

# IN CONFIDENCE



State	
Div.	
S. Div.	
C.D.	
Rec. No.	

AUSTRALIAN BUREAU OF STATISTICS

# Census of Population and Housing Australia

## 30 June 1981



### Householder's Schedule

Dear Householder,

Tuesday, 30 June 1981, is Census Day.

The census is an important statistical collection, which not only counts the number of people throughout Australia, but also measures such things as internal migration, occupation and industry of those in the labour force, and housing conditions. The enclosed pamphlet gives you a more detailed description of the value of the data collected in the census and the uses to which they will be put.

The census is the only way of getting a complete picture of all persons in Australia at the one time.

The Australian Bureau of Statistics is required by law to take a complete census of Australia every five years. The Act under which the census is taken is called the *Census and Statistics Act 1905*. This Act makes it compulsory for you to provide the information requested.

For your protection the same Act guarantees that your answers will be treated in confidence. All staff engaged on the census are required by law to protect the confidentiality of information collected. It would be an offence for any information relating to an identifiable person or household to be released to any other Government Department or agency, or indeed to anyone outside the Statistics Bureau.

If you have difficulties filling out this form, please ask the Collector for help or telephone.....

Your co-operation in carefully completing the form will contribute greatly to the success of the census.

AUSTRALIAN STATISTICIAN

Signature of Person.....

Address:

No. and street.....

Suburb, town or locality.....Postcode.....

Date .....

#### HOW TO FILL IN THIS SCHEDULE

##### 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 in this dwelling, obtain extra Schedules from the Collector **AND FILL IN A SEPARATE SCHEDULE FOR EACH HOUSEHOLD.**

##### Who to Include

List in the top row all persons (including visitors) who spent the night of Tuesday, 30 June 1981, in this household or returned on Wednesday, 1 July 1981, without having been counted elsewhere. **USE ONE COLUMN FOR EACH PERSON.** If there are more than 8 persons in this household, obtain extra Forms from the Collector.

On pages 1-5 give details of *all* persons who spent the night of Tuesday, 30 June 1981, in this household.

Complete particulars of this dwelling on page 5.

##### When Answering Questions

Please use ink or ball point pen.

Read the questions and instructions carefully; give your answer and then go to the next question.

Most answers can be given simply by placing a tick in an appropriate box.

If you do not know the exact answer, give the best estimate you can.

##### Privacy

If any person in your household prefers, for privacy reasons, not to be recorded on this Schedule, please ask the Collector for a Personal Form and envelope. The completed Form should be sealed in the envelope and delivered unopened to the Collector.

Please ask for an envelope in which to seal your completed Schedule and/or Personal Form(s), if you wish the Collector not to see them.

##### Finally

After filling in the Schedule, please sign it and enter the required address on the front page in the space provided.

The Collector will return as soon as possible after Tuesday, 30 June 1981, for the Schedule.

#### COLLECTOR'S USE ONLY

Males	Females	Persons

Signature of Collector.....

Please complete one column for each person.

For each person who uses a Personal Form, write only the name, sex and relationship to Person 1 and write "P.F." in the age question on this Schedule.

For a household with more than 8 persons, please contact the Collector.

