



**Isle of Man  
Government**

*Reiltys Ellan Vannin*

# ISLE OF MAN CENSUS 2011

FORM FOR PRIVATE HOUSEHOLDS H1.11

TO BE COMPLETED BY THE ENUMERATOR AND AMENDED, IF NECESSARY, BY THE PERSON SIGNING THIS FORM

Name

Address

Postcode

CD  ED  UPRL  Habitation code  Form No.

Please tick one box to show the nature of the accommodation which the household occupies:

|   |  |   |
|---|--|---|
| A house or bungalow that is:                                | A flat or maisonette that is:                                      | A non permanent structure (such as a caravan) |
| 1 <input type="checkbox"/> Detached                         | 4 <input type="checkbox"/> in a purpose-built block or development | 7 <input type="checkbox"/> Please specify     |
| 2 <input type="checkbox"/> Semi-detached                    | 5 <input type="checkbox"/> in a converted house                    | <input type="text"/>                          |
| 3 <input type="checkbox"/> Terraced (including end terrace) | 6 <input type="checkbox"/> in a commercial building                | <input type="text"/>                          |

**TO THE HOUSEHOLDER, JOINT HOUSEHOLDERS OR MEMBERS OF THE HOUSEHOLD AGED 16 OR OVER**

Please complete this Census Form on **SUNDAY 27th MARCH 2011** and have it ready for collection the following week. Should this form not be collected by Monday 4th April 2011, please contact the Census Office on (01624) 696861 or email us at census@gov.im

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 be away from the Island on Census Night (evening of 27th March/morning of the 28th March 2011), please contact the Census Office.

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

All the details that you provide are protected by law and will be treated in strict confidence. The information is only used for statistical purposes and 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 database.

- INSTRUCTIONS TO HELP YOU COMPLETE THE FORM**
- Use blue or black ink or ball point pen when filling in the form (please do not use a felt tipped pen).
  - Please **read the notes** accompanying each question before giving your answers.
  - A household comprises either of one person living alone, or a group of people (who may or may not be related) living at the same address with common housekeeping, such as sharing one meal a day together or sharing a living room or sitting room.

• **WHEN YOU HAVE COMPLETED THIS FORM PLEASE SIGN THE DECLARATION BELOW.**

## IMPORTANT INFORMATION

**WHO SHOULD YOU INCLUDE ON THE FORM?**

Include everyone who spends Census Night (evening of Sunday 27th March to morning of Monday 28th March) in your household **EXCEPT** anyone who lives elsewhere on the Isle of Man (see below).

Include anyone who normally lives in your household but spends Census Night elsewhere (for example at work or with a friend in the Isle of Man, on business or at university in the UK or elsewhere, on holiday or serving with the Armed Forces, etc) **EXCEPT** anyone who spends Census Night in an institution (see below).

**DO NOT INCLUDE:-**

Anyone who lives elsewhere in the Isle of Man. These persons must be included in a form at their own address.

Anyone who spends Census Night in an institution (hospital, nursing home, prison etc.). These persons must be included in a return from the institution.

**Is there anyone else that has not been included (such as visitors) because there is no room on the form?**

Yes (PLEASE ASK YOUR ENUMERATOR FOR ANOTHER FORM)

No

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

**PLEASE REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF THE FORM**

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

Signature(s)  Date

Lift this page for Question H1 of Household Questions

**GUIDANCE FOR COMPLETING QUESTION 3 ON PAGE 4**

Please read the following information to assist you in completing question 3 - relationship in the household

- The example shows how to provide the relationship information requested in question 3 for David Cubbon, his wife (Alison) and their two children (Ruth and John).

| PERSON 1<br>(Head or Joint Head of Household)     | PERSON 2   | PERSON 3  | PERSON 4   |
|---|--|---|--|
| Surname<br><input type="text" value="Cubbon"/>    | Surname<br><input type="text" value="Cubbon"/>   | Surname<br><input type="text" value="Cubbon"/>  | Surname<br><input type="text" value="Cubbon"/>   |
| Forename(s)<br><input type="text" value="David"/> | Forename(s)<br><input type="text" value="Alison"/>   | Forename(s)<br><input type="text" value="Ruth"/>  | Forename(s)<br><input type="text" value="John"/>   |
|   |  |   |  |
|   | Relationship of person 2 to person:<br>1<br>Husband or wife <input checked="" type="checkbox"/><br>Partner <input type="checkbox"/><br>Son or Daughter <input type="checkbox"/><br>Father or mother <input type="checkbox"/><br>Grandchild <input type="checkbox"/><br>Brother or Sister <input type="checkbox"/><br>Other relative <input type="checkbox"/><br>Unrelated <input type="checkbox"/> | Relationship of person 3 to person:<br>1 2<br>Husband or wife <input type="checkbox"/> <input type="checkbox"/><br>Partner <input type="checkbox"/> <input type="checkbox"/><br>Son or Daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/><br>Father or mother <input type="checkbox"/> <input type="checkbox"/><br>Grandchild <input type="checkbox"/> <input type="checkbox"/><br>Brother or Sister <input type="checkbox"/> <input type="checkbox"/><br>Other relative <input type="checkbox"/> <input type="checkbox"/><br>Unrelated <input type="checkbox"/> <input type="checkbox"/> | Relationship of person 4 to person:<br>1 2 3<br>Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Son or Daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/><br>Father or mother <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Grandchild <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Brother or Sister <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/><br>Other relative <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Unrelated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|   |  |   |  |

EXAMPLE

## HOUSEHOLD QUESTIONS

### H1 Accommodation

What type of accommodation does the household occupy?

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

- House or bungalow not shared with another household
- House or bungalow shared with another household
- Self-contained flat not shared with another household
- Self-contained flat shared with another household
- Flat or bedsit not self-contained
- Other (please specify)

### H2 Tenure

In what capacity do you and your household occupy your accommodation?

#### As an owner occupier

- Buying the property through a mortgage or loan
- Owning the property outright

#### By renting, rent-free or lease from

- The Government or Local Authority
- A private landlord, furnished
- A private landlord, unfurnished
- Your employer or the employer of another member of your household

#### In some other way

- Please give details

### H3 Motor Vehicles

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.
- 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.

- Car(s)
- Van(s)
- Motorcycle(s), Scooter(s), Moped(s)
- Other (please specify)

- No motor vehicles

## HOUSEHOLD QUESTIONS

### H4 Rooms

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**.

Please enter the number of rooms in this box:

Do not include: kitchens less than 6 feet wide; bathrooms and/or toilets; landings or halls; cellars or attics; garages or rooms that can only be used for storage such as cupboards or larders. Offices or shops used solely for business purposes should be excluded.

### H5 Household Heating

(i) What is your household's main form of heating?

- Please tick one box only.

