART (iii)  
2  England  
3  Wales  
4  Scotland  
5  Northern Ireland  
6  Republic of Ireland  
7  Other EC Country  
8  Channel Islands  
9  Elsewhere (please give present name of country)

For Office Use

1  No  
2  Yes  
NOW GO TO QUESTION 11

1  No  
2  Yes

Person No. 6

Surname  
Forename(s)

1  Single  
2  Married  
3  Widowed  
4  Divorced  
5  Separated

1  No  
2  Yes

1  No - cannot speak, read or write Manx  
2  Yes - speaks Manx  
3  Yes - reads Manx  
4  Yes - writes Manx

1  Isle of Man - ANSWER PART (iii)  
2  England  
3  Wales  
4  Scotland  
5  Northern Ireland  
6  Republic of Ireland  
7  Other EC Country  
8  Channel Islands  
9  Elsewhere (please give present name of country)

For Office Use

1  No  
2  Yes  
NOW GO TO QUESTION 11

1  No  
2  Yes

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**1 Full Name**

Please write the person's full name in BLOCK CAPITALS, starting with the Head or Acting Head of Household.  
For a baby not yet named, enter the SURNAME and write "BABY".

**1 Residency**

**(i) When did the PRESENT period of residency in the Isle of Man begin?**  
If you ticked BOX 2, please enter the year and answer parts (ii), (iii) and (iv).

**(ii) Where did the person live before taking up residency in the Isle of Man?**

If you have had more than one period of residency in the Isle of Man, please indicate where you lived before taking up the present period of residency.

**(iii) What was the principal reason for taking up residency in the Isle of Man?**

Question refers to the present period of residency only. Tick one box only.

**(v) Has there been a previous period of residency in the Isle of Man?**

If so, please give details of the most recent of these periods (do not count periods of less than 6 months duration)

**Person No. 1**

Head or Acting Head of Household

Surname \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Forename(s) \_\_\_\_\_

1  At birth - NOW GO TO QUESTION 1  
2  In 19\_\_ in 19\_\_

1  England  
2  Wales  
3  Scotland  
4  Northern Ireland  
5  Republic of Ireland  
6  Other EC Country  
7  Channel Islands  
8  Elsewhere (please give present name of country)

1  To retire  
2  To take up or to seek employment or self-employment  
3  As the spouse or dependant of a retired person  
4  As the spouse or dependant of a person coming to take up or seek employment or self-employment  
5  As the spouse or dependant of an Isle of Man resident  
6  Other reason

1  No  
2  Yes

**Person No. 3**

Surname \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Forename(s) \_\_\_\_\_

1  At birth - NOW GO TO QUESTION 12  
2  In 19\_\_ in 19\_\_

1  To retire  
2  To take up or to seek employment or self-employment  
3  As the spouse or dependant of a retired person  
4  As the spouse or dependant of a person coming to take up or seek employment or self-employment  
5  As the spouse or dependant of an Isle of Man resident  
6  Other reason

1  No  
2  Yes

**Person No. 4**

Surname \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Forename(s) \_\_\_\_\_

1  At birth - NOW GO TO QUESTION 12  
2  In 19\_\_ in 19\_\_

1  To retire  
2  To take up or to seek employment or self-employment  
3  As the spouse or dependant of a retired person  
4  As the spouse or dependant of a person coming to take up or seek employment or self-employment  
5  As the spouse or dependant of an Isle of Man resident  
6  Other reason

1  No  
2  Yes

**Person No. 5**

Surname \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Forename(s) \_\_\_\_\_

1  At birth - NOW GO TO QUESTION 12  
2  In 19\_\_ in 19\_\_

1  To retire  
2  To take up or to seek employment or self-employment  
3  As the spouse or dependant of a retired person  
4  As the spouse or dependant of a person coming to take up or seek employment or self-employment  
5  As the spouse or dependant of an Isle of Man resident  
6  Other reason

1  No  
2  Yes

**Person No. 6**

Surname \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Forename(s) \_\_\_\_\_