1. Name of each person who spent the night of 30 June 1981 in this household:	PERSON 1	PERSON 2	PERSON 3
<ul style="list-style-type: none"> <li>Include any person who returned on Wednesday, 1 July 1981, without having been counted elsewhere.</li> <li>Record details for all adults, children and babies (including visitors) who spent the night of Tuesday, 30 June 1981, in this household.</li> <li>Enter the household head or any adult household member as Person 1.</li> </ul>	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....
<b>2. Sex:</b> <ul style="list-style-type: none"> <li>Tick one box for each person (e.g. <input checked="" type="checkbox"/>).</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. What is each person's relationship to Person 1?</b>  <ul style="list-style-type: none"> <li>Examples of other relationships: mother, father, sister, son-in-law, granddaughter, uncle, boarder, visitor, co-tenant, flatmate, commune member, etc..</li> </ul>	<b>Person 1</b> Wife..... <input type="checkbox"/> 1 Husband..... <input type="checkbox"/> 2 Son..... <input type="checkbox"/> 3 Daughter..... <input type="checkbox"/> 4 Other..... <input type="checkbox"/> 5 Please state.....	Wife..... <input type="checkbox"/> 1 Husband..... <input type="checkbox"/> 2 Son..... <input type="checkbox"/> 3 Daughter..... <input type="checkbox"/> 4 Other..... <input type="checkbox"/> 5 Please state.....	Wife..... <input type="checkbox"/> 1 Husband..... <input type="checkbox"/> 2 Son..... <input type="checkbox"/> 3 Daughter..... <input type="checkbox"/> 4 Other..... <input type="checkbox"/> 5 Please state.....
<b>5. What is each person's present marital status?</b>	Never married..... <input type="checkbox"/> 1 Now married..... <input type="checkbox"/> 2 Separated but not divorced..... <input type="checkbox"/> 3 Divorced..... <input type="checkbox"/> 4 Widowed..... <input type="checkbox"/> 5	Never married..... <input type="checkbox"/> 1 Now married..... <input type="checkbox"/> 2 Separated but not divorced..... <input type="checkbox"/> 3 Divorced..... <input type="checkbox"/> 4 Widowed..... <input type="checkbox"/> 5	Never married..... <input type="checkbox"/> 1 Now married..... <input type="checkbox"/> 2 Separated but not divorced..... <input type="checkbox"/> 3 Divorced..... <input type="checkbox"/> 4 Widowed..... <input type="checkbox"/> 5
<b>6. What is the length (in years) of the person's present marriage?</b> <i>Answer questions 6 and 7 for each person now married.</i>	..... years	..... years	..... years
<b>7. Has the person been married more than once?</b>	No, married once only..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2	No, married once only..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2	No, married once only..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2
<b>8. Where does each person usually live?</b>  <ul style="list-style-type: none"> <li>"Usual" residence is that address at which a person has lived or intends to live for any period of 6 months or more in 1981.</li> <li>For persons who now have no usual residence, regard this dwelling as their usual residence and tick box 1.</li> <li>If usual residence is overseas, write only name of country.</li> </ul>	At the address shown on front of this form..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print the usual address. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode..... Country.....	At the address shown on front of this form..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print the usual address. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode..... Country.....	At the address shown on front of this form..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print the usual address. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode..... Country.....
<b>9. Where was each person's usual residence one year ago (i.e. at 30 June 1980)?</b>  <ul style="list-style-type: none"> <li>If the person is less than one year old, write "N/A".</li> <li>For persons who had no usual residence on 30 June 1980, give the address at which they were then living.</li> <li>If usual residence was overseas, write only "O/S".</li> </ul>	Same as in question 8..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print usual address one year ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 8..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print usual address one year ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 8..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print usual address one year ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....
<b>10. Where was each person's usual residence five years ago (i.e. at 30 June 1976)?</b>  <ul style="list-style-type: none"> <li>If the person is less than five years old, write "N/A".</li> <li>For persons who had no usual residence on 30 June 1976, give the address at which they were then living.</li> <li>If usual residence was overseas, write only "O/S".</li> </ul>	Same as in question 8..... <input type="checkbox"/> 1 Same as in question 9..... <input type="checkbox"/> 2 Elsewhere..... <input type="checkbox"/> 3 If "Elsewhere" please print usual address five years ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 8..... <input type="checkbox"/> 1 Same as in question 9..... <input type="checkbox"/> 2 Elsewhere..... <input type="checkbox"/> 3 If "Elsewhere" please print usual address five years ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 8..... <input type="checkbox"/> 1 Same as in question 9..... <input type="checkbox"/> 2 Elsewhere..... <input type="checkbox"/> 3 If "Elsewhere" please print usual address five years ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... 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
