



# ALL PERSONS PF

**Notes on Visitors and Boarders.** If any person in the household such as a visitor prefers to fill in a separate form to maintain privacy, ask the Collector for a "Personal Slip". This should be filled in by that person, sealed in the envelope and handed by you, unopened, to the Collector. For each person who uses a Personal Slip, write only the name, sex and relationship of the person and write "P.S." in the age question on this Schedule.

List in the top row all persons (including visitors) who  
THURSDAY 1 JULY 1976 without having been counted  
USE ONE COLUMN FOR EACH PERSON. If there are r

	PERSON 1	PERSON 2	PERSON 3
<b>1. Name:</b> <ul style="list-style-type: none"> <li>Enter the household head as Person 1.</li> <li>If no head, select one household member as Person 1.</li> <li>For unnamed baby write "Baby" and Surname.</li> <li>List /as/ any persons in this household who have completed Personal Slips.</li> </ul>	First or given name ..... Surname .....	First or given name ..... Surname .....	First or given name ..... Surname .....
<b>2. Sex:</b> <ul style="list-style-type: none"> <li>Tick one box for each person.</li> </ul>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
<b>3. Age:</b> <ul style="list-style-type: none"> <li>In years and completed months.</li> <li>If age is less than one year write "0" years and the number of completed months.</li> </ul>	..... years ..... months	..... years ..... months	..... years ..... months
<b>4. Relationship to Household Head</b> —for example: husband, wife, defacto spouse, mother, son, daughter, son-in-law, brother, sister, grandson, grand-daughter, uncle, nephew. <ul style="list-style-type: none"> <li>If there is no household head state relationship of each person to Person 1.</li> <li>For each person not related to the household head or to Person 1 write whether boarder, visitor, co-tenant, flatmate, commune member, etc.</li> </ul>	Household Head <i>(delete if no Household Head)</i>		
<b>5. Present Marital Status:</b> <ul style="list-style-type: none"> <li>Tick one box for each person.</li> </ul>	Never married ..... <input type="checkbox"/> 1 Married ..... <input type="checkbox"/> 2 Married but permanently separated ..... <input type="checkbox"/> 3 Divorced ..... <input type="checkbox"/> 4 Widowed ..... <input type="checkbox"/> 5	Never married ..... <input type="checkbox"/> 1 Married ..... <input type="checkbox"/> 2 Married but permanently separated ..... <input type="checkbox"/> 3 Divorced ..... <input type="checkbox"/> 4 Widowed ..... <input type="checkbox"/> 5	Never married ..... <input type="checkbox"/> 1 Married ..... <input type="checkbox"/> 2 Married but permanently separated ..... <input type="checkbox"/> 3 Divorced ..... <input type="checkbox"/> 4 Widowed ..... <input type="checkbox"/> 5
<b>6. Where does each person usually live?</b> <ul style="list-style-type: none"> <li>If at this address tick box 1 and go to question 7.</li> <li>"Usual residence" is that address at which a person has lived for the last 6 months or intends to live for any period of 6 months or more.</li> <li>Any person who now has no usual residence should tick box 1 and go to question 7.</li> <li>If usual residence is overseas write only name of country of usual residence and go to question 7.</li> </ul>	This address ..... <input type="checkbox"/> 1 Elsewhere ..... <input type="checkbox"/> 2 State full address of usual residence ← ..... No. and street ..... Suburb, town or locality ..... Name of local council ..... State ..... Postcode .....	This address ..... <input type="checkbox"/> 1 Elsewhere ..... <input type="checkbox"/> 2 State full address of usual residence ← ..... No. and street ..... Suburb, town or locality ..... Name of local council ..... State ..... Postcode .....	This address ..... <input type="checkbox"/> 1 Elsewhere ..... <input type="checkbox"/> 2 State full address of usual residence ← ..... No. and street ..... Suburb, town or locality ..... Name of local council ..... State ..... Postcode .....
<b>7. Where was each person's usual residence one year ago (i.e. at 30 June 1975)?</b> <ul style="list-style-type: none"> <li>If the person is less than one year old, write "N/A".</li> <li>Persons who had no usual residence on 30 June 1975 should give the address at which they were then living.</li> <li>If overseas write "0" instead of address.</li> </ul>	Same as in question 6 ..... <input type="checkbox"/> 1 Elsewhere ..... <input type="checkbox"/> 2 State full address of usual residence one year ago ← ..... No. and street ..... Suburb, town or locality ..... Name of local council ..... State ..... Postcode .....	Same as in question 6 ..... <input type="checkbox"/> 1 Elsewhere ..... <input type="checkbox"/> 2 State full address of usual residence one year ago ← ..... No. and street ..... Suburb, town or locality ..... Name of local council ..... State ..... Postcode .....	Same as in question 6 ..... <input type="checkbox"/> 1 Elsewhere ..... <input type="checkbox"/> 2 State full address of usual residence one year ago ← ..... No. and street ..... Suburb, town or locality ..... Name of local council ..... State ..... Postcode .....
<b>8. Where was each person's usual residence five years ago (i.e. at 30 June 1971)?</b> <ul style="list-style-type: none"> <li>If the person is less than five years old, write "N/A".</li> <li>Persons who had no usual residence on 30 June 1971 should give the address at which they were then living.</li> <li>If overseas write "0" instead of address.</li> </ul>	Same as in question 6 ..... <input type="checkbox"/> 1 Same as in question 7 ..... <input type="checkbox"/> 2 Elsewhere ..... <input type="checkbox"/> 3 State full address of usual residence five years ago ← ..... No. and street ..... Suburb, town or locality ..... Name of local council ..... State ..... Postcode .....	Same as in question 6 ..... <input type="checkbox"/> 1 Same as in question 7 ..... <input type="checkbox"/> 2 Elsewhere ..... <input type="checkbox"/> 3 State full address of usual residence five years ago ← ..... No. and street ..... Suburb, town or locality ..... Name of local council ..... State ..... Postcode .....	Same as in question 6 ..... <input type="checkbox"/> 1 Same as in question 7 ..... <input type="checkbox"/> 2 Elsewhere ..... <input type="checkbox"/> 3 State full address of usual residence five years ago ← ..... No. and street ..... Suburb, town or locality ..... Name of local council ..... State ..... Postcode .....
<b>9. Write the country of birth of each person's father and mother.</b>	Father ..... Mother .....	Father ..... Mother .....	Father ..... Mother .....
<b>10. Where was each person born?</b> <ul style="list-style-type: none"> <li>If born in Australia write the State or Territory and go to question 13.</li> <li>If born overseas write the country and go to question 11.</li> </ul>	Born in .....	Born in .....	Born in .....

# PRESENT ON CENSUS NIGHT:

Who spent the night of WEDNESDAY 30 JUNE 1976 in this household or returned on  
 elsewhere.  
 If there are more than 8 persons in this household, obtain Personal Slips from the Collector.

**What is a Household?** Persons living and eating together as a domestic unit  
 are a household. A person living alone is also a household. If there is more  
 than one household, obtain extra Schedules from the Collector AND FILL  
 IN A SEPARATE SCHEDULE FOR EACH HOUSEHOLD.

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
First or given name .....	First or given name .....	First or given name .....	First or given name .....	First or given name .....
Surname .....	Surname .....	Surname .....	Surname .....	Surname .....
Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
..... years ..... months	..... years ..... months	..... years ..... months	..... years ..... months	..... years ..... months
Never married ..... <input type="checkbox"/> 1	Never married ..... <input type="checkbox"/> 1	Never married ..... <input type="checkbox"/> 1	Never married ..... <input type="checkbox"/> 1	Never married ..... <input type="checkbox"/> 1
Married ..... <input type="checkbox"/> 2	Married ..... <input type="checkbox"/> 2	Married ..... <input type="checkbox"/> 2	Married ..... <input type="checkbox"/> 2	Married ..... <input type="checkbox"/> 2
Married but permanently separated ..... <input type="checkbox"/> 3	Married but permanently separated ..... <input type="checkbox"/> 3	Married but permanently separated ..... <input type="checkbox"/> 3	Married but permanently separated ..... <input type="checkbox"/> 3	Married but permanently separated ..... <input type="checkbox"/> 3
Divorced ..... <input type="checkbox"/> 4	Divorced ..... <input type="checkbox"/> 4	Divorced ..... <input type="checkbox"/> 4	Divorced ..... <input type="checkbox"/> 4	Divorced ..... <input type="checkbox"/> 4
Widowed ..... <input type="checkbox"/> 5	Widowed ..... <input type="checkbox"/> 5	Widowed ..... <input type="checkbox"/> 5	Widowed ..... <input type="checkbox"/> 5	Widowed ..... <input type="checkbox"/> 5
This address ..... <input type="checkbox"/> 1 Elsewhere ..... <input type="checkbox"/> 2 State full address of usual residence No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	This address ..... <input type="checkbox"/> 1 Elsewhere ..... <input type="checkbox"/> 2 State full address of usual residence No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	This address ..... <input type="checkbox"/> 1 Elsewhere ..... <input type="checkbox"/> 2 State full address of usual residence No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	This address ..... <input type="checkbox"/> 1 Elsewhere ..... <input type="checkbox"/> 2 State full address of usual residence No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	This address ..... <input type="checkbox"/> 1 Elsewhere ..... <input type="checkbox"/> 2 State full address of usual residence No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....
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Same as in question 6 ..... <input type="checkbox"/> 1 Same as in question 7 ..... <input type="checkbox"/> 2 Elsewhere ..... <input type="checkbox"/> 3 State full address of usual residence five years ago No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 6 ..... <input type="checkbox"/> 1 Same as in question 7 ..... <input type="checkbox"/> 2 Elsewhere ..... <input type="checkbox"/> 3 State full address of usual residence five years ago No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 6 ..... <input type="checkbox"/> 1 Same as in question 7 ..... <input type="checkbox"/> 2 Elsewhere ..... <input type="checkbox"/> 3 State full address of usual residence five years ago No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 6 ..... <input type="checkbox"/> 1 Same as in question 7 ..... <input type="checkbox"/> 2 Elsewhere ..... <input type="checkbox"/> 3 State full address of usual residence five years ago No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 6 ..... <input type="checkbox"/> 1 Same as in question 7 ..... <input type="checkbox"/> 2 Elsewhere ..... <input type="checkbox"/> 3 State full address of usual residence five years ago No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....
Father .....	Father .....	Father .....	Father .....	Father .....
Mother .....	Mother .....	Mother .....	Mother .....	Mother .....
Born in.....	Born in.....	Born in.....	Born in.....	Born in.....

# ALL PERSONS P

**Notes on Visitors and Boarders.** If any person in the household such as a visitor prefers to fill in a separate form to maintain privacy, ask the Collector for a "Personal Slip". This should be filled in by that person, sealed in the envelope and handed by you, unopened, to the Collector. For each person who uses a Personal Slip, write only the name, sex and relationship of the person and write "P.S." in the age question on this Schedule.