- Electricity
- Gas
- Oil
- Coal or other solid fuel
- Other, (please specify)

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

- Yes
- No

## QUESTIONS FOR INDIVIDUALS

Please answer questions for every member of your household, then sign the declaration on the front of this form.

|   | PERSON 1<br>(Head or Joint Head of Household)   | PERSON 2   |
|---|---|--|
| <b>1 Full Name</b>  | Surname<br><input type="text"/>   | Surname<br><input type="text"/>  |
| <ul style="list-style-type: none"> <li>Please write the names in <b>BLOCK CAPITALS</b> starting with the head or joint head of the household.</li> <li>For a baby not yet named, enter the surname and write 'BABY'.</li> </ul> | Forename(s)<br><input type="text"/>   | Forename(s)<br><input type="text"/>  |
| <b>2 Visitors</b>   | <p>Is this person a visitor?</p> <p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes - working in the Isle of Man for a temporary period (more than 3 days)</p> <p>3 <input type="checkbox"/> Yes - working for 3 days or less or visiting for other purposes (eg - holiday)</p> <p>Answer no further questions</p>  | <p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes - working in the Isle of Man for a temporary period (more than 3 days)</p> <p>3 <input type="checkbox"/> Yes - working for 3 days or less or visiting for other purposes (eg - holiday)</p> <p>Answer no further questions</p>  |
| <b>3 Relationship in Household</b>  | <p>Please state the nature of the person's relationship to the other members of the household by ticking the relevant box</p> <ul style="list-style-type: none"> <li>The term 'Son or Daughter' includes a step-child or adopted child. Likewise the term 'Brother or Sister' includes step-brothers and step-sisters.</li> <li>For guidance on completing this question please refer to the example on the <b>fold-out page</b> at the front of this booklet.</li> </ul>                                       | <p>Relationship of person 2 to person:</p> <p>1</p> <p>Husband or Wife <input type="checkbox"/></p> <p>Partner <input type="checkbox"/></p> <p>Son or Daughter <input type="checkbox"/></p> <p>Father or Mother <input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/></p> <p>Brother or Sister <input type="checkbox"/></p> <p>Other relative <input type="checkbox"/></p> <p>Unrelated <input type="checkbox"/></p> |
| <b>4 Sex</b>  | <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>   | <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>  |
| <b>5 Date of Birth</b>  | <p>Please enter day, month and year in figures, showing all four digits of the year.</p> <p>For example 28th April 1976 should be entered as:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> | <p>Day Month Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>   |
| <b>6 Whereabouts on Census Night</b>  | <p>Was the person present or absent from this address on Census night?</p> <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man</p> <p>3 <input type="checkbox"/> Absent from the Isle of Man</p>  | <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man</p> <p>3 <input type="checkbox"/> Absent from the Isle of Man</p>  |

|  | PERSON 3   | PERSON 4   | PERSON 5   | PERSON 6   |
|--|--|--|--|--|
|  | Surname<br><input type="text"/>  | Surname<br><input type="text"/>  | Surname<br><input type="text"/>  | Surname<br><input type="text"/>  |
|  | Forename(s)<br><input type="text"/>  | Forename(s)<br><input type="text"/>  | Forename(s)<br><input type="text"/>  | Forename(s)<br><input type="text"/>  |
|  | <p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes - working in the Isle of Man for a temporary period (more than 3 days)</p> <p>3 <input type="checkbox"/> Yes - working for 3 days or less or visiting for other purposes (eg - holiday)</p> <p>Answer no further questions</p>  | <p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes - working in the Isle of Man for a temporary period (more than 3 days)</p> <p>3 <input type="checkbox"/> Yes - working for 3 days or less or visiting for other purposes (eg - holiday)</p> <p>Answer no further questions</p>  | <p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes - working in the Isle of Man for a temporary period (more than 3 days)</p> <p>3 <input type="checkbox"/> Yes - working for 3 days or less or visiting for other purposes (eg - holiday)</p> <p>Answer no further questions</p>  | <p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes - working in the Isle of Man for a temporary period (more than 3 days)</p> <p>3 <input type="checkbox"/> Yes - working for 3 days or less or visiting for other purposes (eg - holiday)</p> <p>Answer no further questions</p>  |
|  | <p>Relationship of person 3 to person:</p> <p>1 2</p> <p>Husband or Wife <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or Daughter <input type="checkbox"/> <input type="checkbox"/></p> <p>Father or Mother <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or Sister <input type="checkbox"/> <input type="checkbox"/></p> <p>Other relative <input type="checkbox"/> <input type="checkbox"/></p> <p>Unrelated <input type="checkbox"/> <input type="checkbox"/></p> | <p>Relationship of person 4 to person:</p> <p>1 2 3</p> <p>Husband or Wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or Daughter <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Father or Mother <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or Sister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Other relative <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Unrelated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>Relationship of person 5 to person:</p> <p>1 2 3 4</p> <p>Husband or Wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or Daughter <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Father or Mother <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or Sister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Other relative <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Unrelated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>Relationship of person 6 to person:</p> <p>1 2 3 4 5</p> <p>Husband or Wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or Daughter <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Father or Mother <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or Sister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Other relative <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Unrelated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
|  | <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>  | <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>  | <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>  | <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>  |
|  | <p>Day Month Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>   | <p>Day Month Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>   | <p>Day Month Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>   | <p>Day Month Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>   |
|  | <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man</p> <p>3 <input type="checkbox"/> Absent from the Isle of Man</p>  | <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man</p> <p>3 <input type="checkbox"/> Absent from the Isle of Man</p>  | <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man</p> <p>3 <input type="checkbox"/> Absent from the Isle of Man</p>  | <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Absent from this address but elsewhere in the Isle of Man</p> <p>3 <input type="checkbox"/> Absent from the Isle of Man</p>  |

## QUESTIONS FOR INDIVIDUALS

Please answer questions for every member of your household, then sign the declaration on the front of this form.

### 1 Full Name

- Please write the names in **BLOCK CAPITALS** starting with the head or joint head of the household.
- For a baby not yet named, enter the surname and write 'BABY'.

### 7 Place of Birth

#### (i) What is the person's nationality?

#### (ii) Where was the person born?

#### (iii) 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?

#### (iv) If the person was not born in the Isle of Man were either of their parents born in the Isle of Man?

#### (v) What is your ethnic group?

### PERSON 1

(Head or Joint Head of Household)

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Surname<br><input type="text"/>     | Surname<br><input type="text"/>     |
| Forename(s)<br><input type="text"/> | Forename(s)<br><input type="text"/> |
| <input type="text"/>                | <input type="text"/>                |