Wife..... <input type="checkbox"/> 1 Husband..... <input type="checkbox"/> 2 Son..... <input type="checkbox"/> 3 Daughter..... <input type="checkbox"/> 4 Other..... <input type="checkbox"/> 5 Please state.....	Wife..... <input type="checkbox"/> 1 Husband..... <input type="checkbox"/> 2 Son..... <input type="checkbox"/> 3 Daughter..... <input type="checkbox"/> 4 Other..... <input type="checkbox"/> 5 Please state.....	Wife..... <input type="checkbox"/> 1 Husband..... <input type="checkbox"/> 2 Son..... <input type="checkbox"/> 3 Daughter..... <input type="checkbox"/> 4 Other..... <input type="checkbox"/> 5 Please state.....	Wife..... <input type="checkbox"/> 1 Husband..... <input type="checkbox"/> 2 Son..... <input type="checkbox"/> 3 Daughter..... <input type="checkbox"/> 4 Other..... <input type="checkbox"/> 5 Please state.....	Wife..... <input type="checkbox"/> 1 Husband..... <input type="checkbox"/> 2 Son..... <input type="checkbox"/> 3 Daughter..... <input type="checkbox"/> 4 Other..... <input type="checkbox"/> 5 Please state.....
Never married..... <input type="checkbox"/> 1 Now married..... <input type="checkbox"/> 2 Separated but not divorced..... <input type="checkbox"/> 3 Divorced..... <input type="checkbox"/> 4 Widowed..... <input type="checkbox"/> 5	Never married..... <input type="checkbox"/> 1 Now married..... <input type="checkbox"/> 2 Separated but not divorced..... <input type="checkbox"/> 3 Divorced..... <input type="checkbox"/> 4 Widowed..... <input type="checkbox"/> 5	Never married..... <input type="checkbox"/> 1 Now married..... <input type="checkbox"/> 2 Separated but not divorced..... <input type="checkbox"/> 3 Divorced..... <input type="checkbox"/> 4 Widowed..... <input type="checkbox"/> 5	Never married..... <input type="checkbox"/> 1 Now married..... <input type="checkbox"/> 2 Separated but not divorced..... <input type="checkbox"/> 3 Divorced..... <input type="checkbox"/> 4 Widowed..... <input type="checkbox"/> 5	Never married..... <input type="checkbox"/> 1 Now married..... <input type="checkbox"/> 2 Separated but not divorced..... <input type="checkbox"/> 3 Divorced..... <input type="checkbox"/> 4 Widowed..... <input type="checkbox"/> 5
..... years	..... years	..... years	..... years	..... years
No, married once only..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2	No, married once only..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2	No, married once only..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2	No, married once only..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2	No, married once only..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2
At the address shown on front of this form..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print the usual address. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode..... Country.....	At the address shown on front of this form..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print the usual address. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode..... Country.....	At the address shown on front of this form..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print the usual address. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode..... Country.....	At the address shown on front of this form..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print the usual address. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode..... Country.....	At the address shown on front of this form..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print the usual address. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode..... Country.....
Same as in question 8..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print usual address one year ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 8..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print usual address one year ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 8..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print usual address one year ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 8..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print usual address one year ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 8..... <input type="checkbox"/> 1 Elsewhere..... <input type="checkbox"/> 2 If "Elsewhere" please print usual address one year ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....
Same as in question 8..... <input type="checkbox"/> 1 Same as in question 9..... <input type="checkbox"/> 2 Elsewhere..... <input type="checkbox"/> 3 If "Elsewhere" please print usual address five years ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 8..... <input type="checkbox"/> 1 Same as in question 9..... <input type="checkbox"/> 2 Elsewhere..... <input type="checkbox"/> 3 If "Elsewhere" please print usual address five years ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 8..... <input type="checkbox"/> 1 Same as in question 9..... <input type="checkbox"/> 2 Elsewhere..... <input type="checkbox"/> 3 If "Elsewhere" please print usual address five years ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 8..... <input type="checkbox"/> 1 Same as in question 9..... <input type="checkbox"/> 2 Elsewhere..... <input type="checkbox"/> 3 If "Elsewhere" please print usual address five years ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	Same as in question 8..... <input type="checkbox"/> 1 Same as in question 9..... <input type="checkbox"/> 2 Elsewhere..... <input type="checkbox"/> 3 If "Elsewhere" please print usual address five years ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....