1  At birth - NOW GO TO QUESTION 12  
2  In 19\_\_ in 19\_\_

1  To retire  
2  To take up or to seek employment or self-employment  
3  As the spouse or dependant of a retired person  
4  As the spouse or dependant of a person coming to take up or seek employment or self-employment  
5  As the spouse or dependant of an Isle of Man resident  
6  Other reason

1  No  
2  Yes

INCLUDE anyone who is staying temporarily who does not normally live in the Isle of Man e.g. a visitor from the United Kingdom.  
DO NOT INCLUDE anyone who lives elsewhere on the Isle of Man but who spends Census Night in your household - these people should complete a Census Form at their own address.  
DO NOT INCLUDE anyone who is in hospital or in a nursing home on Census Night - they will be included on the institution's return.  
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QUESTIONS FOR INDIVIDUALS

WHO SHOULD BE ENTERED ON THIS CENSUS FORM?

Everyone who spends Census Night (14th/15th April 1991) in your household.

Everyone who usually lives in your household but who spends Census Night elsewhere e.g. staying with a friend elsewhere in the Isle of Man, at school or college in the United Kingdom, in H.M. Forces or the Merchant Navy, etc.

any member of the household (aged 16 or over) does not wish you to see his/her personal details, ask your enumerator for a PERSONAL FORM and give this to the person concerned. You are only required to enter the NAME of this person on your Household Form.

Please write the person's full name in BLOCK CAPITALS, starting with the Head or Acting Head of Household.

For a baby not yet named, enter the SURNAME and write "BABY".

Full Name

Surname

Forename(s)

Person No. 1  
Head or Acting Head of Household

Person No. 2

Surname

Forename(s)

Person No. 3

Surname

Forename(s)

Person No. 4

Surname

Forename(s)

Person No. 5

Surname

Forename(s)

Person No. 6

Surname

Forename(s)

The remaining questions apply only to persons AGED 16 AND OVER (i.e. born before 14th April 1975)

2 Whether Working, Retired, Looking After the Home, etc

Which one of these things does the person currently do?

Please study the list of answers and read the notes below before ticking any boxes.

For BOXES 1-5, you may tick more than one box if necessary see note below). For BOXES 6-11, tick one box only.

In the case of persons with more than one job:

(a) If working for one employer full-time and another part-time, tick BOXES 1 and 2.

(b) If working for an employer full-time and are self-employed part-time, tick BOXES 1 and either BOX 4 or 5.

(c) If working part-time for more than one employer, tick BOX 3.

School teachers working full-time, tick BOX 1.

Include any person wanting a job but prevented from looking by temporary illness.

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

3 Seasonal Work

Did the person take up temporary paid employment during the summer months last year (1st May to 30th September 1990)?

If BOX 2 was ticked, please state the number of weeks worked and the average number of hours worked per week.

1 Works for an employer full-time (more than 30 hours per week)

2 Works for an employer part-time (30 hours or less per week)

3 Works for more than one employer part-time (less than 30 hours per week)

4 Is self-employed, employing others

5 Is self-employed, not employing others

6 Is unemployed and looking for a job

7 Is unable to work because of long-term sickness or disability

8 Is retired from paid work

9 Is at school or in full-time education

10 Looks after home or family (solely)

11 Other (please specify)

1 No

2 Yes

Weeks worked

Hours per week

1 Works for an employer full-time (more than 30 hours per week)

2 Works for an employer part-time (30 hours or less per week)

3 Works for more than one employer part-time (less than 30 hours per week)

4 Is self-employed, employing others

5 Is self-employed, not employing others

6 Is unemployed and looking for a job

7 Is unable to work because of long-term sickness or disability

8 Is retired from paid work

9 Is at school or in full-time education

10 Looks after home or family (solely)

11 Other (please specify)

1 No

2 Yes

Weeks worked

Hours per week

1 Works for an employer full-time (more than 30 hours per week)

2 Works for an employer part-time (30 hours or less per week)

3 Works for more than one employer part-time (less than 30 hours per week)

4 Is self-employed, employing others

5 Is self-employed, not employing others

6 Is unemployed and looking for a job

7 Is unable to work because of long-term sickness or disability

8 Is retired from paid work

9 Is at school or in full-time education

10 Looks after home or family (solely)

11 Other (please specify)

1 No

2 Yes

Weeks worked

Hours per week

1 Works for an employer full-time (more than 30 hours per week)

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7 Is unable to work because of long-term sickness or disability