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

|                |                      |                      |                      |                      |
|----------------|----------------------|----------------------|----------------------|----------------------|
| For Office Use | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------|----------------------|----------------------|----------------------|----------------------|

|   |   |
|---|---|
| 0 <input type="checkbox"/> Isle of Man                | 0 <input type="checkbox"/> Isle of Man                |
| 1 <input type="checkbox"/> England                    | 1 <input type="checkbox"/> England                    |
| 2 <input type="checkbox"/> Wales                      | 2 <input type="checkbox"/> Wales                      |
| 3 <input type="checkbox"/> Scotland                   | 3 <input type="checkbox"/> Scotland                   |
| 4 <input type="checkbox"/> Northern Ireland           | 4 <input type="checkbox"/> Northern Ireland           |
| 5 <input type="checkbox"/> Republic of Ireland        | 5 <input type="checkbox"/> Republic of Ireland        |
| 6 <input type="checkbox"/> Channel Islands            | 6 <input type="checkbox"/> Channel Islands            |
| 7 <input type="checkbox"/> Elsewhere (please specify) | 7 <input type="checkbox"/> Elsewhere (please specify) |
| <input type="text"/>                                  | <input type="text"/>                                  |

|                |                      |                      |                      |                      |
|----------------|----------------------|----------------------|----------------------|----------------------|
| For Office Use | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------|----------------------|----------------------|----------------------|----------------------|

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|  |  |
|--|--|
| 1 <input type="checkbox"/> White                               | 1 <input type="checkbox"/> White                               |
| 2 <input type="checkbox"/> Mixed                               | 2 <input type="checkbox"/> Mixed                               |
| 3 <input type="checkbox"/> Asian or Asian British              | 3 <input type="checkbox"/> Asian or Asian British              |
| 4 <input type="checkbox"/> Black or Black British              | 4 <input type="checkbox"/> Black or Black British              |
| 5 <input type="checkbox"/> Other ethnic group (please specify) | 5 <input type="checkbox"/> Other ethnic group (please specify) |
| <input type="text"/>   | <input type="text"/>   |

### PERSON 2

### PERSON 3

### PERSON 4

### PERSON 5

### PERSON 6

|                                     |                                     |                                     |                                     |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Surname<br><input type="text"/>     | Surname<br><input type="text"/>     | Surname<br><input type="text"/>     | Surname<br><input type="text"/>     |
| Forename(s)<br><input type="text"/> | Forename(s)<br><input type="text"/> | Forename(s)<br><input type="text"/> | Forename(s)<br><input type="text"/> |
| <input type="text"/>                | <input type="text"/>                | <input type="text"/>                | <input type="text"/>                |

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

|                |                      |                      |                      |                      |
|----------------|----------------------|----------------------|----------------------|----------------------|
| For Office Use | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------|----------------------|----------------------|----------------------|----------------------|

|   |   |   |   |
|---|---|---|---|
| 0 <input type="checkbox"/> Isle of Man                | 0 <input type="checkbox"/> Isle of Man                | 0 <input type="checkbox"/> Isle of Man                | 0 <input type="checkbox"/> Isle of Man                |
| 1 <input type="checkbox"/> England                    | 1 <input type="checkbox"/> England                    | 1 <input type="checkbox"/> England                    | 1 <input type="checkbox"/> England                    |
| 2 <input type="checkbox"/> Wales                      | 2 <input type="checkbox"/> Wales                      | 2 <input type="checkbox"/> Wales                      | 2 <input type="checkbox"/> Wales                      |
| 3 <input type="checkbox"/> Scotland                   | 3 <input type="checkbox"/> Scotland                   | 3 <input type="checkbox"/> Scotland                   | 3 <input type="checkbox"/> Scotland                   |
| 4 <input type="checkbox"/> Northern Ireland           | 4 <input type="checkbox"/> Northern Ireland           | 4 <input type="checkbox"/> Northern Ireland           | 4 <input type="checkbox"/> Northern Ireland           |
| 5 <input type="checkbox"/> Republic of Ireland        | 5 <input type="checkbox"/> Republic of Ireland        | 5 <input type="checkbox"/> Republic of Ireland        | 5 <input type="checkbox"/> Republic of Ireland        |
| 6 <input type="checkbox"/> Channel Islands            | 6 <input type="checkbox"/> Channel Islands            | 6 <input type="checkbox"/> Channel Islands            | 6 <input type="checkbox"/> Channel Islands            |
| 7 <input type="checkbox"/> Elsewhere (please specify) | 7 <input type="checkbox"/> Elsewhere (please specify) | 7 <input type="checkbox"/> Elsewhere (please specify) | 7 <input type="checkbox"/> Elsewhere (please specify) |
| <input type="text"/>                                  | <input type="text"/>                                  | <input type="text"/>                                  | <input type="text"/>                                  |

|                |                      |                      |                      |                      |
|----------------|----------------------|----------------------|----------------------|----------------------|
| For Office Use | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------|----------------------|----------------------|----------------------|----------------------|

|                                |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|  |  |  |  |
|--|--|--|--|
| 1 <input type="checkbox"/> White                               | 1 <input type="checkbox"/> White                               | 1 <input type="checkbox"/> White                               | 1 <input type="checkbox"/> White                               |
| 2 <input type="checkbox"/> Mixed                               | 2 <input type="checkbox"/> Mixed                               | 2 <input type="checkbox"/> Mixed                               | 2 <input type="checkbox"/> Mixed                               |
| 3 <input type="checkbox"/> Asian or Asian British              | 3 <input type="checkbox"/> Asian or Asian British              | 3 <input type="checkbox"/> Asian or Asian British              | 3 <input type="checkbox"/> Asian or Asian British              |
| 4 <input type="checkbox"/> Black or Black British              | 4 <input type="checkbox"/> Black or Black British              | 4 <input type="checkbox"/> Black or Black British              | 4 <input type="checkbox"/> Black or Black British              |
| 5 <input type="checkbox"/> Other ethnic group (please specify) | 5 <input type="checkbox"/> Other ethnic group (please specify) | 5 <input type="checkbox"/> Other ethnic group (please specify) | 5 <input type="checkbox"/> Other ethnic group (please specify) |
| <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |

## QUESTIONS FOR INDIVIDUALS

Please answer questions for every member of your household, then sign the declaration on the front of this form.