Please complete one column for each person.

For each person who uses a Personal Form, write only the name, sex and relationship to Person 1 and write "P.F." in the age question on this Schedule.

For a household with more than 8 persons, please contact the Collector.

1. Name of each person who spent the night of 30 June 1981 in this household:	PERSON 1	PERSON 2	PERSON 3
<ul style="list-style-type: none"> <li>Include any person who returned on Wednesday, 1 July 1981, without having been counted elsewhere.</li> <li>Record details for all adults, children and babies (including visitors) who spent the night of Tuesday, 30 June 1981, in this household.</li> <li>Enter the household head or any adult household member as Person 1.</li> </ul>	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....
<b>2. Sex:</b> <ul style="list-style-type: none"> <li>Tick one box for each person (e.g. <input checked="" type="checkbox"/>).</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

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... 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

<b>11. Where was each person born?</b>	Australia..... <input type="checkbox"/> 1 Overseas..... <input type="checkbox"/> 2 Print country of birth.....	Australia..... <input type="checkbox"/> 1 Overseas..... <input type="checkbox"/> 2 Print country of birth.....	Australia..... <input type="checkbox"/> 1 Overseas..... <input type="checkbox"/> 2 Print country of birth.....
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Australia..... <input type="checkbox"/> 1 Overseas..... <input type="checkbox"/> 2 Print country of birth.....	Australia..... <input type="checkbox"/> 1 Overseas..... <input type="checkbox"/> 2 Print country of birth.....	Australia..... <input type="checkbox"/> 1 Overseas..... <input type="checkbox"/> 2 Print country of birth.....	Australia..... <input type="checkbox"/> 1 Overseas..... <input type="checkbox"/> 2 Print country of birth.....	Australia..... <input type="checkbox"/> 1 Overseas..... <input type="checkbox"/> 2 Print country of birth.....
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<b>12. When did the person first arrive in Australia?</b>	Year 19.....	Year 19.....	Year 19.....
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Year 19.....	Year 19.....	Year 19.....	Year 19.....	Year 19.....
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<b>13. What is the country of citizenship of each person?</b> <ul style="list-style-type: none"> <li>For persons born in Australia, naturalised, registered or granted Australian citizenship, tick box 1.</li> </ul>	Australia..... <input type="checkbox"/> 1 Other..... <input type="checkbox"/> 2 Print country of citizenship.....	Australia..... <input type="checkbox"/> 1 Other..... <input type="checkbox"/> 2 Print country of citizenship.....	Australia..... <input type="checkbox"/> 1 Other..... <input type="checkbox"/> 2 Print country of citizenship.....
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Australia..... <input type="checkbox"/> 1 Other..... <input type="checkbox"/> 2 Print country of citizenship.....	Australia..... <input type="checkbox"/> 1 Other..... <input type="checkbox"/> 2 Print country of citizenship.....	Australia..... <input type="checkbox"/> 1 Other..... <input type="checkbox"/> 2 Print country of citizenship.....	Australia..... <input type="checkbox"/> 1 Other..... <input type="checkbox"/> 2 Print country of citizenship.....	Australia..... <input type="checkbox"/> 1 Other..... <input type="checkbox"/> 2 Print country of citizenship.....
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<b>14. Where were each person's father and mother born?</b>	Father's country of birth..... Mother's country of birth.....	Father's country of birth..... Mother's country of birth.....	Father's country of birth..... Mother's country of birth.....
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Father's country of birth..... Mother's country of birth.....	Father's country of birth..... Mother's country of birth.....	Father's country of birth..... Mother's country of birth.....	Father's country of birth..... Mother's country of birth.....	Father's country of birth..... Mother's country of birth.....
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<b>15. Does the person speak a language other than English at home?</b>	No, only speaks English..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2 How well does this person speak English? Very well..... <input type="checkbox"/> 1 Well..... <input type="checkbox"/> 2 Not well..... <input type="checkbox"/> 3 Not at all..... <input type="checkbox"/> 4	No, only speaks English..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2 How well does this person speak English? Very well..... <input type="checkbox"/> 1 Well..... <input type="checkbox"/> 2 Not well..... <input type="checkbox"/> 3 Not at all..... <input type="checkbox"/> 4	No, only speaks English..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2 How well does this person speak English? Very well..... <input type="checkbox"/> 1 Well..... <input type="checkbox"/> 2 Not well..... <input type="checkbox"/> 3 Not at all..... <input type="checkbox"/> 4
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No, only speaks English..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2 How well does this person speak English? Very well..... <input type="checkbox"/> 1 Well..... <input type="checkbox"/> 2 Not well..... <input type="checkbox"/> 3 Not at all..... <input type="checkbox"/> 4	No, only speaks English..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2 How well does this person speak English? Very well..... <input type="checkbox"/> 1 Well..... <input type="checkbox"/> 2 Not well..... <input type="checkbox"/> 3 Not at all..... <input type="checkbox"/> 4	No, only speaks English..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2 How well does this person speak English? Very well..... <input type="checkbox"/> 1 Well..... <input type="checkbox"/> 2 Not well..... <input type="checkbox"/> 3 Not at all..... <input type="checkbox"/> 4	No, only speaks English..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2 How well does this person speak English? Very well..... <input type="checkbox"/> 1 Well..... <input type="checkbox"/> 2 Not well..... <input type="checkbox"/> 3 Not at all..... <input type="checkbox"/> 4	No, only speaks English..... <input type="checkbox"/> 1 Yes..... <input type="checkbox"/> 2 How well does this person speak English? Very well..... <input type="checkbox"/> 1 Well..... <input type="checkbox"/> 2 Not well..... <input type="checkbox"/> 3 Not at all..... <input type="checkbox"/> 4
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<b>16. Is the person of Aboriginal or Torres Strait Islander origin?</b> <ul style="list-style-type: none"> <li>For persons of mixed origin, indicate the one to which they consider themselves to belong.</li> </ul>	No..... <input type="checkbox"/> 1 Yes, Aboriginal..... <input type="checkbox"/> 2 Yes, Torres Strait Islander..... <input type="checkbox"/> 3	No..... <input type="checkbox"/> 1 Yes, Aboriginal..... <input type="checkbox"/> 2 Yes, Torres Strait Islander..... <input type="checkbox"/> 3	No..... <input type="checkbox"/> 1 Yes, Aboriginal..... <input type="checkbox"/> 2 Yes, Torres Strait Islander..... <input type="checkbox"/> 3
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No..... <input type="checkbox"/> 1 Yes, Aboriginal..... <input type="checkbox"/> 2 Yes, Torres Strait Islander..... <input type="checkbox"/> 3	No..... <input type="checkbox"/> 1 Yes, Aboriginal..... <input type="checkbox"/> 2 Yes, Torres Strait Islander..... <input type="checkbox"/> 3	No..... <input type="checkbox"/> 1 Yes, Aboriginal..... <input type="checkbox"/> 2 Yes, Torres Strait Islander..... <input type="checkbox"/> 3	No..... <input type="checkbox"/> 1 Yes, Aboriginal..... <input type="checkbox"/> 2 Yes, Torres Strait Islander..... <input type="checkbox"/> 3	No..... <input type="checkbox"/> 1 Yes, Aboriginal..... <input type="checkbox"/> 2 Yes, Torres Strait Islander..... <input type="checkbox"/> 3
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<b>17. What is each person's religious denomination?</b> <ul style="list-style-type: none"> <li>This question is optional.</li> <li>If no religion write "None".</li> </ul>	Religion.....	Religion.....	Religion.....
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Religion.....	Religion.....	Religion.....	Religion.....	Religion.....
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Please complete one column for each person.

For each person who uses a Personal Form, write only the name, sex and relationship to Person 1 and write "P.F." in the age question on this Schedule.

For a household with more than 8 persons, please contact the Collector.