8 Is retired from paid work

9 Is at school or in full-time education

10 Looks after home or family (solely)

11 Other (please specify)

1 No

2 Yes

Weeks worked

Hours per week

1 Works for an employer full-time (more than 30 hours per week)

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6 Is unemployed and looking for a job

7 Is unable to work because of long-term sickness or disability

8 Is retired from paid work

9 Is at school or in full-time education

10 Looks after home or family (solely)

11 Other (please specify)

1 No

2 Yes

Weeks worked

Hours per week

1 Works for an employer full-time (more than 30 hours per week)

2 Works for an employer part-time (30 hours or less per week)

3 Works for more than one employer part-time (less than 30 hours per week)

4 Is self-employed, employing others

5 Is self-employed, not employing others

6 Is unemployed and looking for a job

7 Is unable to work because of long-term sickness or disability

8 Is retired from paid work

9 Is at school or in full-time education

10 Looks after home or family (solely)

11 Other (please specify)

1 No

2 Yes

Weeks worked

Hours per week

2. Questions refer to the person's MAIN JOB OF LAST WEEK (whether full-time or part-time)

The remaining questions apply only to persons who are currently employed (BOXES 1, 2, 3, 4 or 5 in Question

INCLUDE anyone who is staying temporarily who does not normally live in the Isle of Man e.g. a visitor from the United Kingdom.

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DO NOT INCLUDE anyone who is in hospital or in a nursing home on Census Night - they will be included on the institution's return.

**WHO SHOULD BE ENTERED ON THIS CENSUS FORM?**

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★ Everyone who usually lives in your household but who spends Census Night elsewhere e.g. staying with a friend elsewhere in the Isle of Man, at school or college in the United Kingdom, in H.M. Forces or the Merchant Navy, etc.

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**1 Full Name**

Please write the person's full name in BLOCK CAPITALS, starting with the Head or Acting Head of Household.  
 For a baby not yet named, enter the SURNAME and write "BABY".

**4 Occupation**

In part (i) give the full title by which the job is known e.g. 'gas fitter'; 'accounts clerk'; 'banking supervisor'; 'packing machinist'; rather than general titles like 'fitter'; 'supervisor'; or 'clerk'. If the job is known in the industry by a special name, use that name.  
 In part (ii) give a description of the work done in the job e.g. agricultural machinery; delivering goods to customers. Armed Forces - enter rank at (i) and leave (ii) blank.  
 Civil Servants - write "civil servant" and give job title and grade at (i); leave (ii) blank.

**5 Name and Business of Employer or Self-Employed Person's Business**

In part (i) give the name of the person's employer. Use the trading name, if applicable (do not use abbreviations). If self-employed, state this at (i).

In part (ii) describe clearly what the employer (or self-employed person) makes or does e.g. provides office cleaning services; manufactures animal foodstuffs; installs central heating systems; provides professional legal services. Armed Forces - enter "Armed Forces" at (i) and leave (ii) blank.  
 Civil Servants - give name of Government Department at (i) and leave (ii) blank.

**6 Work Permits**

Does the person hold a current work permit?  
 For limited period work permits please state for how many months the permit was granted, e.g. 06 months.  
 If the person holds a temporary 27 day work permit, tick BOX 3 and enter 01 months.

★ INCLUDE anyone who is staying temporarily who does not normally live in the Isle of Man e.g. a visitor from the United Kingdom.  
 ★ DO NOT INCLUDE anyone who lives elsewhere on the Isle of Man but who spends Census Night in your household - these people should complete a Census Form at their own address.  
 ★ DO NOT INCLUDE anyone who is in hospital or in a nursing home on Census Night - they will be included on the institution's return.