|   | PERSON 1<br>(Head or Joint Head of Household)   | PERSON 2  |
|---|---|---|
| <b>1 Full Name</b>  | Surname<br><input type="text"/>   | Surname<br><input type="text"/>   |
| <ul style="list-style-type: none"> <li>Please write the names in <b>BLOCK CAPITALS</b> starting with the head or joint head of the household.</li> <li>For a baby not yet named, enter the surname and write 'BABY'.</li> </ul>         | Forename(s)<br><input type="text"/>   | Forename(s)<br><input type="text"/>   |
| <b>8 Full time Students</b>   |   |   |
| <b>(i) Is this person in full time education?</b>   | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No (Now go to question 9)  | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No (Now go to question 9)  |
| <b>(ii) Does this person live at the address shown at the front of this form during the school, college or university term?</b>   | 1 <input type="checkbox"/> Yes - lives at this address during term-time<br>2 <input type="checkbox"/> No - lives elsewhere in the Isle of Man during term-time<br>3 <input type="checkbox"/> No - lives elsewhere outside the Isle of Man during term-time  | 1 <input type="checkbox"/> Yes - lives at this address during term-time<br>2 <input type="checkbox"/> No - lives elsewhere in the Isle of Man during term-time<br>3 <input type="checkbox"/> No - lives elsewhere outside the Isle of Man during term-time  |
| <b>9 Manx Language</b>  |   |   |
| <b>Can the person speak, read or write Manx Gaelic?</b>   | 1 <input type="checkbox"/> No - cannot speak, read or write Manx<br>2 <input type="checkbox"/> Yes - speaks Manx<br>3 <input type="checkbox"/> Yes - reads Manx<br>4 <input type="checkbox"/> Yes - writes Manx   | 1 <input type="checkbox"/> No - cannot speak, read or write Manx<br>2 <input type="checkbox"/> Yes - speaks Manx<br>3 <input type="checkbox"/> Yes - reads Manx<br>4 <input type="checkbox"/> Yes - writes Manx   |
| <b>10 Present Marital Status</b>  |   |   |
| <b>What is the person's current marital status?</b>   | 1 <input type="checkbox"/> Single (never married)<br>2 <input type="checkbox"/> Married (first marriage)<br>3 <input type="checkbox"/> Re-married<br>4 <input type="checkbox"/> Separated, but still legally married<br>5 <input type="checkbox"/> Widowed<br>6 <input type="checkbox"/> Divorced | 1 <input type="checkbox"/> Single (never married)<br>2 <input type="checkbox"/> Married (first marriage)<br>3 <input type="checkbox"/> Re-married<br>4 <input type="checkbox"/> Separated, but still legally married<br>5 <input type="checkbox"/> Widowed<br>6 <input type="checkbox"/> Divorced |
| <b>11 Carers</b>  |   |   |
| <b>Does this person look after or give any significant help or support to family members or friends, neighbours and others because of their:</b>  | 1 <input type="checkbox"/> Family members<br>2 <input type="checkbox"/> Friends, neighbours and others<br>3 <input type="checkbox"/> No - person does not provide any significant help/support.   | 1 <input type="checkbox"/> Family members<br>2 <input type="checkbox"/> Friends, neighbours and others<br>3 <input type="checkbox"/> No - person does not provide any significant help/support.   |
| <ul style="list-style-type: none"> <li>long-term physical or mental ill-health or disability, OR</li> <li>problems related to old age?</li> </ul>   |   |   |
| <ul style="list-style-type: none"> <li>Do not count anything you do as part of your paid employment.</li> <li>If the person does not provide any significant help or support please tick <b>BOX 3</b> and go to question 12.</li> </ul> |   |   |

|  | PERSON 3  | PERSON 4  | PERSON 5  | PERSON 6  |
|--|---|---|---|---|
|  | Surname<br><input type="text"/>   | Surname<br><input type="text"/>   | Surname<br><input type="text"/>   | Surname<br><input type="text"/>   |
|  | Forename(s)<br><input type="text"/>   | Forename(s)<br><input type="text"/>   | Forename(s)<br><input type="text"/>   | Forename(s)<br><input type="text"/>   |
|  |   |   |   |   |
|  | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No (Now go to question 9)  | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No (Now go to question 9)  | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No (Now go to question 9)  | 1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No (Now go to question 9)  |
|  | 1 <input type="checkbox"/> Yes - lives at this address during term-time<br>2 <input type="checkbox"/> No - lives elsewhere in the Isle of Man during term-time<br>3 <input type="checkbox"/> No - lives elsewhere outside the Isle of Man during term-time  | 1 <input type="checkbox"/> Yes - lives at this address during term-time<br>2 <input type="checkbox"/> No - lives elsewhere in the Isle of Man during term-time<br>3 <input type="checkbox"/> No - lives elsewhere outside the Isle of Man during term-time  | 1 <input type="checkbox"/> Yes - lives at this address during term-time<br>2 <input type="checkbox"/> No - lives elsewhere in the Isle of Man during term-time<br>3 <input type="checkbox"/> No - lives elsewhere outside the Isle of Man during term-time  | 1 <input type="checkbox"/> Yes - lives at this address during term-time<br>2 <input type="checkbox"/> No - lives elsewhere in the Isle of Man during term-time<br>3 <input type="checkbox"/> No - lives elsewhere outside the Isle of Man during term-time  |
|  | 1 <input type="checkbox"/> No - cannot speak, read or write Manx<br>2 <input type="checkbox"/> Yes - speaks Manx<br>3 <input type="checkbox"/> Yes - reads Manx<br>4 <input type="checkbox"/> Yes - writes Manx   | 1 <input type="checkbox"/> No - cannot speak, read or write Manx<br>2 <input type="checkbox"/> Yes - speaks Manx<br>3 <input type="checkbox"/> Yes - reads Manx<br>4 <input type="checkbox"/> Yes - writes Manx   | 1 <input type="checkbox"/> No - cannot speak, read or write Manx<br>2 <input type="checkbox"/> Yes - speaks Manx<br>3 <input type="checkbox"/> Yes - reads Manx<br>4 <input type="checkbox"/> Yes - writes Manx   | 1 <input type="checkbox"/> No - cannot speak, read or write Manx<br>2 <input type="checkbox"/> Yes - speaks Manx<br>3 <input type="checkbox"/> Yes - reads Manx<br>4 <input type="checkbox"/> Yes - writes Manx   |
|  | 1 <input type="checkbox"/> Single (never married)<br>2 <input type="checkbox"/> Married (first marriage)<br>3 <input type="checkbox"/> Re-married<br>4 <input type="checkbox"/> Separated, but still legally married<br>5 <input type="checkbox"/> Widowed<br>6 <input type="checkbox"/> Divorced | 1 <input type="checkbox"/> Single (never married)<br>2 <input type="checkbox"/> Married (first marriage)<br>3 <input type="checkbox"/> Re-married<br>4 <input type="checkbox"/> Separated, but still legally married<br>5 <input type="checkbox"/> Widowed<br>6 <input type="checkbox"/> Divorced | 1 <input type="checkbox"/> Single (never married)<br>2 <input type="checkbox"/> Married (first marriage)<br>3 <input type="checkbox"/> Re-married<br>4 <input type="checkbox"/> Separated, but still legally married<br>5 <input type="checkbox"/> Widowed<br>6 <input type="checkbox"/> Divorced | 1 <input type="checkbox"/> Single (never married)<br>2 <input type="checkbox"/> Married (first marriage)<br>3 <input type="checkbox"/> Re-married<br>4 <input type="checkbox"/> Separated, but still legally married<br>5 <input type="checkbox"/> Widowed<br>6 <input type="checkbox"/> Divorced |
|  | 1 <input type="checkbox"/> Family members<br>2 <input type="checkbox"/> Friends, neighbours and others<br>3 <input type="checkbox"/> No - person does not provide any significant help/support.   | 1 <input type="checkbox"/> Family members<br>2 <input type="checkbox"/> Friends, neighbours and others<br>3 <input type="checkbox"/> No - person does not provide any significant help/support.   | 1 <input type="checkbox"/> Family members<br>2 <input type="checkbox"/> Friends, neighbours and others<br>3 <input type="checkbox"/> No - person does not provide any significant help/support.   | 1 <input type="checkbox"/> Family members<br>2 <input type="checkbox"/> Friends, neighbours and others<br>3 <input type="checkbox"/> No - person does not provide any significant help/support.   |

## QUESTIONS FOR INDIVIDUALS

Please answer questions for every member of your household, then sign the declaration on the front of this form.