List in the top row all persons (including visitors) who were present in the household on THURSDAY 1 JULY 1976 without having been counted in the 1976 Census. USE ONE COLUMN FOR EACH PERSON. If there are

	PERSON 1	PERSON 2	PERSON 3
<b>1. Name:</b> <ul style="list-style-type: none"> <li>Enter the household head as Person 1.</li> <li>If no head, select one household member as Person 1.</li> <li>For unnamed baby write "Baby" and Surname.</li> <li>List /ast any persons in this household who have completed Personal Slips.</li> </ul>	First or given name ..... Surname .....	First or given name ..... Surname .....	First or given name ..... Surname .....
<b>2. Sex:</b> <ul style="list-style-type: none"> <li>Tick one box for each person.</li> </ul>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
<b>3. Age:</b> <ul style="list-style-type: none"> <li>In years and completed months.</li> <li>If age is less than one year write "0" years and the number of months.</li> </ul>	..... years ..... months	..... years ..... months	..... years ..... months
<b>11. Write the country of citizenship of each person.</b> <ul style="list-style-type: none"> <li>If naturalised, registered or granted Australian citizenship write "Australia".</li> <li>Other persons (whether of British nationality or not) should write their country of citizenship.</li> </ul>	Citizen of .....	Citizen of .....	Citizen of .....
<b>12. Is the person a resident of or visitor to Australia?</b> <ul style="list-style-type: none"> <li>Tick appropriate box and give date.</li> </ul>	Resident of Australia ..... <input type="checkbox"/> Give date of <u>first</u> arrival as a resident Month ..... Year ..... Visitor to Australia ..... <input type="checkbox"/> Give date of arrival <u>on this visit</u> Month ..... Year .....	Resident of Australia ..... <input type="checkbox"/> Give date of <u>first</u> arrival as a resident Month ..... Year ..... Visitor to Australia ..... <input type="checkbox"/> Give date of arrival <u>on this visit</u> Month ..... Year .....	Resident of Australia ..... <input type="checkbox"/> Give date of <u>first</u> arrival as a resident Month ..... Year ..... Visitor to Australia ..... <input type="checkbox"/> Give date of arrival <u>on this visit</u> Month ..... Year .....
<b>13. What is each person's religious denomination?</b> <ul style="list-style-type: none"> <li>If no religion write "None".</li> </ul>	Religion .....	Religion .....	Religion .....
<b>14. Has the person been away from home ON A HOLIDAY for a week or more since 30 June 1975?</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
<b>15. Is the person handicapped by a SERIOUS long-term illness or physical or mental condition?</b> <ul style="list-style-type: none"> <li>If yes, tick appropriate boxes for each person to show types of handicap.</li> <li>If not handicapped tick box 8.</li> <li>If no illnesses or conditions tick box 8.</li> </ul>	In his or her education ..... <input type="checkbox"/> 1 In getting or holding a job ..... <input type="checkbox"/> 2 In getting about alone ..... <input type="checkbox"/> 3 In doing housework ..... <input type="checkbox"/> 4 In sporting or recreational activities ..... <input type="checkbox"/> 5 In acts of daily living, e.g. dressing, bathing ..... <input type="checkbox"/> 6 In other ways ..... <input type="checkbox"/> 7 Not handicapped ..... <input type="checkbox"/> 8	In his or her education ..... <input type="checkbox"/> 1 In getting or holding a job ..... <input type="checkbox"/> 2 In getting about alone ..... <input type="checkbox"/> 3 In doing housework ..... <input type="checkbox"/> 4 In sporting or recreational activities ..... <input type="checkbox"/> 5 In acts of daily living, e.g. dressing, bathing ..... <input type="checkbox"/> 6 In other ways ..... <input type="checkbox"/> 7 Not handicapped ..... <input type="checkbox"/> 8	In his or her education ..... <input type="checkbox"/> 1 In getting or holding a job ..... <input type="checkbox"/> 2 In getting about alone ..... <input type="checkbox"/> 3 In doing housework ..... <input type="checkbox"/> 4 In sporting or recreational activities ..... <input type="checkbox"/> 5 In acts of daily living, e.g. dressing, bathing ..... <input type="checkbox"/> 6 In other ways ..... <input type="checkbox"/> 7 Not handicapped ..... <input type="checkbox"/> 8
<b>16. Life assurance policies:</b> <ul style="list-style-type: none"> <li>Tick "yes" for each person whose life is insured with a life assurance company.</li> <li>Tick "no" for each person whose life is not insured.</li> </ul>	Is this person's life insured? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Is this person's life insured? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Is this person's life insured? Yes <input type="checkbox"/> or No <input type="checkbox"/>
<b>17. Is the child minded by someone other than his/her parent(s) for some part of each working day?</b> <ul style="list-style-type: none"> <li>Tick boxes which apply.</li> </ul>	Answer question 17 for each child under 6 years old. Yes — at child-care centre (including child-minding centres, pre-schools, day care centres, creches, day nurseries, play groups) ..... <input type="checkbox"/> 1 Yes — at home (not by child's parents) ..... <input type="checkbox"/> 2 Yes — at another's home ..... <input type="checkbox"/> 3 Yes — elsewhere ..... <input type="checkbox"/> 4 No ..... <input type="checkbox"/> 5	Yes — at child-care centre (including child-minding centres, pre-schools, day care centres, creches, day nurseries, play groups) ..... <input type="checkbox"/> 1 Yes — at home (not by child's parents) ..... <input type="checkbox"/> 2 Yes — at another's home ..... <input type="checkbox"/> 3 Yes — elsewhere ..... <input type="checkbox"/> 4 No ..... <input type="checkbox"/> 5	Yes — at child-care centre (including child-minding centres, pre-schools, day care centres, creches, day nurseries, play groups) ..... <input type="checkbox"/> 1 Yes — at home (not by child's parents) ..... <input type="checkbox"/> 2 Yes — at another's home ..... <input type="checkbox"/> 3 Yes — elsewhere ..... <input type="checkbox"/> 4 No ..... <input type="checkbox"/> 5
<b>18. What is each person's racial origin?</b> <ul style="list-style-type: none"> <li>If of mixed origin, indicate the one to which the person considers himself/herself to belong.</li> <li>Tick one box only for each person.</li> </ul>	European origin ..... <input type="checkbox"/> 1 Aboriginal origin ..... <input type="checkbox"/> 2 Torres Strait Islander origin ..... <input type="checkbox"/> 3 Other origin ..... <input type="checkbox"/> 4 State <u>one</u> only .....	European origin ..... <input type="checkbox"/> 1 Aboriginal origin ..... <input type="checkbox"/> 2 Torres Strait Islander origin ..... <input type="checkbox"/> 3 Other origin ..... <input type="checkbox"/> 4 State <u>one</u> only .....	European origin ..... <input type="checkbox"/> 1 Aboriginal origin ..... <input type="checkbox"/> 2 Torres Strait Islander origin ..... <input type="checkbox"/> 3 Other origin ..... <input type="checkbox"/> 4 State <u>one</u> only .....

FOR EACH PERSON UNDER 5 YEARS OF AGE NO MORE QUESTIONS

# PRESENT ON CENSUS NIGHT:

Who spent the night of WEDNESDAY 30 JUNE 1976 in this household or returned on ...  
 ... elsewhere.  
 ... more than 8 persons in this household, obtain Personal Slips from the Collector.

**What is a Household?** Persons living and eating together as a domestic unit are a household. A person living alone is also a household. If there is more than one household, obtain extra Schedules from the Collector AND FILL IN A SEPARATE SCHEDULE FOR EACH HOUSEHOLD.