**Person No. 1**

Head or Acting Head of Household

Surname  
 Forename(s)

(i) Full job title  
 (ii) Description of work

For Office Use

(i) Name of employer  
 (ii) Description of employer's business

For Office Use

1  No  
 2  Yes - permit granted for an indefinite period  
 3  Yes - permit granted months

**Person No. 2**

Surname  
 Forename(s)

(i) Full job title  
 (ii) Description of work

For Office Use

(i) Name of employer  
 (ii) Description of employer's business

For Office Use

1  No  
 2  Yes - permit granted for an indefinite period  
 3  Yes - permit granted months

**Person No. 3**

Surname  
 Forename(s)

(i) Full job title  
 (ii) Description of work

For Office Use

(i) Name of employer  
 (ii) Description of employer's business

For Office Use

1  No  
 2  Yes - permit granted for an indefinite period  
 3  Yes - permit granted months

**Person No. 4**

Surname  
 Forename(s)

(i) Full job title  
 (ii) Description of work

For Office Use

(i) Name of employer  
 (ii) Description of employer's business

For Office Use

1  No  
 2  Yes - permit granted for an indefinite period  
 3  Yes - permit granted months

**Person No. 5**

Surname  
 Forename(s)

(i) Full job title  
 (ii) Description of work

For Office Use

(i) Name of employer  
 (ii) Description of employer's business

For Office Use

1  No  
 2  Yes - permit granted for an indefinite period  
 3  Yes - permit granted months

**Person No. 6**

Surname  
 Forename(s)

(i) Full job title  
 (ii) Description of work

For Office Use

(i) Name of employer  
 (ii) Description of employer's business

For Office Use

1  No  
 2  Yes - permit granted for an indefinite period  
 3  Yes - permit granted months

ANSWER NO FURTHER QUESTIONS

Visitors who are working

WHO SHOULD BE ENTERED ON THIS CENSUS FORM?

\* Everyone who spends Census Night (14th/15th April 1991) in your household.

\* Everyone who usually lives in your household but who spends Census Night elsewhere e.g. staying with a friend elsewhere in the Isle of Man, at school or college in the United Kingdom, in H.M. Forces or the Merchant Navy, etc.

If any member of the household (aged 16 or over) does not wish you to see his/her personal details, ask your enumerator for a PERSONAL FORM and give this to the person concerned. You are only required to enter the NAME of this person on your Household Form.

Full Name

Please write the person's full name in BLOCK CAPITALS, starting with the Head or Acting Head of Household.

For a baby not yet named, enter the SURNAME and write "BABY".

7 Hours Worked Last Week

How many hours did the person ACTUALLY work last week?

Do not include meal breaks, or time missed because of holiday leave or temporary illness, e.g. if the person did not attend work at any time last week because they were on holiday, or sick, enter "0". If no overtime worked, enter "0".

8 Address of Place of Work

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

If working mainly at home, tick BOX 2.

For a person not working regularly at one place or who travels during work:  
 (a) If reporting daily to a depot or other fixed address, give the address.  
 (b) If employed on a site for a long period, give the address of the site.  
 (c) If not reporting daily to a fixed address, tick BOX 1.

9 Transport to Work

How does the person NORMALLY travel to work?

Please tick the appropriate box to show how the longest part (by distance) of the daily journey to work is normally made. Tick one box only.

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

For persons working at home, tick BOX 9.

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

Any person knowingly supplying false information or refusing to complete a Census Form is liable to prosecution under the Census Act 1929.