### 1 Full Name

- Please write the names in **BLOCK CAPITALS** starting with the head or joint head of the household.
- For a baby not yet named, enter the surname and write 'BABY'.

### PERSON 1

(Head or Joint Head of Household)

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

### 12 Residency

#### (i) When did the CURRENT period of residency in the Isle of Man begin?

- If you ticked **BOX 2**, please enter the year and answer parts (ii) & (iii).

1  At birth (Now go to question 13)  
2  In

1  At birth (Now go to question 13)  
2  In

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

- Tick one box only.
- If you have had more than one period of residency in the Isle of Man, please indicate where you lived before taking up the **current** period of residency.

1  England  
2  Wales  
3  Scotland  
4  Northern Ireland  
5  Republic of Ireland  
6  Channel Islands  
7  Elsewhere (please specify)

1  England  
2  Wales  
3  Scotland  
4  Northern Ireland  
5  Republic of Ireland  
6  Channel Islands  
7  Elsewhere (please specify)

For office use

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

- Tick one box only.

1  To live in retirement  
2  To take up or to seek employment or self-employment  
3  As the spouse or dependent of a person living in retirement  
4  As the spouse or dependent of a person coming to take up or seek employment or self employment  
5  Other reason (please specify)

1  To live in retirement  
2  To take up or to seek employment or self-employment  
3  As the spouse or dependent of a person living in retirement  
4  As the spouse or dependent of a person coming to take up or seek employment or self employment  
5  Other reason (please specify)

### 13 Those in Compulsory Education

#### (i) If the person is 16 or under and in compulsory education, were they in paid employment last week?

1  Yes  
2  No

1  Yes  
2  No

#### (ii) If in paid employment, how many hours did the person work last week?

Hours

Hours

ONLY ANSWER THE REMAINING QUESTIONS IF THE PERSON IS AGED 16 OR OVER AND NOT IN COMPULSORY EDUCATION

### PERSON 3

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

1  At birth (Now go to question 13)  
2  In

1  England  
2  Wales  
3  Scotland  
4  Northern Ireland  
5  Republic of Ireland  
6  Channel Islands  
7  Elsewhere (please specify)

1  To live in retirement  
2  To take up or to seek employment or self-employment  
3  As the spouse or dependent of a person living in retirement  
4  As the spouse or dependent of a person coming to take up or seek employment or self employment  
5  Other reason (please specify)

1  Yes  
2  No

Hours

### PERSON 4

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

1  At birth (Now go to question 13)  
2  In

1  England  
2  Wales  
3  Scotland  
4  Northern Ireland  
5  Republic of Ireland  
6  Channel Islands  
7  Elsewhere (please specify)

1  To live in retirement  
2  To take up or to seek employment or self-employment  
3  As the spouse or dependent of a person living in retirement  
4  As the spouse or dependent of a person coming to take up or seek employment or self employment  
5  Other reason (please specify)

1  Yes  
2  No

Hours

### PERSON 5

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

1  At birth (Now go to question 13)  
2  In

1  England  
2  Wales  
3  Scotland  
4  Northern Ireland  
5  Republic of Ireland  
6  Channel Islands  
7  Elsewhere (please specify)

1  To live in retirement  
2  To take up or to seek employment or self-employment  
3  As the spouse or dependent of a person living in retirement  
4  As the spouse or dependent of a person coming to take up or seek employment or self employment  
5  Other reason (please specify)

1  Yes  
2  No

Hours

### PERSON 6

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

1  At birth (Now go to question 13)  
2  In

1  England  
2  Wales  
3  Scotland  
4  Northern Ireland  
5  Republic of Ireland  
6  Channel Islands  
7  Elsewhere (please specify)

1  To live in retirement  
2  To take up or to seek employment or self-employment  
3  As the spouse or dependent of a person living in retirement  
4  As the spouse or dependent of a person coming to take up or seek employment or self employment  
5  Other reason (please specify)

1  Yes  
2  No

Hours

ONLY ANSWER THE REMAINING QUESTIONS IF THE PERSON IS AGED 16 OR OVER AND NOT IN COMPULSORY EDUCATION

## QUESTIONS FOR INDIVIDUALS

Please answer questions for every member of your household, then sign the declaration on the front of this form.

### 1 Full Name

Please write the names in **BLOCK CAPITALS** starting with the head or joint head of the household.

For a baby not yet named, enter the surname and write 'BABY'.

### 14 Qualifications

#### (i) Which of these qualifications does the person have?

Please tick the appropriate box or boxes.

### PERSON 1

(Head or Joint Head of Household)

Surname  
  
 Forename(s)

- 1  1+ O levels /CSEs/ GCSEs (any grade)  
 2  5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate  
 3  1+ A levels/AS levels  
 4  2+ A levels, 4 AS levels, Higher School Certificate  
 5  First Degree (e.g. BA, B.Sc.)  
 6  Higher Degree (e.g. MA, Ph.D., PGCE, post graduate certificate/diplomas)  
 7  NVQ Level 1, Foundation GNVQ  
 8  NVQ Level 2, Intermediate GNVQ  
 9  NVQ Level 3, Advanced GNVQ, NC, ND  
 10  NVQ Levels 4-5, HNC, HND  
 11  Other academic or vocational qualifications (e.g. City and Guilds, RSA/OCR, BTEC/ Edexcel)  
 12  Professional Qualifications  
 Please specify  
  
 13  No Qualifications

- 1  Yes  
 2  No

### PERSON 2

Surname  
  
 Forename(s)

- 1  1+ O levels /CSEs/ GCSEs (any grade)  
 2  5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate  
 3  1+ A levels/AS levels  
 4  2+ A levels, 4 AS levels, Higher School Certificate  
 5  First Degree (e.g. BA, B.Sc.)  
 6  Higher Degree (e.g. MA, Ph.D., PGCE, post graduate certificate/diplomas)  
 7  NVQ Level 1, Foundation GNVQ  
 8  NVQ Level 2, Intermediate GNVQ  
 9  NVQ Level 3, Advanced GNVQ, NC, ND  
 10  NVQ Levels 4-5, HNC, HND  
 11  Other academic or vocational qualifications (e.g. City and Guilds, RSA/OCR, BTEC/ Edexcel)  
 12  Professional Qualifications  
 Please specify  
  
 13  No Qualifications

- 1  Yes  
 2  No

### PERSON 3

Surname  
  
 Forename(s)