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
First or given name .....	First or given name .....	First or given name .....	First or given name .....	First or given name .....
Surname .....	Surname .....	Surname .....	Surname .....	Surname .....
Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
..... years ..... months	..... years ..... months	..... years ..... months	..... years ..... months	..... years ..... months
Citizen of .....	Citizen of .....	Citizen of .....	Citizen of .....	Citizen of .....
Resident of Australia..... <input type="checkbox"/> Give date of <u>first</u> arrival as a resident Month ..... Year .....	Resident of Australia..... <input type="checkbox"/> Give date of <u>first</u> arrival as a resident Month ..... Year .....	Resident of Australia..... <input type="checkbox"/> Give date of <u>first</u> arrival as a resident Month ..... Year .....	Resident of Australia..... <input type="checkbox"/> Give date of <u>first</u> arrival as a resident Month ..... Year .....	Resident of Australia..... <input type="checkbox"/> Give date of <u>first</u> arrival as a resident Month ..... Year .....
Visitor to Australia..... <input type="checkbox"/> Give date of arrival <u>on this visit</u> Month ..... Year .....	Visitor to Australia..... <input type="checkbox"/> Give date of arrival <u>on this visit</u> Month ..... Year .....	Visitor to Australia..... <input type="checkbox"/> Give date of arrival <u>on this visit</u> Month ..... Year .....	Visitor to Australia..... <input type="checkbox"/> Give date of arrival <u>on this visit</u> Month ..... Year .....	Visitor to Australia..... <input type="checkbox"/> Give date of arrival <u>on this visit</u> Month ..... Year .....
Religion .....	Religion .....	Religion .....	Religion .....	Religion .....
Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
In his or her education..... <input type="checkbox"/> 1 In getting or holding a job..... <input type="checkbox"/> 2 In getting about alone..... <input type="checkbox"/> 3 In doing housework..... <input type="checkbox"/> 4 In sporting or recreational activities..... <input type="checkbox"/> 5 In acts of daily living, e.g. dressing, bathing..... <input type="checkbox"/> 6 In other ways..... <input type="checkbox"/> 7 Not handicapped..... <input type="checkbox"/> 8	In his or her education..... <input type="checkbox"/> 1 In getting or holding a job..... <input type="checkbox"/> 2 In getting about alone..... <input type="checkbox"/> 3 In doing housework..... <input type="checkbox"/> 4 In sporting or recreational activities..... <input type="checkbox"/> 5 In acts of daily living, e.g. dressing, bathing..... <input type="checkbox"/> 6 In other ways..... <input type="checkbox"/> 7 Not handicapped..... <input type="checkbox"/> 8	In his or her education..... <input type="checkbox"/> 1 In getting or holding a job..... <input type="checkbox"/> 2 In getting about alone..... <input type="checkbox"/> 3 In doing housework..... <input type="checkbox"/> 4 In sporting or recreational activities..... <input type="checkbox"/> 5 In acts of daily living, e.g. dressing, bathing..... <input type="checkbox"/> 6 In other ways..... <input type="checkbox"/> 7 Not handicapped..... <input type="checkbox"/> 8	In his or her education..... <input type="checkbox"/> 1 In getting or holding a job..... <input type="checkbox"/> 2 In getting about alone..... <input type="checkbox"/> 3 In doing housework..... <input type="checkbox"/> 4 In sporting or recreational activities..... <input type="checkbox"/> 5 In acts of daily living, e.g. dressing, bathing..... <input type="checkbox"/> 6 In other ways..... <input type="checkbox"/> 7 Not handicapped..... <input type="checkbox"/> 8	In his or her education..... <input type="checkbox"/> 1 In getting or holding a job..... <input type="checkbox"/> 2 In getting about alone..... <input type="checkbox"/> 3 In doing housework..... <input type="checkbox"/> 4 In sporting or recreational activities..... <input type="checkbox"/> 5 In acts of daily living, e.g. dressing, bathing..... <input type="checkbox"/> 6 In other ways..... <input type="checkbox"/> 7 Not handicapped..... <input type="checkbox"/> 8
Is this person's life insured? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Is this person's life insured? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Is this person's life insured? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Is this person's life insured? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Is this person's life insured? Yes <input type="checkbox"/> or No <input type="checkbox"/>
Yes — at child-care centre (including child-minding centres, pre-schools, day care centres, creches, day nurseries, play groups)..... <input type="checkbox"/> 1 Yes — at home (not by child's parents)..... <input type="checkbox"/> 2 Yes — at another's home..... <input type="checkbox"/> 3 Yes — elsewhere..... <input type="checkbox"/> 4 No..... <input type="checkbox"/> 5	Yes — at child-care centre (including child-minding centres, pre-schools, day care centres, creches, day nurseries, play groups)..... <input type="checkbox"/> 1 Yes — at home (not by child's parents)..... <input type="checkbox"/> 2 Yes — at another's home..... <input type="checkbox"/> 3 Yes — elsewhere..... <input type="checkbox"/> 4 No..... <input type="checkbox"/> 5	Yes — at child-care centre (including child-minding centres, pre-schools, day care centres, creches, day nurseries, play groups)..... <input type="checkbox"/> 1 Yes — at home (not by child's parents)..... <input type="checkbox"/> 2 Yes — at another's home..... <input type="checkbox"/> 3 Yes — elsewhere..... <input type="checkbox"/> 4 No..... <input type="checkbox"/> 5	Yes — at child-care centre (including child-minding centres, pre-schools, day care centres, creches, day nurseries, play groups)..... <input type="checkbox"/> 1 Yes — at home (not by child's parents)..... <input type="checkbox"/> 2 Yes — at another's home..... <input type="checkbox"/> 3 Yes — elsewhere..... <input type="checkbox"/> 4 No..... <input type="checkbox"/> 5	Yes — at child-care centre (including child-minding centres, pre-schools, day care centres, creches, day nurseries, play groups)..... <input type="checkbox"/> 1 Yes — at home (not by child's parents)..... <input type="checkbox"/> 2 Yes — at another's home..... <input type="checkbox"/> 3 Yes — elsewhere..... <input type="checkbox"/> 4 No..... <input type="checkbox"/> 5
European origin..... <input type="checkbox"/> 1 Aboriginal origin..... <input type="checkbox"/> 2 Torres Strait Islander origin..... <input type="checkbox"/> 3 Other origin..... <input type="checkbox"/> 4 ↓ State <i>one</i> only.....	European origin..... <input type="checkbox"/> 1 Aboriginal origin..... <input type="checkbox"/> 2 Torres Strait Islander origin..... <input type="checkbox"/> 3 Other origin..... <input type="checkbox"/> 4 ↓ State <i>one</i> only.....	European origin..... <input type="checkbox"/> 1 Aboriginal origin..... <input type="checkbox"/> 2 Torres Strait Islander origin..... <input type="checkbox"/> 3 Other origin..... <input type="checkbox"/> 4 ↓ State <i>one</i> only.....	European origin..... <input type="checkbox"/> 1 Aboriginal origin..... <input type="checkbox"/> 2 Torres Strait Islander origin..... <input type="checkbox"/> 3 Other origin..... <input type="checkbox"/> 4 ↓ State <i>one</i> only.....	European origin..... <input type="checkbox"/> 1 Aboriginal origin..... <input type="checkbox"/> 2 Torres Strait Islander origin..... <input type="checkbox"/> 3 Other origin..... <input type="checkbox"/> 4 ↓ State <i>one</i> only.....

# ALL PERSONS P

**Notes on Visitors and Boarders.** If any person in the household such as a visitor prefers to fill in a separate form to maintain privacy, ask the Collector for a "Personal Slip". This should be filled in by that person, sealed in the envelope and handed by you, unopened, to the Collector. For each person who uses a Personal Slip, write only the name, sex and relationship of the person and write "P.S." in the age question on this Schedule.

List in the top row all persons (including visitors) who  
THURSDAY 1 JULY 1976 without having been counted  
USE ONE COLUMN FOR EACH PERSON. If there are

	PERSON 1	PERSON 2	PERSON 3
<b>1. Name:</b> <ul style="list-style-type: none"> <li>Enter the household head as Person 1.</li> <li>If no head, select one household member as Person 1.</li> <li>For unnamed baby write "Baby" and Surname.</li> <li>List <i>last</i> any persons in this household who have completed Personal Slips.</li> </ul>	First or given name ..... Surname .....	First or given name ..... Surname .....	First or given name ..... Surname .....
<b>2. Sex:</b> <ul style="list-style-type: none"> <li>Tick one box for each person.</li> </ul>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
<b>3. Age:</b> <ul style="list-style-type: none"> <li>In years and completed months.</li> </ul>	..... years ..... months	..... years ..... months	..... years ..... months
<b>ANSWER QUESTIONS 19 AND 20 FOR EACH PERSON 5 YEARS OF AGE OR MORE.</b>  <b>19. For each person tick boxes to show ALL languages regularly used.</b> <ul style="list-style-type: none"> <li>Include all languages regularly used whether at home, at work, at school, when shopping, etc.</li> <li>Remember: many people may use more than one language—tick each language used regularly.</li> <li>If an Aboriginal tribal language is used, tick box 5 and write name of language.</li> </ul>	English ..... <input type="checkbox"/> 1 Italian ..... <input type="checkbox"/> 2 Greek ..... <input type="checkbox"/> 3 German ..... <input type="checkbox"/> 4 Other ..... <input type="checkbox"/> 5 ↓ Please list .....	English ..... <input type="checkbox"/> 1 Italian ..... <input type="checkbox"/> 2 Greek ..... <input type="checkbox"/> 3 German ..... <input type="checkbox"/> 4 Other ..... <input type="checkbox"/> 5 ↓ Please list .....	English ..... <input type="checkbox"/> 1 Italian ..... <input type="checkbox"/> 2 Greek ..... <input type="checkbox"/> 3 German ..... <input type="checkbox"/> 4 Other ..... <input type="checkbox"/> 5 ↓ Please list .....
<b>20. Attendance at any educational institution:</b> <ul style="list-style-type: none"> <li>Tick appropriate box for each person.</li> <li>Include all school pupils, full-time, part-time and external students.</li> <li>An educational institution may be an infants, primary or secondary school, correspondence school, university, college of advanced education, technical college, etc.</li> <li>Tick box 3 for persons not attending.</li> </ul>	Still attending school ..... <input type="checkbox"/> 1 Attending any other educational institution ..... <input type="checkbox"/> 2 Not attending ..... <input type="checkbox"/> 3 ↓ <b>Name of educational institution</b> ..... Address ..... State .....	Still attending school ..... <input type="checkbox"/> 1 Attending any other educational institution ..... <input type="checkbox"/> 2 Not attending ..... <input type="checkbox"/> 3 ↓ <b>Name of educational institution</b> ..... Address ..... State .....	Still attending school ..... <input type="checkbox"/> 1 Attending any other educational institution ..... <input type="checkbox"/> 2 Not attending ..... <input type="checkbox"/> 3 ↓ <b>Name of educational institution</b> ..... Address ..... State .....
<b>FOR EACH PERSON UNDER 15 YEARS OF AGE NO MORE QUESTIONS</b>  <b>ANSWER THE REMAINING QUESTIONS FOR EACH PERSON 15 YEARS OF AGE OR MORE.</b>  <b>21. Write the age at which each person left school.</b> <ul style="list-style-type: none"> <li>If did not go to school tick box 1.</li> <li>If still at school tick box 2.</li> </ul>	Age left school ..... years Did not go to school ..... <input type="checkbox"/> 1 Still at school ..... <input type="checkbox"/> 2	Age left school ..... years Did not go to school ..... <input type="checkbox"/> 1 Still at school ..... <input type="checkbox"/> 2	Age left school ..... years Did not go to school ..... <input type="checkbox"/> 1 Still at school ..... <input type="checkbox"/> 2
<b>22. Has the person obtained a trade or other qualification since leaving school?</b> <ul style="list-style-type: none"> <li>If still at school tick box 3.</li> </ul>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Still at school ↓ <b>State details of highest qualification</b> Qualification name ..... Awarding institution ..... Field of study ..... Year obtained .....	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Still at school ↓ <b>State details of highest qualification</b> Qualification name ..... Awarding institution ..... Field of study ..... Year obtained .....	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Still at school ↓ <b>State details of highest qualification</b> Qualification name ..... Awarding institution ..... Field of study ..... Year obtained .....
<b>23. Is the person licensed to ride a motor bike or motor scooter?</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>

# PRESENT ON CENSUS NIGHT:

Who spent the night of WEDNESDAY 30 JUNE 1976 in this household or returned on ...  
 ... elsewhere.  
 If there are more than 8 persons in this household, obtain Personal Slips from the Collector.

**What is a Household?** Persons living and eating together as a domestic unit are a household. A person living alone is also a household. If there is more than one household, obtain extra Schedules from the Collector AND FILL IN A SEPARATE SCHEDULE FOR EACH HOUSEHOLD.