Person No. 1  
 Head or Acting Head of Household

Person No. 1	Surname	Forename(s)	Address	Basic hours	Overtime hours	1 <input type="checkbox"/> No fixed place of work	2 <input type="checkbox"/> Working mainly at home	1 <input type="checkbox"/> Bus, minibus or coach (public or private)	2 <input type="checkbox"/> Motorcycle, scooter, moped	3 <input type="checkbox"/> Part of a pool-share driving arrangement (car or van)	4 <input type="checkbox"/> Driving a car or van	5 <input type="checkbox"/> Passenger in a car or van	6 <input type="checkbox"/> Pedal cycle	7 <input type="checkbox"/> On foot	8 <input type="checkbox"/> Other (please specify)	9 <input type="checkbox"/> Works mainly at home
Person No. 2	Surname	Forename(s)	Address	Basic hours	Overtime hours	1 <input type="checkbox"/> No fixed place of work	2 <input type="checkbox"/> Working mainly at home	1 <input type="checkbox"/> Bus, minibus or coach (public or private)	2 <input type="checkbox"/> Motorcycle, scooter, moped	3 <input type="checkbox"/> Part of a pool-share driving arrangement (car or van)	4 <input type="checkbox"/> Driving a car or van	5 <input type="checkbox"/> Passenger in a car or van	6 <input type="checkbox"/> Pedal cycle	7 <input type="checkbox"/> On foot	8 <input type="checkbox"/> Other (please specify)	9 <input type="checkbox"/> Works mainly at home
Person No. 3	Surname	Forename(s)	Address	Basic hours	Overtime hours	1 <input type="checkbox"/> No fixed place of work	2 <input type="checkbox"/> Working mainly at home	1 <input type="checkbox"/> Bus, minibus or coach (public or private)	2 <input type="checkbox"/> Motorcycle, scooter, moped	3 <input type="checkbox"/> Part of a pool-share driving arrangement (car or van)	4 <input type="checkbox"/> Driving a car or van	5 <input type="checkbox"/> Passenger in a car or van	6 <input type="checkbox"/> Pedal cycle	7 <input type="checkbox"/> On foot	8 <input type="checkbox"/> Other (please specify)	9 <input type="checkbox"/> Works mainly at home
Person No. 4	Surname	Forename(s)	Address	Basic hours	Overtime hours	1 <input type="checkbox"/> No fixed place of work	2 <input type="checkbox"/> Working mainly at home	1 <input type="checkbox"/> Bus, minibus or coach (public or private)	2 <input type="checkbox"/> Motorcycle, scooter, moped	3 <input type="checkbox"/> Part of a pool-share driving arrangement (car or van)	4 <input type="checkbox"/> Driving a car or van	5 <input type="checkbox"/> Passenger in a car or van	6 <input type="checkbox"/> Pedal cycle	7 <input type="checkbox"/> On foot	8 <input type="checkbox"/> Other (please specify)	9 <input type="checkbox"/> Works mainly at home
Person No. 5	Surname	Forename(s)	Address	Basic hours	Overtime hours	1 <input type="checkbox"/> No fixed place of work	2 <input type="checkbox"/> Working mainly at home	1 <input type="checkbox"/> Bus, minibus or coach (public or private)	2 <input type="checkbox"/> Motorcycle, scooter, moped	3 <input type="checkbox"/> Part of a pool-share driving arrangement (car or van)	4 <input type="checkbox"/> Driving a car or van	5 <input type="checkbox"/> Passenger in a car or van	6 <input type="checkbox"/> Pedal cycle	7 <input type="checkbox"/> On foot	8 <input type="checkbox"/> Other (please specify)	9 <input type="checkbox"/> Works mainly at home
Person No. 6	Surname	Forename(s)	Address	Basic hours	Overtime hours	1 <input type="checkbox"/> No fixed place of work	2 <input type="checkbox"/> Working mainly at home	1 <input type="checkbox"/> Bus, minibus or coach (public or private)	2 <input type="checkbox"/> Motorcycle, scooter, moped	3 <input type="checkbox"/> Part of a pool-share driving arrangement (car or van)	4 <input type="checkbox"/> Driving a car or van	5 <input type="checkbox"/> Passenger in a car or van	6 <input type="checkbox"/> Pedal cycle	7 <input type="checkbox"/> On foot	8 <input type="checkbox"/> Other (please specify)	9 <input type="checkbox"/> Works mainly at home

NO  YES  Please ask the enumerator for another form

Is there any one else you have not included because there was no room on the form?

May the enumerator telephone you if he or she has a query about your form? If so, please write the number below.

INCLUDE anyone who is staying temporarily who does not normally live in the Isle of Man e.g. a visitor from the United Kingdom.  
 DO NOT INCLUDE anyone who lives elsewhere on the Isle of Man but who spends Census Night in your household - these people should complete a Census Form at their own address.  
 DO NOT INCLUDE anyone who is in hospital or in a nursing home on Census Night - they will be included on the institution's return.  
 \* DO NOT INCLUDE anyone who is in hospital or in a nursing home on Census Night - they will be included on the institution's return.