1. Name of each person who spent the night of 30 June 1981 in this household:  • Include any person who returned on Wednesday, 1 July 1981, without having been counted elsewhere. • Record details for all adults, children and babies (including visitors) who spent the night of Tuesday, 30 June 1981, in this household. • Enter the household head or any adult household member as Person 1.	PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... 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"/>	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	..... years ..... months	..... years ..... months	..... years ..... months
18. How old was each person when they left school?  • For persons who are full-time primary or secondary school students, tick box 1. • For persons who did not go to school, tick box 2.	Age left school..... years Still at primary or secondary school..... <input type="checkbox"/> 1 Did not go to school..... <input type="checkbox"/> 2	Age left school..... years Still at primary or secondary school..... <input type="checkbox"/> 1 Did not go to school..... <input type="checkbox"/> 2	Age left school..... years Still at primary or secondary school..... <input type="checkbox"/> 1 Did not go to school..... <input type="checkbox"/> 2	Age left school..... years Still at primary or secondary school..... <input type="checkbox"/> 1 Did not go to school..... <input type="checkbox"/> 2	Age left school..... years Still at primary or secondary school..... <input type="checkbox"/> 1 Did not go to school..... <input type="checkbox"/> 2	Age left school..... years Still at primary or secondary school..... <input type="checkbox"/> 1 Did not go to school..... <input type="checkbox"/> 2	Age left school..... years Still at primary or secondary school..... <input type="checkbox"/> 1 Did not go to school..... <input type="checkbox"/> 2	Age left school..... years Still at primary or secondary school..... <input type="checkbox"/> 1 Did not go to school..... <input type="checkbox"/> 2
19. Is the person attending a school or any other educational institution?  • For persons who are external/correspondence students, indicate whether full-time or part-time.	No..... <input type="checkbox"/> 1 Yes, full-time student..... <input type="checkbox"/> 2 Yes, part-time student..... <input type="checkbox"/> 3	No..... <input type="checkbox"/> 1 Yes, full-time student..... <input type="checkbox"/> 2 Yes, part-time student..... <input type="checkbox"/> 3	No..... <input type="checkbox"/> 1 Yes, full-time student..... <input type="checkbox"/> 2 Yes, part-time student..... <input type="checkbox"/> 3	No..... <input type="checkbox"/> 1 Yes, full-time student..... <input type="checkbox"/> 2 Yes, part-time student..... <input type="checkbox"/> 3	No..... <input type="checkbox"/> 1 Yes, full-time student..... <input type="checkbox"/> 2 Yes, part-time student..... <input type="checkbox"/> 3	No..... <input type="checkbox"/> 1 Yes, full-time student..... <input type="checkbox"/> 2 Yes, part-time student..... <input type="checkbox"/> 3	No..... <input type="checkbox"/> 1 Yes, full-time student..... <input type="checkbox"/> 2 Yes, part-time student..... <input type="checkbox"/> 3	No..... <input type="checkbox"/> 1 Yes, full-time student..... <input type="checkbox"/> 2 Yes, part-time student..... <input type="checkbox"/> 3
20. Has the person obtained a trade or any other qualification since leaving school?  • For persons who are full-time primary or secondary school students, tick box 2. Examples of qualification names are: trade certificate, diploma in science, B.A. Examples of institutions are: Sydney Technical College, University of W.A. Examples of fields of study are: plumbing, computing, geography	No..... <input type="checkbox"/> 1 Still at primary or secondary school..... <input type="checkbox"/> 2 Yes..... <input type="checkbox"/> 3 Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....	No..... <input type="checkbox"/> 1 Still at primary or secondary school..... <input type="checkbox"/> 2 Yes..... <input type="checkbox"/> 3 Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....	No..... <input type="checkbox"/> 1 Still at primary or secondary school..... <input type="checkbox"/> 2 Yes..... <input type="checkbox"/> 3 Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....	No..... <input type="checkbox"/> 1 Still at primary or secondary school..... <input type="checkbox"/> 2 Yes..... <input type="checkbox"/> 3 Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....	No..... <input type="checkbox"/> 1 Still at primary or secondary school..... <input type="checkbox"/> 2 Yes..... <input type="checkbox"/> 3 Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....	No..... <input type="checkbox"/> 1 Still at primary or secondary school..... <input type="checkbox"/> 2 Yes..... <input type="checkbox"/> 3 Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....	No..... <input type="checkbox"/> 1 Still at primary or secondary school..... <input type="checkbox"/> 2 Yes..... <input type="checkbox"/> 3 Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....	No..... <input type="checkbox"/> 1 Still at primary or secondary school..... <input type="checkbox"/> 2 Yes..... <input type="checkbox"/> 3 Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....