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
First or given name .....	First or given name .....	First or given name .....	First or given name .....	First or given name .....
Surname .....	Surname .....	Surname .....	Surname .....	Surname .....
Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
..... years ..... months	..... years ..... months	..... years ..... months	..... years ..... months	..... years ..... months
English ..... <input type="checkbox"/> 1 Italian ..... <input type="checkbox"/> 2 Greek ..... <input type="checkbox"/> 3 German ..... <input type="checkbox"/> 4 Other ..... <input type="checkbox"/> 5 Please list .....	English ..... <input type="checkbox"/> 1 Italian ..... <input type="checkbox"/> 2 Greek ..... <input type="checkbox"/> 3 German ..... <input type="checkbox"/> 4 Other ..... <input type="checkbox"/> 5 Please list .....	English ..... <input type="checkbox"/> 1 Italian ..... <input type="checkbox"/> 2 Greek ..... <input type="checkbox"/> 3 German ..... <input type="checkbox"/> 4 Other ..... <input type="checkbox"/> 5 Please list .....	English ..... <input type="checkbox"/> 1 Italian ..... <input type="checkbox"/> 2 Greek ..... <input type="checkbox"/> 3 German ..... <input type="checkbox"/> 4 Other ..... <input type="checkbox"/> 5 Please list .....	English ..... <input type="checkbox"/> 1 Italian ..... <input type="checkbox"/> 2 Greek ..... <input type="checkbox"/> 3 German ..... <input type="checkbox"/> 4 Other ..... <input type="checkbox"/> 5 Please list .....
Still attending school ..... <input type="checkbox"/> 1 Attending any other educational institution ..... <input type="checkbox"/> 2 Not attending ..... <input type="checkbox"/> 3 Name of educational institution .....	Still attending school ..... <input type="checkbox"/> 1 Attending any other educational institution ..... <input type="checkbox"/> 2 Not attending ..... <input type="checkbox"/> 3 Name of educational institution .....	Still attending school ..... <input type="checkbox"/> 1 Attending any other educational institution ..... <input type="checkbox"/> 2 Not attending ..... <input type="checkbox"/> 3 Name of educational institution .....	Still attending school ..... <input type="checkbox"/> 1 Attending any other educational institution ..... <input type="checkbox"/> 2 Not attending ..... <input type="checkbox"/> 3 Name of educational institution .....	Still attending school ..... <input type="checkbox"/> 1 Attending any other educational institution ..... <input type="checkbox"/> 2 Not attending ..... <input type="checkbox"/> 3 Name of educational institution .....
Address .....	Address .....	Address .....	Address .....	Address .....
State .....	State .....	State .....	State .....	State .....
Age left school ..... years	Age left school ..... years	Age left school ..... years	Age left school ..... years	Age left school ..... years
Did not go to school ..... <input type="checkbox"/> 1 Still at school ..... <input type="checkbox"/> 2	Did not go to school ..... <input type="checkbox"/> 1 Still at school ..... <input type="checkbox"/> 2	Did not go to school ..... <input type="checkbox"/> 1 Still at school ..... <input type="checkbox"/> 2	Did not go to school ..... <input type="checkbox"/> 1 Still at school ..... <input type="checkbox"/> 2	Did not go to school ..... <input type="checkbox"/> 1 Still at school ..... <input type="checkbox"/> 2
<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Still at school State details of highest qualification Qualification name .....	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Still at school State details of highest qualification Qualification name .....	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Still at school State details of highest qualification Qualification name .....	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Still at school State details of highest qualification Qualification name .....	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Still at school State details of highest qualification Qualification name .....
Awarding institution .....	Awarding institution .....	Awarding institution .....	Awarding institution .....	Awarding institution .....
Field of study .....	Field of study .....	Field of study .....	Field of study .....	Field of study .....
Year obtained .....	Year obtained .....	Year obtained .....	Year obtained .....	Year obtained .....
Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>

# ALL PERSONS PR

**Notes on Visitors and Boarders.** If any person in the household such as a visitor prefers to fill in a separate form to maintain privacy, ask the Collector for a "Personal Slip". This should be filled in by that person, sealed in the envelope and handed by you, unopened, to the Collector. For each person who uses a Personal Slip, write only the name, sex and relationship of the person and write "P.S." in the age question on this Schedule.

List in the top row all persons (including visitors) who  
THURSDAY 1 JULY 1976 without having been counted  
USE ONE COLUMN FOR EACH PERSON. If there are

	PERSON 1	PERSON 2	PERSON 3
<b>1. Name:</b> <ul style="list-style-type: none"> <li>Enter the household head as Person 1.</li> <li>If no head, select one household member as Person 1.</li> <li>For unnamed baby write "Baby" and Surname.</li> <li>List <i>last</i> any persons in this household who have completed Personal Slips.</li> </ul>	First or given name..... Surname.....	First or given name..... Surname.....	First or given name..... Surname.....
<b>2. Sex:</b> <ul style="list-style-type: none"> <li>Tick one box for each person.</li> </ul>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
<b>3. Age:</b> <ul style="list-style-type: none"> <li>In years and completed months.</li> <li>If age is less than one year write "0" years and the number of</li> </ul>	.....years .....months	.....years .....months	.....years .....months
<b>24. Is the person licensed to drive a motor vehicle (other than a motor bike or motor scooter)?</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
<b>25. Which of these payments are received?</b> <ul style="list-style-type: none"> <li>For each person, tick <i>a//</i> boxes which apply.</li> <li>If no payments received, tick box 10.</li> <li>Do not count refunds from private or government medical funds.</li> </ul>	Superannuation or annuity..... <input type="checkbox"/> 1 War widow's pension..... <input type="checkbox"/> 2 Other war pension..... <input type="checkbox"/> 3 Repatriation service pension..... <input type="checkbox"/> 4 Age pension..... <input type="checkbox"/> 5 Invalid pension..... <input type="checkbox"/> 6 Widow's pension or Supporting mother's benefit..... <input type="checkbox"/> 7 Unemployment benefit..... <input type="checkbox"/> 8 Sickness or Special benefit..... <input type="checkbox"/> 9 None of these..... <input type="checkbox"/> 10	Superannuation or annuity..... <input type="checkbox"/> 1 War widow's pension..... <input type="checkbox"/> 2 Other war pension..... <input type="checkbox"/> 3 Repatriation service pension..... <input type="checkbox"/> 4 Age pension..... <input type="checkbox"/> 5 Invalid pension..... <input type="checkbox"/> 6 Widow's pension or Supporting mother's benefit..... <input type="checkbox"/> 7 Unemployment benefit..... <input type="checkbox"/> 8 Sickness or Special benefit..... <input type="checkbox"/> 9 None of these..... <input type="checkbox"/> 10	Superannuation or annuity..... <input type="checkbox"/> 1 War widow's pension..... <input type="checkbox"/> 2 Other war pension..... <input type="checkbox"/> 3 Repatriation service pension..... <input type="checkbox"/> 4 Age pension..... <input type="checkbox"/> 5 Invalid pension..... <input type="checkbox"/> 6 Widow's pension or Supporting mother's benefit..... <input type="checkbox"/> 7 Unemployment benefit..... <input type="checkbox"/> 8 Sickness or Special benefit..... <input type="checkbox"/> 9 None of these..... <input type="checkbox"/> 10
<b>26. Does the person pay into a retirement benefit scheme such as superannuation, provident fund or annuity?</b> <ul style="list-style-type: none"> <li>Tick "yes" <i>also</i> if payments are made by employer.</li> </ul>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
<b>27. Does the person usually work for wages, salary, payment or profit in a job, business, profession, or on a farm?</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
<b>28. For each woman who has EVER been married, write the number of babies she has had from ALL her marriages.</b> <ul style="list-style-type: none"> <li>Include children she has adopted.</li> <li>Do not count still-births.</li> <li>If none write "None".</li> <li>If never married write "N/A" and go to question 31.</li> </ul>	Now living..... Not now living..... Total.....	Now living..... Not now living..... Total.....	Now living..... Not now living..... Total.....
<b>29. For each woman who is NOW married, write the length of her present marriage.</b> <ul style="list-style-type: none"> <li>If less than one year write "0".</li> <li>If not now married write "N/A" and go to question 31.</li> </ul>	Number of years.....	Number of years.....	Number of years.....
<b>30. For each woman who is NOW married, write the number of babies she has had from her PRESENT marriage.</b> <ul style="list-style-type: none"> <li>Include children she has adopted.</li> <li>Do not count still-births.</li> <li>If none write "None".</li> </ul>	Now living..... Not now living..... Total.....	Now living..... Not now living..... Total.....	Now living..... Not now living..... Total.....



# PRESENT ON CENSUS NIGHT:

No person spent the night of WEDNESDAY 30 JUNE 1976 in this household or returned on the night of WEDNESDAY 30 JUNE 1976 from elsewhere.  
If more than 8 persons in this household, obtain Personal Slips from the Collector.

**What is a Household?** Persons living and eating together as a domestic unit are a household. A person living alone is also a household. If there is more than one household, obtain extra Schedules from the Collector AND FILL IN A SEPARATE SCHEDULE FOR EACH HOUSEHOLD.

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
First or given name.....	First or given name.....	First or given name.....	First or given name.....	First or given name.....
Surname.....	Surname.....	Surname.....	Surname.....	Surname.....
Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
.....years .....months	.....years .....months	.....years .....months	.....years .....months	.....years .....months
Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Superannuation or annuity..... <input type="checkbox"/> 1	Superannuation or annuity..... <input type="checkbox"/> 1	Superannuation or annuity..... <input type="checkbox"/> 1	Superannuation or annuity..... <input type="checkbox"/> 1	Superannuation or annuity..... <input type="checkbox"/> 1
War widow's pension..... <input type="checkbox"/> 2	War widow's pension..... <input type="checkbox"/> 2	War widow's pension..... <input type="checkbox"/> 2	War widow's pension..... <input type="checkbox"/> 2	War widow's pension..... <input type="checkbox"/> 2
Other war pension..... <input type="checkbox"/> 3	Other war pension..... <input type="checkbox"/> 3	Other war pension..... <input type="checkbox"/> 3	Other war pension..... <input type="checkbox"/> 3	Other war pension..... <input type="checkbox"/> 3
Repatriation service pension..... <input type="checkbox"/> 4	Repatriation service pension..... <input type="checkbox"/> 4	Repatriation service pension..... <input type="checkbox"/> 4	Repatriation service pension..... <input type="checkbox"/> 4	Repatriation service pension..... <input type="checkbox"/> 4
Age pension..... <input type="checkbox"/> 5	Age pension..... <input type="checkbox"/> 5	Age pension..... <input type="checkbox"/> 5	Age pension..... <input type="checkbox"/> 5	Age pension..... <input type="checkbox"/> 5
Invalid pension..... <input type="checkbox"/> 6	Invalid pension..... <input type="checkbox"/> 6	Invalid pension..... <input type="checkbox"/> 6	Invalid pension..... <input type="checkbox"/> 6	Invalid pension..... <input type="checkbox"/> 6
Widow's pension or Supporting mother's benefit..... <input type="checkbox"/> 7	Widow's pension or Supporting mother's benefit..... <input type="checkbox"/> 7	Widow's pension or Supporting mother's benefit..... <input type="checkbox"/> 7	Widow's pension or Supporting mother's benefit..... <input type="checkbox"/> 7	Widow's pension or Supporting mother's benefit..... <input type="checkbox"/> 7
Unemployment benefit..... <input type="checkbox"/> 8	Unemployment benefit..... <input type="checkbox"/> 8	Unemployment benefit..... <input type="checkbox"/> 8	Unemployment benefit..... <input type="checkbox"/> 8	Unemployment benefit..... <input type="checkbox"/> 8
Sickness or Special benefit..... <input type="checkbox"/> 9	Sickness or Special benefit..... <input type="checkbox"/> 9	Sickness or Special benefit..... <input type="checkbox"/> 9	Sickness or Special benefit..... <input type="checkbox"/> 9	Sickness or Special benefit..... <input type="checkbox"/> 9
None of these..... <input type="checkbox"/> 10	None of these..... <input type="checkbox"/> 10	None of these..... <input type="checkbox"/> 10	None of these..... <input type="checkbox"/> 10	None of these..... <input type="checkbox"/> 10
Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Now living.....	Now living.....	Now living.....	Now living.....	Now living.....
Not now living.....	Not now living.....	Not now living.....	Not now living.....	Not now living.....
Total.....	Total.....	Total.....	Total.....	Total.....
Number of years.....	Number of years.....	Number of years.....	Number of years.....	Number of years.....
Now living.....	Now living.....	Now living.....	Now living.....	Now living.....
Not now living.....	Not now living.....	Not now living.....	Not now living.....	Not now living.....
Total.....	Total.....	Total.....	Total.....	Total.....