- 1  1+ O levels /CSEs/ GCSEs (any grade)  
 2  5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate  
 3  1+ A levels/AS levels  
 4  2+ A levels, 4 AS levels, Higher School Certificate  
 5  First Degree (e.g. BA, B.Sc.)  
 6  Higher Degree (e.g. MA, Ph.D., PGCE, post graduate certificate/diplomas)  
 7  NVQ Level 1, Foundation GNVQ  
 8  NVQ Level 2, Intermediate GNVQ  
 9  NVQ Level 3, Advanced GNVQ, NC, ND  
 10  NVQ Levels 4-5, HNC, HND  
 11  Other academic or vocational qualifications (e.g. City and Guilds, RSA/OCR, BTEC/ Edexcel)  
 12  Professional Qualifications  
 Please specify  
  
 13  No Qualifications

- 1  Yes  
 2  No

### PERSON 4

Surname  
  
 Forename(s)

- 1  1+ O levels /CSEs/ GCSEs (any grade)  
 2  5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate  
 3  1+ A levels/AS levels  
 4  2+ A levels, 4 AS levels, Higher School Certificate  
 5  First Degree (e.g. BA, B.Sc.)  
 6  Higher Degree (e.g. MA, Ph.D., PGCE, post graduate certificate/diplomas)  
 7  NVQ Level 1, Foundation GNVQ  
 8  NVQ Level 2, Intermediate GNVQ  
 9  NVQ Level 3, Advanced GNVQ, NC, ND  
 10  NVQ Levels 4-5, HNC, HND  
 11  Other academic or vocational qualifications (e.g. City and Guilds, RSA/OCR, BTEC/ Edexcel)  
 12  Professional Qualifications  
 Please specify  
  
 13  No Qualifications

- 1  Yes  
 2  No

### PERSON 5

Surname  
  
 Forename(s)

- 1  1+ O levels /CSEs/ GCSEs (any grade)  
 2  5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate  
 3  1+ A levels/AS levels  
 4  2+ A levels, 4 AS levels, Higher School Certificate  
 5  First Degree (e.g. BA, B.Sc.)  
 6  Higher Degree (e.g. MA, Ph.D., PGCE, post graduate certificate/diplomas)  
 7  NVQ Level 1, Foundation GNVQ  
 8  NVQ Level 2, Intermediate GNVQ  
 9  NVQ Level 3, Advanced GNVQ, NC, ND  
 10  NVQ Levels 4-5, HNC, HND  
 11  Other academic or vocational qualifications (e.g. City and Guilds, RSA/OCR, BTEC/ Edexcel)  
 12  Professional Qualifications  
 Please specify  
  
 13  No Qualifications

- 1  Yes  
 2  No

### PERSON 6

Surname  
  
 Forename(s)

- 1  1+ O levels /CSEs/ GCSEs (any grade)  
 2  5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate  
 3  1+ A levels/AS levels  
 4  2+ A levels, 4 AS levels, Higher School Certificate  
 5  First Degree (e.g. BA, B.Sc.)  
 6  Higher Degree (e.g. MA, Ph.D., PGCE, post graduate certificate/diplomas)  
 7  NVQ Level 1, Foundation GNVQ  
 8  NVQ Level 2, Intermediate GNVQ  
 9  NVQ Level 3, Advanced GNVQ, NC, ND  
 10  NVQ Levels 4-5, HNC, HND  
 11  Other academic or vocational qualifications (e.g. City and Guilds, RSA/OCR, BTEC/ Edexcel)  
 12  Professional Qualifications  
 Please specify  
  
 13  No Qualifications

- 1  Yes  
 2  No



## QUESTIONS FOR INDIVIDUALS

Please answer questions for every member of your household, then sign the declaration on the front of this form.

### 1 Full Name

- Please write the names in **BLOCK CAPITALS** starting with the head or joint head of the household.

- For a baby not yet named, enter the surname and write 'BABY'.

### 15 Employment Status

Last week was the person employed either:

- as an employee
- on a government approved training scheme
- as paid or unpaid self employed/freelance
- or in their own or family business?

- Tick 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off.

- Tick 'Yes' for any paid work, including casual or temporary work.

### 16 Basis of Employment

On what basis is the person currently employed?

In the case of a person 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 self employed part-time, tick **BOX 1** and either **BOX 4 or 5**;
- (c) If working part-time for more than one employer, tick **BOX 3**.

- Women on maternity leave with a formal job attachment should count themselves as employed.

### PERSON 1

(Head or Joint Head of Household)

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

- 1  Yes
- 2  No (Now answer Question 21)

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

### PERSON 2

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

- 1  Yes
- 2  No (Now answer Question 21)

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

### PERSON 3

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

- 1  Yes
- 2  No (Now answer Question 21)

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

### PERSON 4

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

- 1  Yes
- 2  No (Now answer Question 21)

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

### PERSON 5

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

- 1  Yes
- 2  No (Now answer Question 21)

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

### PERSON 6

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

- 1  Yes
- 2  No (Now answer Question 21)

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

## QUESTIONS FOR INDIVIDUALS

Please answer questions for every member of your household, then sign the declaration on the front of this form.

### 1 Full Name

- Please write the names in **BLOCK CAPITALS** starting with the head or joint head of the household.

- For a baby not yet named, enter the surname and write 'BABY'.

### 17 Name/Address and Business of Employer

- In **BOX 1** please give the name of the person's employer. Use the trading name, if applicable (do not use abbreviations). If self-employed state this in **BOX 1**.
- In **BOX 2** please state the employer's address for your usual place of work. (This might not be the company headquarters).

- In **BOX 3** describe clearly what the employer (or self-employed person) makes or does, for example: 'provides office cleaning services'; 'manufactures electrical goods'.

- **Civil Service** - give name of Government Department in **BOX 1** and Government Division in **BOX 3**;

**Officers of Douglas Corporation/Local Commissioners** - give name of the employing authority in **BOX 1** and leave **BOXES 2** and **3** blank;

**Armed Forces** - enter 'ARMED FORCES' in **BOX 1**, leave **BOXES 2** and **3** blank.

*For office use*

### PERSON 1

(Head or Joint Head of Household)

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

|                    |                    |
|--------------------|--------------------|
| 1 Name of Employer | 1 Name of Employer |
|                    |                    |
|                    |                    |

|                       |                       |
|-----------------------|-----------------------|
| 2 Address of Employer | 2 Address of Employer |
|                       |                       |
|                       |                       |
|                       |                       |

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| 3 Description of Employer's Business | 3 Description of Employer's Business |
|                                      |                                      |
|                                      |                                      |
|                                      |                                      |

|   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/>                             | <input type="checkbox"/> <input type="checkbox"/>                             |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IC | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IC |
| <input type="checkbox"/> IS   | <input type="checkbox"/> IS   |
| <input type="checkbox"/> PG   | <input type="checkbox"/> PG   |

### 18 Occupation

#### What is the person's main occupation?

- In **BOX 1** give the full title by which the job is known. For example: 'gas fitter'; 'accounts clerk'; 'packing machinist'; rather than a general title like 'fitter'; 'clerk'; 'machinist'. If the job is known in the industry by a special name, use that name, but do not use abbreviations.