21. What is the gross income (including pensions and/or allowances) that each person usually receives each week from all sources?  • If unable to estimate income on a weekly basis, tick the appropriate box to show present income on an annual basis.  • Count all income, wages, salary, overtime, family allowance (child endowment), pensions, superannuation, tips and gratuities, business or farm income (less expenses of operation), unemployment benefits, etc.. • Do not deduct tax, superannuation, health insurance, etc..	No income..... <input type="checkbox"/> 1 Less than \$19 p.wk. Less than \$1000 p.yr..... <input type="checkbox"/> 2 \$19 to \$38 p.wk. \$1000 to \$2000 p.yr..... <input type="checkbox"/> 3 \$39 to \$58 p.wk. \$2001 to \$3000 p.yr..... <input type="checkbox"/> 4 \$59 to \$77 p.wk. \$3001 to \$4000 p.yr..... <input type="checkbox"/> 5 \$78 to \$115 p.wk. \$4001 to \$6000 p.yr..... <input type="checkbox"/> 6 \$116 to \$154 p.wk. \$6001 to \$8000 p.yr..... <input type="checkbox"/> 7 \$155 to \$192 p.wk. \$8001 to \$10000 p.yr..... <input type="checkbox"/> 8 \$193 to \$231 p.wk. \$10001 to \$12000 p.yr..... <input type="checkbox"/> 9 \$232 to \$288 p.wk. \$12001 to \$15000 p.yr..... <input type="checkbox"/> 10 \$289 to \$346 p.wk. \$15001 to \$18000 p.yr..... <input type="checkbox"/> 11 \$347 to \$423 p.wk. \$18001 to \$22000 p.yr..... <input type="checkbox"/> 12 \$424 to \$500 p.wk. \$22001 to \$26000 p.yr..... <input type="checkbox"/> 13 Over \$500 p.wk. Over \$26000 p.yr..... <input type="checkbox"/> 14	No income..... <input type="checkbox"/> 1 Less than \$19 p.wk. Less than \$1000 p.yr..... <input type="checkbox"/> 2 \$19 to \$38 p.wk. \$1000 to \$2000 p.yr..... <input type="checkbox"/> 3 \$39 to \$58 p.wk. \$2001 to \$3000 p.yr..... <input type="checkbox"/> 4 \$59 to \$77 p.wk. \$3001 to \$4000 p.yr..... <input type="checkbox"/> 5 \$78 to \$115 p.wk. \$4001 to \$6000 p.yr..... <input type="checkbox"/> 6 \$116 to \$154 p.wk. \$6001 to \$8000 p.yr..... <input type="checkbox"/> 7 \$155 to \$192 p.wk. \$8001 to \$10000 p.yr..... <input type="checkbox"/> 8 \$193 to \$231 p.wk. \$10001 to \$12000 p.yr..... <input type="checkbox"/> 9 \$232 to \$288 p.wk. \$12001 to \$15000 p.yr..... <input type="checkbox"/> 10 \$289 to \$346 p.wk. \$15001 to \$18000 p.yr..... <input type="checkbox"/> 11 \$347 to \$423 p.wk. \$18001 to \$22000 p.yr..... <input type="checkbox"/> 12 \$424 to \$500 p.wk. \$22001 to \$26000 p.yr..... <input type="checkbox"/> 13 Over \$500 p.wk. Over \$26000 p.yr..... <input type="checkbox"/> 14	No income..... <input type="checkbox"/> 1 Less than \$19 p.wk. Less than \$1000 p.yr..... <input type="checkbox"/> 2 \$19 to \$38 p.wk. \$1000 to \$2000 p.yr..... <input type="checkbox"/> 3 \$39 to \$58 p.wk. \$2001 to \$3000 p.yr..... <input type="checkbox"/> 4 \$59 to \$77 p.wk. \$3001 to \$4000 p.yr..... <input type="checkbox"/> 5 \$78 to \$115 p.wk. \$4001 to \$6000 p.yr..... <input type="checkbox"/> 6 \$116 to \$154 p.wk. \$6001 to \$8000 p.yr..... <input type="checkbox"/> 7 \$155 to \$192 p.wk. \$8001 to \$10000 p.yr..... <input type="checkbox"/> 8 \$193 to \$231 p.wk. \$10001 to \$12000 p.yr..... <input type="checkbox"/> 9 \$232 to \$288 p.wk. \$12001 to \$15000 p.yr..... <input type="checkbox"/> 10 \$289 to \$346 p.wk. \$15001 to \$18000 p.yr..... <input type="checkbox"/> 11 \$347 to \$423 p.wk. \$18001 to \$22000 p.yr..... <input type="checkbox"/> 12 \$424 to \$500 p.wk. \$22001 to \$26000 p.yr..... <input type="checkbox"/> 13 Over \$500 p.wk. Over \$26000 p.yr..... <input type="checkbox"/> 14	No income..... <input type="checkbox"/> 1 Less than \$19 p.wk. Less than \$1000 p.yr..... <input type="checkbox"/> 2 \$19 to \$38 p.wk. \$1000 to \$2000 p.yr..... <input type="checkbox"/> 3 \$39 to \$58 p.wk. \$2001 to \$3000 p.yr..... <input type="checkbox"/> 4 \$59 to \$77 p.wk. \$3001 to \$4000 p.yr..... <input type="checkbox"/> 5 \$78 to \$115 p.wk. \$4001 to \$6000 p.yr..... <input type="checkbox"/> 6 \$116 to \$154 p.wk. \$6001 to \$8000 p.yr..... <input type="checkbox"/> 7 \$155 to \$192 p.wk. \$8001 to \$10000 p.yr..... <input type="checkbox"/> 8 \$193 to \$231 p.wk. \$10001 to \$12000 p.yr..... <input type="checkbox"/> 9 \$232 to \$288 p.wk. \$12001 to \$15000 p.yr..... <input type="checkbox"/> 10 \$289 to \$346 p.wk. \$15001 to \$18000 