# ALL PERSONS PI

**Notes on Visitors and Boarders.** If any person in the household such as a visitor prefers to fill in a separate form to maintain privacy, ask the Collector for a "Personal Slip". This should be filled in by that person, sealed in the envelope and handed by you, unopened, to the Collector. For each person who uses a Personal Slip, write only the name, sex and relationship of the person and write "P.S." in the age question on this Schedule.

List in the top row all persons (including visitors) who THURSDAY 1 JULY 1976 without having been counted. USE ONE COLUMN FOR EACH PERSON. If there are

	PERSON 1	PERSON 2	PERSON 3
<b>1. Name:</b> <ul style="list-style-type: none"> <li>Enter the household head as Person 1.</li> <li>If no head, select one household member as Person 1.</li> <li>For unnamed baby write "Baby" and Surname.</li> <li>List <i>last</i> any persons in this household who have completed Personal Slips.</li> </ul>	First or given name ..... Surname .....	First or given name ..... Surname .....	First or given name ..... Surname .....
<b>2. Sex:</b> <ul style="list-style-type: none"> <li>Tick one box for each person.</li> </ul>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
<b>3. Age:</b> <ul style="list-style-type: none"> <li>In years and completed months.</li> </ul>	..... years ..... months	..... years ..... months	..... years ..... months
<b>31. For each person tick the appropriate box to show all income usually received each week from all sources.</b> <ul style="list-style-type: none"> <li>Count all income, e.g. wages, salary, overtime, <i>child endowment</i>, pensions, superannuation, tips and gratuities, business or farm income (less expenses of operation), interest, scholarships.</li> <li>Do not deduct tax, superannuation, etc.</li> <li>If unable to estimate income on a weekly basis tick the appropriate box to show present income on an annual basis.</li> </ul>	No income ..... <input type="checkbox"/> 1 Less than \$29 p.wk. Less than \$1500 p.yr. .... <input type="checkbox"/> 2 \$29 to \$39 p.wk. \$1500 to \$2000 p.yr. .... <input type="checkbox"/> 3 Over \$39 to \$58 p.wk. Over \$2000 to \$3000 p.yr. .... <input type="checkbox"/> 4 Over \$58 to \$77 p.wk. Over \$3000 to \$4000 p.yr. .... <input type="checkbox"/> 5 Over \$77 to \$96 p.wk. Over \$4000 to \$5000 p.yr. .... <input type="checkbox"/> 6 Over \$96 to \$115 p.wk. Over \$5000 to \$6000 p.yr. .... <input type="checkbox"/> 7 Over \$115 to \$135 p.wk. Over \$6000 to \$7000 p.yr. .... <input type="checkbox"/> 8 Over \$135 to \$154 p.wk. Over \$7000 to \$8000 p.yr. .... <input type="checkbox"/> 9 Over \$154 to \$173 p.wk. Over \$8000 to \$9000 p.yr. .... <input type="checkbox"/> 10 Over \$173 to \$231 p.wk. Over \$9000 to \$12000 p.yr. .... <input type="checkbox"/> 11 Over \$231 to \$288 p.wk. Over \$12000 to \$15000 p.yr. .... <input type="checkbox"/> 12 Over \$288 to \$346 p.wk. Over \$15000 to \$18000 p.yr. .... <input type="checkbox"/> 13 Over \$346 p.wk. Over \$18000 p.yr. .... <input type="checkbox"/> 14	No income ..... <input type="checkbox"/> 1 Less than \$29 p.wk. Less than \$1500 p.yr. .... <input type="checkbox"/> 2 \$29 to \$39 p.wk. \$1500 to \$2000 p.yr. .... <input type="checkbox"/> 3 Over \$39 to \$58 p.wk. Over \$2000 to \$3000 p.yr. .... <input type="checkbox"/> 4 Over \$58 to \$77 p.wk. Over \$3000 to \$4000 p.yr. .... <input type="checkbox"/> 5 Over \$77 to \$96 p.wk. Over \$4000 to \$5000 p.yr. .... <input type="checkbox"/> 6 Over \$96 to \$115 p.wk. Over \$5000 to \$6000 p.yr. .... <input type="checkbox"/> 7 Over \$115 to \$135 p.wk. Over \$6000 to \$7000 p.yr. .... <input type="checkbox"/> 8 Over \$135 to \$154 p.wk. Over \$7000 to \$8000 p.yr. .... <input type="checkbox"/> 9 Over \$154 to \$173 p.wk. Over \$8000 to \$9000 p.yr. .... <input type="checkbox"/> 10 Over \$173 to \$231 p.wk. Over \$9000 to \$12000 p.yr. .... <input type="checkbox"/> 11 Over \$231 to \$288 p.wk. Over \$12000 to \$15000 p.yr. .... <input type="checkbox"/> 12 Over \$288 to \$346 p.wk. Over \$15000 to \$18000 p.yr. .... <input type="checkbox"/> 13 Over \$346 p.wk. Over \$18000 p.yr. .... <input type="checkbox"/> 14	No income ..... <input type="checkbox"/> 1 Less than \$29 p.wk. Less than \$1500 p.yr. .... <input type="checkbox"/> 2 \$29 to \$39 p.wk. \$1500 to \$2000 p.yr. .... <input type="checkbox"/> 3 Over \$39 to \$58 p.wk. Over \$2000 to \$3000 p.yr. .... <input type="checkbox"/> 4 Over \$58 to \$77 p.wk. Over \$3000 to \$4000 p.yr. .... <input type="checkbox"/> 5 Over \$77 to \$96 p.wk. Over \$4000 to \$5000 p.yr. .... <input type="checkbox"/> 6 Over \$96 to \$115 p.wk. Over \$5000 to \$6000 p.yr. .... <input type="checkbox"/> 7 Over \$115 to \$135 p.wk. Over \$6000 to \$7000 p.yr. .... <input type="checkbox"/> 8 Over \$135 to \$154 p.wk. Over \$7000 to \$8000 p.yr. .... <input type="checkbox"/> 9 Over \$154 to \$173 p.wk. Over \$8000 to \$9000 p.yr. .... <input type="checkbox"/> 10 Over \$173 to \$231 p.wk. Over \$9000 to \$12000 p.yr. .... <input type="checkbox"/> 11 Over \$231 to \$288 p.wk. Over \$12000 to \$15000 p.yr. .... <input type="checkbox"/> 12 Over \$288 to \$346 p.wk. Over \$15000 to \$18000 p.yr. .... <input type="checkbox"/> 13 Over \$346 p.wk. Over \$18000 p.yr. .... <input type="checkbox"/> 14
<b>32. Did the person do any work at all LAST WEEK?</b> <ul style="list-style-type: none"> <li>Tick one box only.</li> <li>Persons who tick box 1, go to question 36.</li> <li>Persons who tick either box 2 or 3, go to question 33.</li> </ul>	Yes, worked for wages, salary, payment or profit ..... <input type="checkbox"/> 1 Yes, but did unpaid work only .... <input type="checkbox"/> 2 Did not work ..... <input type="checkbox"/> 3	Yes, worked for wages, salary, payment or profit ..... <input type="checkbox"/> 1 Yes, but did unpaid work only .... <input type="checkbox"/> 2 Did not work ..... <input type="checkbox"/> 3	Yes, worked for wages, salary, payment or profit ..... <input type="checkbox"/> 1 Yes, but did unpaid work only .... <input type="checkbox"/> 2 Did not work ..... <input type="checkbox"/> 3
<i>Persons who ticked boxes 2 or 3 in question 32, please answer questions 33 and 34 and 35.</i> <b>33. Did the person have a full-time or part-time job, business, profession, or farm of any kind LAST WEEK?</b>	Yes, had a paid job, a business, a profession, or a farm last week (even if on holidays, sick, on strike, etc.) ..... <input type="checkbox"/> 1 Yes, helped without pay in a family business ..... <input type="checkbox"/> 2 Other unpaid job ..... <input type="checkbox"/> 3 Did not have any job, business, profession, or farm last week ..... <input type="checkbox"/> 4	Yes, had a paid job, a business, a profession, or a farm last week (even if on holidays, sick, on strike, etc.) ..... <input type="checkbox"/> 1 Yes, helped without pay in a family business ..... <input type="checkbox"/> 2 Other unpaid job ..... <input type="checkbox"/> 3 Did not have any job, business, profession, or farm last week ..... <input type="checkbox"/> 4	Yes, had a paid job, a business, a profession, or a farm last week (even if on holidays, sick, on strike, etc.) ..... <input type="checkbox"/> 1 Yes, helped without pay in a family business ..... <input type="checkbox"/> 2 Other unpaid job ..... <input type="checkbox"/> 3 Did not have any job, business, profession, or farm last week ..... <input type="checkbox"/> 4
<b>34. Was the person temporarily laid off by employer without pay for the WHOLE OF LAST WEEK?</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
<b>35. Did the person look for work last week?</b> <ul style="list-style-type: none"> <li>Looking for work means being registered with the Commonwealth Employment Service, approaching a prospective employer, placing or answering advertisements, writing letters of application or awaiting the results of recent applications.</li> </ul>	Yes, looking for first job ..... <input type="checkbox"/> 1 Yes, but not for first job ..... <input type="checkbox"/> 2 No ..... <input type="checkbox"/> 3	Yes, looking for first job ..... <input type="checkbox"/> 1 Yes, but not for first job ..... <input type="checkbox"/> 2 No ..... <input type="checkbox"/> 3	Yes, looking for first job ..... <input type="checkbox"/> 1 Yes, but not for first job ..... <input type="checkbox"/> 2 No ..... <input type="checkbox"/> 3

# PRESENT ON CENSUS NIGHT:

Who spent the night of WEDNESDAY 30 JUNE 1976 in this household or returned on \_\_\_\_\_  
 \_\_\_\_\_ elsewhere.  
 If more than 8 persons in this household, obtain Personal Slips from the Collector.

**What is a Household?** Persons living and eating together as a domestic unit are a household. A person living alone is also a household. If there is more than one household, obtain extra Schedules from the Collector AND FILL IN A SEPARATE SCHEDULE FOR EACH HOUSEHOLD.