- In **BOX 2** give the main tasks actually done in the job, for example 'audio-typing'; 'managing accounts for private clients'; 'repairing agricultural machinery'; 'delivering goods to customers'.

- **Civil Service** - give job title and grade in **BOX 1** and leave **BOX 2** blank;

**Armed Forces** - enter rank in **BOX 1** and leave **BOX 2** blank.

*For office use*

|                  |                  |
|------------------|------------------|
| 1 Full Job Title | 1 Full Job Title |
|                  |                  |
|                  |                  |
|                  |                  |

|                          |                          |
|--------------------------|--------------------------|
| 2 Main tasks done in job | 2 Main tasks done in job |
|                          |                          |
|                          |                          |
|                          |                          |
|                          |                          |

|   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|---|---|

### PERSON 3

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

|                    |                    |
|--------------------|--------------------|
| 1 Name of Employer | 1 Name of Employer |
|                    |                    |
|                    |                    |

|                       |                       |
|-----------------------|-----------------------|
| 2 Address of Employer | 2 Address of Employer |
|                       |                       |
|                       |                       |
|                       |                       |

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| 3 Description of Employer's Business | 3 Description of Employer's Business |
|                                      |                                      |
|                                      |                                      |
|                                      |                                      |

|   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/>                             | <input type="checkbox"/> <input type="checkbox"/>                             |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IC | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IC |
| <input type="checkbox"/> IS   | <input type="checkbox"/> IS   |
| <input type="checkbox"/> PG   | <input type="checkbox"/> PG   |

|                  |                  |
|------------------|------------------|
| 1 Full Job Title | 1 Full Job Title |
|                  |                  |
|                  |                  |
|                  |                  |

|                          |                          |
|--------------------------|--------------------------|
| 2 Main tasks done in job | 2 Main tasks done in job |
|                          |                          |
|                          |                          |
|                          |                          |
|                          |                          |

|   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|---|---|

### PERSON 4

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

|                    |                    |
|--------------------|--------------------|
| 1 Name of Employer | 1 Name of Employer |
|                    |                    |
|                    |                    |

|                       |                       |
|-----------------------|-----------------------|
| 2 Address of Employer | 2 Address of Employer |
|                       |                       |
|                       |                       |
|                       |                       |

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| 3 Description of Employer's Business | 3 Description of Employer's Business |
|                                      |                                      |
|                                      |                                      |
|                                      |                                      |

|   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/>                             | <input type="checkbox"/> <input type="checkbox"/>                             |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IC | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IC |
| <input type="checkbox"/> IS   | <input type="checkbox"/> IS   |
| <input type="checkbox"/> PG   | <input type="checkbox"/> PG   |

|                  |                  |
|------------------|------------------|
| 1 Full Job Title | 1 Full Job Title |
|                  |                  |
|                  |                  |
|                  |                  |

|                          |                          |
|--------------------------|--------------------------|
| 2 Main tasks done in job | 2 Main tasks done in job |
|                          |                          |
|                          |                          |
|                          |                          |
|                          |                          |

|   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|---|---|

### PERSON 5

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

|                    |                    |
|--------------------|--------------------|
| 1 Name of Employer | 1 Name of Employer |
|                    |                    |
|                    |                    |

|                       |                       |
|-----------------------|-----------------------|
| 2 Address of Employer | 2 Address of Employer |
|                       |                       |
|                       |                       |
|                       |                       |

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| 3 Description of Employer's Business | 3 Description of Employer's Business |
|                                      |                                      |
|                                      |                                      |
|                                      |                                      |

|   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/>                             | <input type="checkbox"/> <input type="checkbox"/>                             |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IC | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IC |
| <input type="checkbox"/> IS   | <input type="checkbox"/> IS   |
| <input type="checkbox"/> PG   | <input type="checkbox"/> PG   |

|                  |                  |
|------------------|------------------|
| 1 Full Job Title | 1 Full Job Title |
|                  |                  |
|                  |                  |
|                  |                  |

|                          |                          |
|--------------------------|--------------------------|
| 2 Main tasks done in job | 2 Main tasks done in job |
|                          |                          |
|                          |                          |
|                          |                          |
|                          |                          |

|   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|---|---|

### PERSON 6

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |

|                    |                    |
|--------------------|--------------------|
| 1 Name of Employer | 1 Name of Employer |
|                    |                    |
|                    |                    |

|                       |                       |
|-----------------------|-----------------------|
| 2 Address of Employer | 2 Address of Employer |
|                       |                       |
|                       |                       |
|                       |                       |

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| 3 Description of Employer's Business | 3 Description of Employer's Business |
|                                      |                                      |
|                                      |                                      |
|                                      |                                      |

|   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/>                             | <input type="checkbox"/> <input type="checkbox"/>                             |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IC | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IC |
| <input type="checkbox"/> IS   | <input type="checkbox"/> IS   |
| <input type="checkbox"/> PG   | <input type="checkbox"/> PG   |

|                  |                  |
|------------------|------------------|
| 1 Full Job Title | 1 Full Job Title |
|                  |                  |
|                  |                  |
|                  |                  |

|                          |                          |
|--------------------------|--------------------------|
| 2 Main tasks done in job | 2 Main tasks done in job |
|                          |                          |
|                          |                          |
|                          |                          |
|                          |                          |

|   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|---|---|

## QUESTIONS FOR INDIVIDUALS

Please answer questions for every member of your household, then sign the declaration on the front of this form.

### 1 Full Name

- Please write the names in **BLOCK CAPITALS** starting with the head or joint head of the household.
- For a baby not yet named, enter the surname and write 'BABY'.

### PERSON 1

(Head or Joint Head of Household)

Surname  
  
 Forename(s)

### PERSON 2

Surname  
  
 Forename(s)

### 19 Work Permits

Does the person hold a current work permit?

- 1  Yes  
 2  No

- 1  Yes  
 2  No

### 20 Transport to Work

How did the person travel to work last week?

- Tick one box only.
- Indicate the principal means by which the person travels to work.