p.yr..... <input type="checkbox"/> 11 \$347 to \$423 p.wk. \$18001 to \$22000 p.yr..... <input type="checkbox"/> 12 \$424 to \$500 p.wk. \$22001 to \$26000 p.yr..... <input type="checkbox"/> 13 Over \$500 p.wk. Over \$26000 p.yr..... <input type="checkbox"/> 14	No income..... <input type="checkbox"/> 1 Less than \$19 p.wk. Less than \$1000 p.yr..... <input type="checkbox"/> 2 \$19 to \$38 p.wk. \$1000 to \$2000 p.yr..... <input type="checkbox"/> 3 \$39 to \$58 p.wk. \$2001 to \$3000 p.yr..... <input type="checkbox"/> 4 \$59 to \$77 p.wk. \$3001 to \$4000 p.yr..... <input type="checkbox"/> 5 \$78 to \$115 p.wk. \$4001 to \$6000 p.yr..... <input type="checkbox"/> 6 \$116 to \$154 p.wk. \$6001 to \$8000 p.yr..... <input type="checkbox"/> 7 \$155 to \$192 p.wk. \$8001 to \$10000 p.yr..... <input type="checkbox"/> 8 \$193 to \$231 p.wk. \$10001 to \$12000 p.yr..... <input type="checkbox"/> 9 \$232 to \$288 p.wk. \$12001 to \$15000 p.yr..... <input type="checkbox"/> 10 \$289 to \$346 p.wk. \$15001 to \$18000 p.yr..... <input type="checkbox"/> 11 \$347 to \$423 p.wk. \$18001 to \$22000 p.yr..... <input type="checkbox"/> 12 \$424 to \$500 p.wk. \$22001 to \$26000 p.yr..... <input type="checkbox"/> 13 Over \$500 p.wk. Over \$26000 p.yr..... <input type="checkbox"/> 14	No income..... <input type="checkbox"/> 1 Less than \$19 p.wk. Less than \$1000 p.yr..... <input type="checkbox"/> 2 \$19 to \$38 p.wk. \$1000 to \$2000 p.yr..... <input type="checkbox"/> 3 \$39 to \$58 p.wk. \$2001 to \$3000 p.yr..... <input type="checkbox"/> 4 \$59 to \$77 p.wk. \$3001 to \$4000 p.yr..... <input type="checkbox"/> 5 \$78 to \$115 p.wk. \$4001 to \$6000 p.yr..... <input type="checkbox"/> 6 \$116 to \$154 p.wk. \$6001 to \$8000 p.yr..... <input type="checkbox"/> 7 \$155 to \$192 p.wk. \$8001 to \$10000 p.yr..... <input type="checkbox"/> 8 \$193 to \$231 p.wk. \$10001 to \$12000 p.yr..... <input type="checkbox"/> 9 \$232 to \$288 p.wk. \$12001 to \$15000 p.yr..... <input type="checkbox"/> 10 \$289 to \$346 p.wk. \$15001 to \$18000 p.yr..... <input type="checkbox"/> 11 \$347 to \$423 p.wk. \$18001 to \$22000 p.yr..... <input type="checkbox"/> 12 \$424 to \$500 p.wk. \$22001 to \$26000 p.yr..... <input type="checkbox"/> 13 Over \$500 p.wk. Over \$26000 p.yr..... <input type="checkbox"/> 14	No income..... <input type="checkbox"/> 1 Less than \$19 p.wk. Less than \$1000 p.yr..... <input type="checkbox"/> 2 \$19 to \$38 p.wk. \$1000 to \$2000 p.yr..... <input type="checkbox"/> 3 \$39 to \$58 p.wk. \$2001 to \$3000 p.yr..... <input type="checkbox"/> 4 \$59 to \$77 p.wk. \$3001 to \$4000 p.yr..... <input type="checkbox"/> 5 \$78 to \$115 p.wk. \$4001 to \$6000 p.yr..... <input type="checkbox"/> 6 \$116 to \$154 p.wk. \$6001 to \$8000 p.yr..... <input type="checkbox"/> 7 \$155 to \$192 p.wk. \$8001 to \$10000 p.yr..... <input type="checkbox"/> 8 \$193 to \$231 p.wk. \$10001 to \$12000 p.yr..... <input type="checkbox"/> 9 \$232 to \$288 p.wk. \$12001 to \$15000 p.yr..... <input type="checkbox"/> 10 \$289 to \$346 p.wk. \$15001 to \$18000 p.yr..... <input type="checkbox"/> 11 \$347 to \$423 p.wk. \$18001 to \$22000 p.yr..... <input type="checkbox"/> 12 \$424 to \$500 p.wk. \$22001 to \$26000 p.yr..... <input type="checkbox"/> 13 Over \$500 p.wk. Over \$26000 p.yr..... <input type="checkbox"/> 14	No income..... <input type="checkbox"/> 1 Less than \$19 p.wk. Less than \$1000 p.yr..... <input type="checkbox"/> 2 \$19 to \$38 p.wk. \$1000 to \$2000 p.yr..... <input type="checkbox"/> 3 \$39 to \$58 p.wk. \$2001 to \$3000 p.yr..... <input type="checkbox"/> 4 \$59 to \$77 p.wk. \$3001 to \$4000 p.yr..... <input type="checkbox"/> 5 \$78 to \$115 p.wk. \$4001 to \$6000 p.yr..... <input type="checkbox"/> 6 \$116 to \$154 p.wk. \$6001 to \$8000 p.yr..... <input type="checkbox"/> 7 \$155 to \$192 p.wk. \$8001 to \$10000 p.yr..... <input type="checkbox"/> 8 \$193 to \$231 p.wk. \$10001 to \$12000 p.yr..... <input type="checkbox"/> 9 \$232 to \$288 p.wk. \$12001 to \$15000 p.yr..... <input type="checkbox"/> 10 \$289 to \$346 p.wk. \$15001 to \$18000 p.yr..... <input type="checkbox"/> 11 \$347 to \$423 p.wk. \$18001 to \$22000 p.yr..... <input type="checkbox"/> 12 \$424 to \$500 p.wk. \$22001 to \$26000 p.yr..... <input type="checkbox"/> 13 Over \$500 p.wk. Over \$26000 p.yr..... <input type="checkbox"/> 14
22. For each woman, how many babies has she ever had?  • Do not include still-births. • If none, write "None".	Now living..... Not now living..... Total.....	Now living..... Not now living..... Total.....	Now living..... Not now living..... Total.....	Now living..... Not now living..... Total.....	Now living..... Not now living..... Total.....	Now living..... Not now living..... Total.....	Now living..... Not now living..... Total.....	Now living..... Not now living..... Total.....