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
First or given name .....	First or given name .....	First or given name .....	First or given name .....	First or given name .....
Surname .....	Surname .....	Surname .....	Surname .....	Surname .....
Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
..... years ..... months	..... years ..... months	..... years ..... months	..... years ..... months	..... years ..... months
No income ..... <input type="checkbox"/> 1 Less than \$29 p.wk. Less than \$1500 p.yr. .... <input type="checkbox"/> 2 \$29 to \$39 p.wk. \$1500 to \$2000 p.yr. .... <input type="checkbox"/> 3 Over \$39 to \$58 p.wk. Over \$2000 to \$3000 p.yr. .... <input type="checkbox"/> 4 Over \$58 to \$77 p.wk. Over \$3000 to \$4000 p.yr. .... <input type="checkbox"/> 5 Over \$77 to \$96 p.wk. Over \$4000 to \$5000 p.yr. .... <input type="checkbox"/> 6 Over \$96 to \$115 p.wk. Over \$5000 to \$6000 p.yr. .... <input type="checkbox"/> 7 Over \$115 to \$135 p.wk. Over \$6000 to \$7000 p.yr. .... <input type="checkbox"/> 8 Over \$135 to \$154 p.wk. Over \$7000 to \$8000 p.yr. .... <input type="checkbox"/> 9 Over \$154 to \$173 p.wk. Over \$8000 to \$9000 p.yr. .... <input type="checkbox"/> 10 Over \$173 to \$231 p.wk. Over \$9000 to \$12000 p.yr. .... <input type="checkbox"/> 11 Over \$231 to \$288 p.wk. Over \$12000 to \$15000 p.yr. .... <input type="checkbox"/> 12 Over \$288 to \$346 p.wk. Over \$15000 to \$18000 p.yr. .... <input type="checkbox"/> 13 Over \$346 p.wk. Over \$18000 p.yr. .... <input type="checkbox"/> 14	No income ..... <input type="checkbox"/> 1 Less than \$29 p.wk. Less than \$1500 p.yr. .... <input type="checkbox"/> 2 \$29 to \$39 p.wk. \$1500 to \$2000 p.yr. .... <input type="checkbox"/> 3 Over \$39 to \$58 p.wk. Over \$2000 to \$3000 p.yr. .... <input type="checkbox"/> 4 Over \$58 to \$77 p.wk. Over \$3000 to \$4000 p.yr. .... <input type="checkbox"/> 5 Over \$77 to \$96 p.wk. Over \$4000 to \$5000 p.yr. .... <input type="checkbox"/> 6 Over \$96 to \$115 p.wk. Over \$5000 to \$6000 p.yr. .... <input type="checkbox"/> 7 Over \$115 to \$135 p.wk. Over \$6000 to \$7000 p.yr. .... <input type="checkbox"/> 8 Over \$135 to \$154 p.wk. Over \$7000 to \$8000 p.yr. .... <input type="checkbox"/> 9 Over \$154 to \$173 p.wk. Over \$8000 to \$9000 p.yr. .... <input type="checkbox"/> 10 Over \$173 to \$231 p.wk. Over \$9000 to \$12000 p.yr. .... <input type="checkbox"/> 11 Over \$231 to \$288 p.wk. Over \$12000 to \$15000 p.yr. .... <input type="checkbox"/> 12 Over \$288 to \$346 p.wk. Over \$15000 to \$18000 p.yr. .... <input type="checkbox"/> 13 Over \$346 p.wk. Over \$18000 p.yr. .... <input type="checkbox"/> 14	No income ..... <input type="checkbox"/> 1 Less than \$29 p.wk. Less than \$1500 p.yr. .... <input type="checkbox"/> 2 \$29 to \$39 p.wk. \$1500 to \$2000 p.yr. .... <input type="checkbox"/> 3 Over \$39 to \$58 p.wk. Over \$2000 to \$3000 p.yr. .... <input type="checkbox"/> 4 Over \$58 to \$77 p.wk. Over \$3000 to \$4000 p.yr. .... <input type="checkbox"/> 5 Over \$77 to \$96 p.wk. Over \$4000 to \$5000 p.yr. .... <input type="checkbox"/> 6 Over \$96 to \$115 p.wk. Over \$5000 to \$6000 p.yr. .... <input type="checkbox"/> 7 Over \$115 to \$135 p.wk. Over \$6000 to \$7000 p.yr. .... <input type="checkbox"/> 8 Over \$135 to \$154 p.wk. 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Over \$5000 to \$6000 p.yr. .... <input type="checkbox"/> 7 Over \$115 to \$135 p.wk. Over \$6000 to \$7000 p.yr. .... <input type="checkbox"/> 8 Over \$135 to \$154 p.wk. Over \$7000 to \$8000 p.yr. .... <input type="checkbox"/> 9 Over \$154 to \$173 p.wk. Over \$8000 to \$9000 p.yr. .... <input type="checkbox"/> 10 Over \$173 to \$231 p.wk. Over \$9000 to \$12000 p.yr. .... <input type="checkbox"/> 11 Over \$231 to \$288 p.wk. Over \$12000 to \$15000 p.yr. .... <input type="checkbox"/> 12 Over \$288 to \$346 p.wk. Over \$15000 to \$18000 p.yr. .... <input type="checkbox"/> 13 Over \$346 p.wk. Over \$18000 p.yr. .... <input type="checkbox"/> 14	No income ..... <input type="checkbox"/> 1 Less than \$29 p.wk. Less than \$1500 p.yr. .... <input type="checkbox"/> 2 \$29 to \$39 p.wk. \$1500 to \$2000 p.yr. .... <input type="checkbox"/> 3 Over \$39 to \$58 p.wk. Over \$2000 to \$3000 p.yr. .... <input type="checkbox"/> 4 Over \$58 to \$77 p.wk. 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Yes, worked for wages, salary, payment or profit..... <input type="checkbox"/> 1 Yes, but did unpaid work only... <input type="checkbox"/> 2 Did not work..... <input type="checkbox"/> 3	Yes, worked for wages, salary, payment or profit..... <input type="checkbox"/> 1 Yes, but did unpaid work only... <input type="checkbox"/> 2 Did not work..... <input type="checkbox"/> 3	Yes, worked for wages, salary, payment or profit..... <input type="checkbox"/> 1 Yes, but did unpaid work only... <input type="checkbox"/> 2 Did not work..... <input type="checkbox"/> 3	Yes, worked for wages, salary, payment or profit..... <input type="checkbox"/> 1 Yes, but did unpaid work only... <input type="checkbox"/> 2 Did not work..... <input type="checkbox"/> 3	Yes, worked for wages, salary, payment or profit..... <input type="checkbox"/> 1 Yes, but did unpaid work only... <input type="checkbox"/> 2 Did not work..... <input type="checkbox"/> 3
Yes, had a paid job, a business, a profession, or a farm last week (even if on holidays, sick, on strike, etc.)..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Other unpaid job..... <input type="checkbox"/> 3 Did not have any job, business, profession, or farm last week... <input type="checkbox"/> 4	Yes, had a paid job, a business, a profession, or a farm last week (even if on holidays, sick, on strike, etc.)..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Other unpaid job..... <input type="checkbox"/> 3 Did not have any job, business, profession, or farm last week... <input type="checkbox"/> 4	Yes, had a paid job, a business, a profession, or a farm last week (even if on holidays, sick, on strike, etc.)..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Other unpaid job..... <input type="checkbox"/> 3 Did not have any job, business, profession, or farm last week... <input type="checkbox"/> 4	Yes, had a paid job, a business, a profession, or a farm last week (even if on holidays, sick, on strike, etc.)..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Other unpaid job..... <input type="checkbox"/> 3 Did not have any job, business, profession, or farm last week... <input type="checkbox"/> 4	Yes, had a paid job, a business, a profession, or a farm last week (even if on holidays, sick, on strike, etc.)..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Other unpaid job..... <input type="checkbox"/> 3 Did not have any job, business, profession, or farm last week... <input type="checkbox"/> 4
Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Yes, looking for first job ..... <input type="checkbox"/> 1 Yes, but not for first job ..... <input type="checkbox"/> 2 No ..... <input type="checkbox"/> 3	Yes, looking for first job ..... <input type="checkbox"/> 1 Yes, but not for first job ..... <input type="checkbox"/> 2 No ..... <input type="checkbox"/> 3	Yes, looking for first job ..... <input type="checkbox"/> 1 Yes, but not for first job ..... <input type="checkbox"/> 2 No ..... <input type="checkbox"/> 3	Yes, looking for first job ..... <input type="checkbox"/> 1 Yes, but not for first job ..... <input type="checkbox"/> 2 No ..... <input type="checkbox"/> 3	Yes, looking for first job ..... <input type="checkbox"/> 1 Yes, but not for first job ..... <input type="checkbox"/> 2 No ..... <input type="checkbox"/> 3

# ALL PERSONS PR

**Notes on Visitors and Boarders.** If any person in the household such as a visitor prefers to fill in a separate form to maintain privacy, ask the Collector for a "Personal Slip". This should be filled in by that person, sealed in the envelope and handed by you, unopened, to the Collector. For each person who uses a Personal Slip, write only the name, sex and relationship of the person and write "P.S." in the age question on this Schedule.

List in the top row all persons (including visitors) who  
THURSDAY 1 JULY 1976 without having been counted  
USE ONE COLUMN FOR EACH PERSON. If there are