- 1  Public transport  
 2  Bus/coach/minibus provided by employer  
 3  Driving a car, van or motorcycle  
 4  Passenger in a car, van or motorcycle  
 5  Pedal cycle  
 6  On foot  
 7  Other means of travel  
 8  Works mainly from home

- 1  Public transport  
 2  Bus/coach/minibus provided by employer  
 3  Driving a car, van or motorcycle  
 4  Passenger in a car, van or motorcycle  
 5  Pedal cycle  
 6  On foot  
 7  Other means of travel  
 8  Works mainly from home

### PERSON 3

Surname  
  
 Forename(s)

### PERSON 4

Surname  
  
 Forename(s)

### PERSON 5

Surname  
  
 Forename(s)

### PERSON 6

Surname  
  
 Forename(s)

- 1  Yes  
 2  No

- 1  Yes  
 2  No

- 1  Yes  
 2  No

- 1  Yes  
 2  No

- 1  Public transport  
 2  Bus/coach/minibus provided by employer  
 3  Driving a car, van or motorcycle  
 4  Passenger in a car, van or motorcycle  
 5  Pedal cycle  
 6  On foot  
 7  Other means of travel  
 8  Works mainly from home

- 1  Public transport  
 2  Bus/coach/minibus provided by employer  
 3  Driving a car, van or motorcycle  
 4  Passenger in a car, van or motorcycle  
 5  Pedal cycle  
 6  On foot  
 7  Other means of travel  
 8  Works mainly from home

- 1  Public transport  
 2  Bus/coach/minibus provided by employer  
 3  Driving a car, van or motorcycle  
 4  Passenger in a car, van or motorcycle  
 5  Pedal cycle  
 6  On foot  
 7  Other means of travel  
 8  Works mainly from home

- 1  Public transport  
 2  Bus/coach/minibus provided by employer  
 3  Driving a car, van or motorcycle  
 4  Passenger in a car, van or motorcycle  
 5  Pedal cycle  
 6  On foot  
 7  Other means of travel  
 8  Works mainly from home

QUESTION 21 OVERLEAF IS FOR PERSONS NOT CURRENTLY IN EMPLOYMENT.

PLEASE REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF THIS FORM.

QUESTION 21 OVERLEAF IS FOR PERSONS NOT CURRENTLY IN EMPLOYMENT.

PLEASE REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF THIS FORM.

## QUESTIONS FOR INDIVIDUALS

Please answer questions for every member of your household, then sign the declaration on the front of this form.

### 1 Full Name

- Please write the names in **BLOCK CAPITALS** starting with the head or joint head of the household.
- For a baby not yet named, enter the surname and write 'BABY'.

### PERSON 1

(Head or Joint Head of Household)

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |
|             |             |
|             |             |

### PERSON 2

|  |  |
|--|--|
| 1 <input type="checkbox"/> Is at school or in full-time education                      | 1 <input type="checkbox"/> Is at school or in full-time education                      |
| 2 <input type="checkbox"/> Is retired  | 2 <input type="checkbox"/> Is retired  |
| 3 <input type="checkbox"/> Looks after home/family (solely)                            | 3 <input type="checkbox"/> Looks after home/family (solely)                            |
| 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness   | 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness   |
| 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability | 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability |
| 6 <input type="checkbox"/> Is unemployed and looking for work                          | 6 <input type="checkbox"/> Is unemployed and looking for work                          |
| 7 <input type="checkbox"/> None of the above   | 7 <input type="checkbox"/> None of the above   |

### 21 Persons Without Work

#### (i) If the person is without work, which of the following reasons apply?

- Tick one box only.
- **BOX 1:** Do not count training given or paid for by an employer.
- **BOX 6:** Include any person wanting a job but prevented from looking by a temporary illness.

IF BOX 6 HAS BEEN TICKED

PLEASE ANSWER QUESTIONS (ii) TO (v)

#### (ii) Has the person looked for work in the previous four weeks?

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

#### (iii) Is the person available to start work within two weeks?

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

#### (iv) Is the person waiting to start work which has already been obtained?

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

#### (v) Is the person available for part time work (less than 30 hours per week)?

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

PLEASE REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF THIS FORM

### PERSON 3

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |
|             |             |
|             |             |

|  |  |
|--|--|
| 1 <input type="checkbox"/> Is at school or in full-time education                      | 1 <input type="checkbox"/> Is at school or in full-time education                      |
| 2 <input type="checkbox"/> Is retired  | 2 <input type="checkbox"/> Is retired  |
| 3 <input type="checkbox"/> Looks after home/family (solely)                            | 3 <input type="checkbox"/> Looks after home/family (solely)                            |
| 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness   | 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness   |
| 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability | 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability |
| 6 <input type="checkbox"/> Is unemployed and looking for work                          | 6 <input type="checkbox"/> Is unemployed and looking for work                          |
| 7 <input type="checkbox"/> None of the above   | 7 <input type="checkbox"/> None of the above   |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

PLEASE REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF THIS FORM.

### PERSON 4

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |
|             |             |
|             |             |

|  |  |
|--|--|
| 1 <input type="checkbox"/> Is at school or in full-time education                      | 1 <input type="checkbox"/> Is at school or in full-time education                      |
| 2 <input type="checkbox"/> Is retired  | 2 <input type="checkbox"/> Is retired  |
| 3 <input type="checkbox"/> Looks after home/family (solely)                            | 3 <input type="checkbox"/> Looks after home/family (solely)                            |
| 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness   | 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness   |
| 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability | 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability |
| 6 <input type="checkbox"/> Is unemployed and looking for work                          | 6 <input type="checkbox"/> Is unemployed and looking for work                          |
| 7 <input type="checkbox"/> None of the above   | 7 <input type="checkbox"/> None of the above   |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

### PERSON 5

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |
|             |             |
|             |             |

|  |  |
|--|--|
| 1 <input type="checkbox"/> Is at school or in full-time education                      | 1 <input type="checkbox"/> Is at school or in full-time education                      |
| 2 <input type="checkbox"/> Is retired  | 2 <input type="checkbox"/> Is retired  |
| 3 <input type="checkbox"/> Looks after home/family (solely)                            | 3 <input type="checkbox"/> Looks after home/family (solely)                            |
| 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness   | 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness   |
| 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability | 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability |
| 6 <input type="checkbox"/> Is unemployed and looking for work                          | 6 <input type="checkbox"/> Is unemployed and looking for work                          |
| 7 <input type="checkbox"/> None of the above   | 7 <input type="checkbox"/> None of the above   |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

### PERSON 6

|             |             |
|-------------|-------------|
| Surname     | Surname     |
| Forename(s) | Forename(s) |
|             |             |
|             |             |

|  |  |
|--|--|
| 1 <input type="checkbox"/> Is at school or in full-time education                      | 1 <input type="checkbox"/> Is at school or in full-time education                      |
| 2 <input type="checkbox"/> Is retired  | 2 <input type="checkbox"/> Is retired  |
| 3 <input type="checkbox"/> Looks after home/family (solely)                            | 3 <input type="checkbox"/> Looks after home/family (solely)                            |
| 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness   | 4 <input type="checkbox"/> Is unable to work because of permanent long-term sickness   |
| 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability | 5 <input type="checkbox"/> Is unable to work because of permanent long-term disability |
| 6 <input type="checkbox"/> Is unemployed and looking for work                          | 6 <input type="checkbox"/> Is unemployed and looking for work                          |
| 7 <input type="checkbox"/> None of the above   | 7 <input type="checkbox"/> None of the above   |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |

|                                |                                |
|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No  | 2 <input type="checkbox"/> No  |