	PERSON 1	PERSON 2	PERSON 3
<b>1. Name:</b> <ul style="list-style-type: none"> <li>Enter the household head as Person 1.</li> <li>If no head, select one household member as Person 1.</li> <li>For unnamed baby write "Baby" and Surname.</li> <li>List <i>last</i> any persons in this household who have completed Personal Slips.</li> </ul>	First or given name ..... Surname .....	First or given name ..... Surname .....	First or given name ..... Surname .....
<b>2. Sex:</b> <ul style="list-style-type: none"> <li>Tick one box for each person.</li> </ul>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
<b>3. Age:</b> <ul style="list-style-type: none"> <li>In years and completed months.</li> </ul>	..... years ..... months	..... years ..... months	..... years ..... months
<b>FOR EACH PERSON WHO TICKED BOXES 3 OR 4 IN QUESTION 33 DO NOT ANSWER QUESTIONS 36-41</b>			
<b>36. How many hours PER WEEK does the person usually work in the job or jobs held last week?</b>	Main job ..... hours per week Other job(s) ..... hours per week	Main job ..... hours per week Other job(s) ..... hours per week	Main job ..... hours per week Other job(s) ..... hours per week
<b>37. In the main job held last week was the person:</b> <ul style="list-style-type: none"> <li>Tick one box only for each person.</li> </ul>	A wage or salary earner? ..... <input type="checkbox"/> 1 Conducting own business but not employing others? ..... <input type="checkbox"/> 2 Conducting own business and employing others? ..... <input type="checkbox"/> 3 A helper not receiving wages or salary? ..... <input type="checkbox"/> 4	A wage or salary earner? ..... <input type="checkbox"/> 1 Conducting own business but not employing others? ..... <input type="checkbox"/> 2 Conducting own business and employing others? ..... <input type="checkbox"/> 3 A helper not receiving wages or salary? ..... <input type="checkbox"/> 4	A wage or salary earner? ..... <input type="checkbox"/> 1 Conducting own business but not employing others? ..... <input type="checkbox"/> 2 Conducting own business and employing others? ..... <input type="checkbox"/> 3 A helper not receiving wages or salary? ..... <input type="checkbox"/> 4
<b>38. In the main job held last week what was the person's occupation?</b> <ul style="list-style-type: none"> <li>Describe as fully as possible, using two or more words (e.g. builder's labourer).</li> <li>Where possible, give award or government designation.</li> <li>Members of the armed services must state their rank.</li> </ul>	Occupation .....	Occupation .....	Occupation .....
<b>39. For the main job held last week print employer's trading name and address of workplace.</b> <ul style="list-style-type: none"> <li>If self-employed print name of own business.</li> <li>Teachers should print name of school.</li> <li>Government employees should print full name of department.</li> <li>Persons with no fixed place of work last week, e.g. taxi-drivers, airline pilots, etc., write "N/A".</li> </ul>	USE BLOCK LETTERS Employer's (or own) trading name ..... Name of Division, Branch or Section (if any) in which the person worked ..... Address of workplace: number and street ..... Suburb or town ..... State ..... Postcode .....	USE BLOCK LETTERS Employer's (or own) trading name ..... Name of Division, Branch or Section (if any) in which the person worked ..... Address of workplace: number and street ..... Suburb or town ..... State ..... Postcode .....	USE BLOCK LETTERS Employer's (or own) trading name ..... Name of Division, Branch or Section (if any) in which the person worked ..... Address of workplace: number and street ..... Suburb or town ..... State ..... Postcode .....
<b>40. What kind of industry, business, or service is carried out at that address? (i.e. the address given in reply to question 39)</b> <ul style="list-style-type: none"> <li>Use two or more words, e.g. dairy farming, road construction, retail grocery.</li> </ul>	Kind of industry .....	Kind of industry .....	Kind of industry .....

# PRESENT ON CENSUS NIGHT:

Who spent the night of WEDNESDAY 30 JUNE 1976 in this household or returned on  
 from elsewhere.  
 If there are more than 8 persons in this household, obtain Personal Slips from the Collector.

**What is a Household?** Persons living and eating together as a domestic unit  
 are a household. A person living alone is also a household. If there is more  
 than one household, obtain extra Schedules from the Collector AND FILL  
 IN A SEPARATE SCHEDULE FOR EACH HOUSEHOLD.

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
First or given name .....	First or given name .....	First or given name .....	First or given name .....	First or given name .....
Surname .....	Surname .....	Surname .....	Surname .....	Surname .....
Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
..... years ..... months	..... years ..... months	..... years ..... months	..... years ..... months	..... years ..... months
Main job ..... hours per week	Main job ..... hours per week	Main job ..... hours per week	Main job ..... hours per week	Main job ..... hours per week
Other job(s) ..... hours per week	Other job(s) ..... hours per week	Other job(s) ..... hours per week	Other job(s) ..... hours per week	Other job(s) ..... hours per week
A wage or salary earner?..... <input type="checkbox"/> 1	A wage or salary earner?..... <input type="checkbox"/> 1	A wage or salary earner?..... <input type="checkbox"/> 1	A wage or salary earner?..... <input type="checkbox"/> 1	A wage or salary earner?..... <input type="checkbox"/> 1
Conducting own business but not employing others?..... <input type="checkbox"/> 2	Conducting own business but not employing others?..... <input type="checkbox"/> 2	Conducting own business but not employing others?..... <input type="checkbox"/> 2	Conducting own business but not employing others?..... <input type="checkbox"/> 2	Conducting own business but not employing others?..... <input type="checkbox"/> 2
Conducting own business and employing others?..... <input type="checkbox"/> 3	Conducting own business and employing others?..... <input type="checkbox"/> 3	Conducting own business and employing others?..... <input type="checkbox"/> 3	Conducting own business and employing others?..... <input type="checkbox"/> 3	Conducting own business and employing others?..... <input type="checkbox"/> 3
A helper not receiving wages or salary?..... <input type="checkbox"/> 4	A helper not receiving wages or salary?..... <input type="checkbox"/> 4	A helper not receiving wages or salary?..... <input type="checkbox"/> 4	A helper not receiving wages or salary?..... <input type="checkbox"/> 4	A helper not receiving wages or salary?..... <input type="checkbox"/> 4
Occupation .....	Occupation .....	Occupation .....	Occupation .....	Occupation .....
<b>USE BLOCK LETTERS</b>	<b>USE BLOCK LETTERS</b>	<b>USE BLOCK LETTERS</b>	<b>USE BLOCK LETTERS</b>	<b>USE BLOCK LETTERS</b>
Employer's (or own) trading name .....	Employer's (or own) trading name .....	Employer's (or own) trading name .....	Employer's (or own) trading name .....	Employer's (or own) trading name .....
Name of Division, Branch or Section (if any) in which the person worked .....	Name of Division, Branch or Section (if any) in which the person worked .....	Name of Division, Branch or Section (if any) in which the person worked .....	Name of Division, Branch or Section (if any) in which the person worked .....	Name of Division, Branch or Section (if any) in which the person worked .....
Address of workplace: number and street .....	Address of workplace: number and street .....	Address of workplace: number and street .....	Address of workplace: number and street .....	Address of workplace: number and street .....
Suburb or town .....	Suburb or town .....	Suburb or town .....	Suburb or town .....	Suburb or town .....
State..... Postcode.....	State..... Postcode.....	State..... Postcode.....	State..... Postcode.....	State..... Postcode.....
Kind of industry .....	Kind of industry .....	Kind of industry .....	Kind of industry .....	Kind of industry .....

# ALL PERSONS

**Notes on Visitors and Boarders.** If any person in the household such as a visitor prefers to fill in a separate form to maintain privacy, ask the Collector for a "Personal Slip". This should be filled in by that person, sealed in the envelope and handed by you, unopened, to the Collector. For each person who uses a Personal Slip, write only the name, sex and relationship of the person and write "P.S." in the age question on this Schedule.

List in the top row all persons (including visitors) who were present in the household on THURSDAY 1 JULY 1976 without having been counted elsewhere. USE ONE COLUMN FOR EACH PERSON. If there are

	PERSON 1	PERSON 2	PERSON 3
<b>1. Name:</b> ● Enter the household head as Person 1. ● If no head, select one household member as Person 1. ● For unnamed baby write "Baby" and Surname. ● List /ast any persons in this household who have completed Personal Slips.	First or given name ..... Surname .....	First or given name ..... Surname .....	First or given name ..... Surname .....
<b>2. Sex:</b> ● Tick one box for each person.	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
<b>3. Age:</b> ● In years and completed months.	..... years ..... months	..... years ..... months	..... years ..... months
<b>41. How did each person get to work on Tuesday 29 June 1976?</b> ● Tick boxes for each person to show methods used.	Train ..... <input type="checkbox"/> 0 Bus ..... <input type="checkbox"/> 1 Ferry or tram ..... <input type="checkbox"/> 2 Taxi ..... <input type="checkbox"/> 3 Car — as driver ..... <input type="checkbox"/> 4 Car — as passenger ..... <input type="checkbox"/> 5 Motor bike or motor scooter ..... <input type="checkbox"/> 6 Bicycle ..... <input type="checkbox"/> 7 Worked at home ..... <input type="checkbox"/> 8 Did not go to work ..... <input type="checkbox"/> 9 Other ..... <input type="checkbox"/> 10 ↓ Please state ..... How does this person usually get to work? .....	Train ..... <input type="checkbox"/> 0 Bus ..... <input type="checkbox"/> 1 Ferry or tram ..... <input type="checkbox"/> 2 Taxi ..... <input type="checkbox"/> 3 Car — as driver ..... <input type="checkbox"/> 4 Car — as passenger ..... <input type="checkbox"/> 5 Motor bike or motor scooter ..... <input type="checkbox"/> 6 Bicycle ..... <input type="checkbox"/> 7 Worked at home ..... <input type="checkbox"/> 8 Did not go to work ..... <input type="checkbox"/> 9 Other ..... <input type="checkbox"/> 10 ↓ Please state ..... How does this person usually get to work? .....	Train ..... <input type="checkbox"/> 0 Bus ..... <input type="checkbox"/> 1 Ferry or tram ..... <input type="checkbox"/> 2 Taxi ..... <input type="checkbox"/> 3 Car — as driver ..... <input type="checkbox"/> 4 Car — as passenger ..... <input type="checkbox"/> 5 Motor bike or motor scooter ..... <input type="checkbox"/> 6 Bicycle ..... <input type="checkbox"/> 7 Worked at home ..... <input type="checkbox"/> 8 Did not go to work ..... <input type="checkbox"/> 9 Other ..... <input type="checkbox"/> 10 ↓ Please state ..... How does this person usually get to work? .....

## NOW YOU HAVE ANSWERED THE QUESTIONS FOR EACH PERSON IN

<b>1. Tick the box which best describes this dwelling.</b> ● Tick one box only. ● "Self-contained" means able to be completely closed off and with own cooking and bathing facilities. 1 <input type="checkbox"/> A self-contained dwelling (e.g. separate house, semi-detached house, terrace house, self-contained flat, home unit, villa unit, town house) 2 <input type="checkbox"/> A non self-contained dwelling (e.g. non self-contained flat, bedsitting room, non self-contained part of a detached house) 3 <input type="checkbox"/> An improvised dwelling (e.g. shed, garage, humpy) occupied on a permanent or semi-permanent basis 4 <input type="checkbox"/> A mobile dwelling (e.g. caravan, houseboat, tent) 5 <input type="checkbox"/> None of these. Please describe .....	<b>5. What is the main source of water supply within this dwelling?</b> ● Tick one box only. Piped from mains ..... <input type="checkbox"/> 1 Piped from rain water tank ..... <input type="checkbox"/> 2 Piped from other source ..... <input type="checkbox"/> 3 No piped water within this dwelling ..... <input type="checkbox"/> 4																																																		
<b>2. Is this dwelling joined to one or more other dwellings?</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No → Go to question 3 <b>How many dwelling units are there in the whole building?</b> 2 units ..... <input type="checkbox"/> 1      6-8 units ..... <input type="checkbox"/> 5 3 units ..... <input type="checkbox"/> 2      9-16 units ..... <input type="checkbox"/> 6 4 units ..... <input type="checkbox"/> 3      17-32 units ..... <input type="checkbox"/> 7 5 units ..... <input type="checkbox"/> 4      33 or more units ..... <input type="checkbox"/> 8	<b>6. What is the method of sewage disposal for this dwelling?</b> Flush toilet connected to public sewer ..... <input type="checkbox"/> 1 Flush toilet connected to individual system, e.g. septic tank ..... <input type="checkbox"/> 2 Sanitary pan collection ..... <input type="checkbox"/> 3 Other ..... <input type="checkbox"/> 4																																																		
<b>3. Was this dwelling built after 30 June 1971?</b> Yes <input type="checkbox"/> or No <input type="checkbox"/>	<b>7. What fuel or power do you mostly use for the following household purposes?</b> ● Tick one box in each of the four columns. <table border="1"> <thead> <tr> <th></th> <th>Cooking</th> <th>Lighting</th> <th>Living room heating</th> <th>Bathroom water heating</th> </tr> </thead> <tbody> <tr> <td>Coal, coke or briquettes</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Wood</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Electricity</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>Gas — i) mains</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>          ii) bottled or L.P.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Oil (including kerosene)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>Solar energy</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 7</td> </tr> <tr> <td>Other fuel</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 8</td> </tr> <tr> <td>No fuel used</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 9</td> </tr> </tbody> </table>		Cooking	Lighting	Living room heating	Bathroom water heating	Coal, coke or briquettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2	Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3	Gas — i) mains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4	ii) bottled or L.P.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5	Oil (including kerosene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6	Solar energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7	Other fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 8	No fuel used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 9
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<b>4. What is the material of the outer walls of this building?</b> ● Tick one box only. If more than one, indicate main material. Brick, brick veneer ..... <input type="checkbox"/> 1      Metal ..... <input type="checkbox"/> 5 Stone ..... <input type="checkbox"/> 2      Fibro, asbestos ..... <input type="checkbox"/> 6 Concrete, concrete block ..... <input type="checkbox"/> 3      Other ..... <input type="checkbox"/> 7 Timber ..... <input type="checkbox"/> 4 ↓ Please describe .....	<b>8. How many registered motor vehicles owned or used by members of this household were garaged or parked at or near this dwelling for the night of 30 June 1976?</b> ● Exclude motor bikes, motor scooters, tractors. ● Include company vehicles kept at home. None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more <input type="checkbox"/>																																																		
<b>9. Is this dwelling situated on a holding of a hectare (2½ acres) or more which is used mainly for agricultural or pastoral purposes?</b> ● That is for any type of crop growing, animal or poultry farming. Yes <input type="checkbox"/> or No <input type="checkbox"/>																																																			

# PRESENT ON CENSUS NIGHT:

Who spent the night of WEDNESDAY 30 JUNE 1976 in this household or returned on the night of 30 JUNE 1976 from elsewhere.  
If there are more than 8 persons in this household, obtain Personal Slips from the Collector.

**What is a Household?** Persons living and eating together as a domestic unit are a household. A person living alone is also a household. If there is more than one household, obtain extra Schedules from the Collector AND FILL IN A SEPARATE SCHEDULE FOR EACH HOUSEHOLD.

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
First or given name .....	First or given name .....	First or given name .....	First or given name .....	First or given name .....
Surname .....	Surname .....	Surname .....	Surname .....	Surname .....
Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
..... years ..... months	..... years ..... months	..... years ..... months	..... years ..... months	..... years ..... months
Train ..... <input type="checkbox"/> 0	Train ..... <input type="checkbox"/> 0	Train ..... <input type="checkbox"/> 0	Train ..... <input type="checkbox"/> 0	Train ..... <input type="checkbox"/> 0
Bus ..... <input type="checkbox"/> 1	Bus ..... <input type="checkbox"/> 1	Bus ..... <input type="checkbox"/> 1	Bus ..... <input type="checkbox"/> 1	Bus ..... <input type="checkbox"/> 1
Ferry or tram ..... <input type="checkbox"/> 2	Ferry or tram ..... <input type="checkbox"/> 2	Ferry or tram ..... <input type="checkbox"/> 2	Ferry or tram ..... <input type="checkbox"/> 2	Ferry or tram ..... <input type="checkbox"/> 2
Taxi ..... <input type="checkbox"/> 3	Taxi ..... <input type="checkbox"/> 3	Taxi ..... <input type="checkbox"/> 3	Taxi ..... <input type="checkbox"/> 3	Taxi ..... <input type="checkbox"/> 3
Car — as driver ..... <input type="checkbox"/> 4	Car — as driver ..... <input type="checkbox"/> 4	Car — as driver ..... <input type="checkbox"/> 4	Car — as driver ..... <input type="checkbox"/> 4	Car — as driver ..... <input type="checkbox"/> 4
Car — as passenger ..... <input type="checkbox"/> 5	Car — as passenger ..... <input type="checkbox"/> 5	Car — as passenger ..... <input type="checkbox"/> 5	Car — as passenger ..... <input type="checkbox"/> 5	Car — as passenger ..... <input type="checkbox"/> 5
Motor bike or motor scooter ..... <input type="checkbox"/> 6	Motor bike or motor scooter ..... <input type="checkbox"/> 6	Motor bike or motor scooter ..... <input type="checkbox"/> 6	Motor bike or motor scooter ..... <input type="checkbox"/> 6	Motor bike or motor scooter ..... <input type="checkbox"/> 6
Bicycle ..... <input type="checkbox"/> 7	Bicycle ..... <input type="checkbox"/> 7	Bicycle ..... <input type="checkbox"/> 7	Bicycle ..... <input type="checkbox"/> 7	Bicycle ..... <input type="checkbox"/> 7
Worked at home ..... <input type="checkbox"/> 8	Worked at home ..... <input type="checkbox"/> 8	Worked at home ..... <input type="checkbox"/> 8	Worked at home ..... <input type="checkbox"/> 8	Worked at home ..... <input type="checkbox"/> 8
Did not go to work ..... <input type="checkbox"/> 9	Did not go to work ..... <input type="checkbox"/> 9	Did not go to work ..... <input type="checkbox"/> 9	Did not go to work ..... <input type="checkbox"/> 9	Did not go to work ..... <input type="checkbox"/> 9
Other ..... <input type="checkbox"/> 10	Other ..... <input type="checkbox"/> 10	Other ..... <input type="checkbox"/> 10	Other ..... <input type="checkbox"/> 10	Other ..... <input type="checkbox"/> 10
Please state .....	Please state .....	Please state .....	Please state .....	Please state .....
How does this person usually get to work? ←	How does this person usually get to work? ←	How does this person usually get to work? ←	How does this person usually get to work? ←	How does this person usually get to work? ←

## THIS HOUSEHOLD PLEASE COMPLETE BELOW DETAILS OF THIS DWELLING

### 10. How many rooms are there in this dwelling?

- Write the number of each type of room.
- Count each room once only.
- Except for kitchens and bathrooms, a room shared with another household should be counted only by the principal householder.
- Do not count toilets, pantries, laundries, storerooms, halls or corridors.

Type of Room:

Number

Bedroom(s) .....	
Permanently enclosed sleepout(s) .....	
Bedsitting room .....	
Combined lounge/dining room .....	
Dining room .....	
Lounge .....	
Kitchen — used only by this household .....	
Kitchen — shared with another household .....	
Bathroom — used only by this household .....	
Bathroom — shared with another household .....	
Family room .....	
Study .....	
Business office .....	
Other rooms .....	

### 11. Do you or any usual member of this household pay rent for this dwelling?

- If instalment payments are made under purchase contracts, mortgage agreements, etc., do not regard as rented; such payments should be shown in question 12.

Yes  
or  
 No → Go to question 12

To whom is the rent paid?

- South Australian Housing Trust .....  1  
Employer .....  2  
Other .....  3

What is the weekly rent?

- Include the weekly equivalent of any rates payable separately by this household, e.g. sanitation, garbage, water rates (other than excess water).

\$ ..... c .....

Is this dwelling rented furnished or unfurnished?

- Furnished .....  → No more questions  
Unfurnished .....

### 12. Is this dwelling owned (or being purchased) by you or any usual member of this household?

Yes  
or  
 No → No more questions

Is there a mortgage (or contract of sale) on this dwelling?

Yes — one only  
 Yes — more than one  
 No → No more questions

Who holds the mortgages (or contracts of sale) on this dwelling?

	First mortgage (tick one box only)	Second and other mortgages (tick boxes which apply)
Trading bank .....	<input type="checkbox"/>	<input type="checkbox"/> 1
Savings bank .....	<input type="checkbox"/>	<input type="checkbox"/> 2
Building society .....	<input type="checkbox"/>	<input type="checkbox"/> 3
Life assurance company .....	<input type="checkbox"/>	<input type="checkbox"/> 4
Solicitor's trust fund .....	<input type="checkbox"/>	<input type="checkbox"/> 5
Employer .....	<input type="checkbox"/>	<input type="checkbox"/> 6
Finance company .....	<input type="checkbox"/>	<input type="checkbox"/> 7
South Australian Housing Trust .....	<input type="checkbox"/>	<input type="checkbox"/> 8
Local government body .....	<input type="checkbox"/>	<input type="checkbox"/> 9
State or Australian government .....	<input type="checkbox"/>	<input type="checkbox"/> 10
Defence or war service homes .....	<input type="checkbox"/>	<input type="checkbox"/> 11
Private lender or other source .....	<input type="checkbox"/>	<input type="checkbox"/> 12

What monthly payment (or average monthly payment) is made on —

- (i) The first mortgage (or contract of sale)? ..... \$ .....  
(ii) The second and other mortgages (or contracts of sale)? ..... \$ .....

## HAVE YOU MISSED ANY PAGES OR QUESTIONS?

### Please check

- that everyone, including babies, who spent Census Night in this household has been included on this form
- that all questions have been answered as required for each person. It is very easy to forget to tick a box or leave out information because you don't think the question applies. You should answer every question except where instructions tell you otherwise
- that the dwelling questions have been answered
- that the front page has been signed



### For Collector's Use Only

1. Tick the box which best describes the structure in which this dwelling is contained—

0 	1 	2 	3 	4 	5 	6 	7 	8 
Separate house	Semi-detached house	Terrace house	Mobile dwelling	Improvised dwelling	Block of flats or home units of up to and including 3 storeys	Block of flats or home units above 3 storeys	Group of villa units or town houses	Dwelling and non dwelling combined

EACH ON A SEPARATE BLOCK OF LAND

2. How many dwelling units are there in the whole building?.....

3. If dwelling unit is unoccupied, the reason for being unoccupied—

- |   |  |
|---|--|
| <input type="checkbox"/> 1 For sale                               | <input type="checkbox"/> 5 Holiday home                      |
| <input type="checkbox"/> 2 To let (other than holiday home)       | <input type="checkbox"/> 6 Condemned or awaiting demolition  |
| <input type="checkbox"/> 3 Newly completed and awaiting occupancy | <input type="checkbox"/> 7 Usual resident temporarily absent |
| <input type="checkbox"/> 4 Vacant for repairs or alterations      | <input type="checkbox"/> 8 Other                             |
- Specify.....

Total persons in household i.e. listed on page 1 and on any <u>extra</u> Personal Slips issued.	Males	Females	Persons