Please complete one column for each person.

For each person who uses a Personal Form, write only the name, sex and relationship to Person 1 and write "P.F." in the age question on this Schedule.

For a household with more than 8 persons, please contact the Collector.

	PERSON 1	PERSON 2	PERSON 3
<b>1. Name of each person who spent the night of 30 June 1981 in this household:</b> <ul style="list-style-type: none"> <li>Include any person who returned on Wednesday, 1 July 1981, without having been counted elsewhere.</li> <li>Record details for all adults, children and babies (including visitors) who spent the night of Tuesday, 30 June 1981, in this household.</li> <li>Enter the household head or any adult household member as Person 1.</li> </ul>	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....
<b>2. Sex:</b> <ul style="list-style-type: none"> <li>Tick one box for each person (e.g. <input checked="" type="checkbox"/>).</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>23. Did the person do any work at all LAST WEEK?</b> <ul style="list-style-type: none"> <li>For each person ticked in box 1, go to question 26.</li> </ul>	Yes, worked for wages, salary, payment or profit..... <input type="checkbox"/> 1 Yes, but did unpaid work only..... <input type="checkbox"/> 2 No, 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 No, 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 No, did not work..... <input type="checkbox"/> 3
<b>24. LAST WEEK, did the person have a full-time or part-time job of any kind, business, profession or farm?</b> (even if on holidays, sick, on strike, temporarily stood down, etc.) <ul style="list-style-type: none"> <li>Tick one box only.</li> </ul>	Yes, had a paid job, a business, a profession or a farm last week..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Yes, unpaid job only..... <input type="checkbox"/> 3 No, 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..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Yes, unpaid job only..... <input type="checkbox"/> 3 No, 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..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Yes, unpaid job only..... <input type="checkbox"/> 3 No, did not have any job, business, profession or farm last week..... <input type="checkbox"/> 4
<b>25. 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>	No, did not look for work..... <input type="checkbox"/> 1 Yes, looked for work..... <input type="checkbox"/> 2	No, did not look for work..... <input type="checkbox"/> 1 Yes, looked for work..... <input type="checkbox"/> 2	No, did not look for work..... <input type="checkbox"/> 1 Yes, looked for work..... <input type="checkbox"/> 2
<b>26. In the main job held LAST WEEK, was the person:</b> <ul style="list-style-type: none"> <li>Tick one box only.</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>27. 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 words or more (do not use initials or abbreviations, e.g. builder's labourer, not bld. lab.).</li> <li>Where possible, include award or government designation.</li> <li>Members of the Armed Services should state their rank.</li> </ul>	Occupation.....	Occupation.....	Occupation.....
<b>28. For the main job held LAST WEEK, what was the employer's trading name and address of workplace?</b> <ul style="list-style-type: none"> <li>For persons conducting their own business, print name of own business.</li> <li>For teachers, print name of school.</li> <li>For government employees, print full name of Department, Division, Branch or Section.</li> <li>For persons with no fixed place of work last week, e.g. airline pilots, taxi drivers, etc., write "N/A" in "Address of workplace".</li> </ul>	USE BLOCK LETTERS Business or trading name..... Name of Division, Branch or Section (if any) in which the person worked..... Address of workplace: No. and street..... Suburb, town or locality..... State..... Postcode.....	USE BLOCK LETTERS Business or trading name..... Name of Division, Branch or Section (if any) in which the person worked..... Address of workplace: No. and street..... Suburb, town or locality..... State..... Postcode.....	USE BLOCK LETTERS Business or trading name..... Name of Division, Branch or Section (if any) in which the person worked..... Address of workplace: No. and street..... Suburb, town or locality..... State..... Postcode.....
<b>29. What kind of industry, business or service is carried out by your employer at the address given in reply to question 28?</b> <ul style="list-style-type: none"> <li>Describe as fully as possible, using two words or more (e.g. dairy farming, footwear manufacturing).</li> </ul>	Kind of industry.....	Kind of industry.....	Kind of industry.....

	PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... 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"/>	Male <input type="checkbox"/> or Female <input type="checkbox"/>
.....years .....months	.....years .....months	.....years .....months	.....years .....months	.....years .....months	.....years .....months
Yes, worked for wages, salary, payment or profit..... <input type="checkbox"/> 1 Yes, but did unpaid work only..... <input type="checkbox"/> 2 No, 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 No, 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 No, 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 No, 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 No, 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 No, did not work..... <input type="checkbox"/> 3
Yes, had a paid job, a business, a profession or a farm last week..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Yes, unpaid job only..... <input type="checkbox"/> 3 No, 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..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Yes, unpaid job only..... <input type="checkbox"/> 3 No, 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..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Yes, unpaid job only..... <input type="checkbox"/> 3 No, 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..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Yes, unpaid job only..... <input type="checkbox"/> 3 No, 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..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Yes, unpaid job only..... <input type="checkbox"/> 3 No, 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..... <input type="checkbox"/> 1 Yes, helped without pay in a family business..... <input type="checkbox"/> 2 Yes, unpaid job only..... <input type="checkbox"/> 3 No, did not have any job, business, profession or farm last week..... <input type="checkbox"/> 4
No, did not look for work..... <input type="checkbox"/> 1 Yes, looked for work..... <input type="checkbox"/> 2	No, did not look for work..... <input type="checkbox"/> 1 Yes, looked for work..... <input type="checkbox"/> 2	No, did not look for work..... <input type="checkbox"/> 1 Yes, looked for work..... <input type="checkbox"/> 2	No, did not look for work..... <input type="checkbox"/> 1 Yes, looked for work..... <input type="checkbox"/> 2	No, did not look for work..... <input type="checkbox"/> 1 Yes, looked for work..... <input type="checkbox"/> 2	No, did not look for work..... <input type="checkbox"/> 1 Yes, looked for work..... <input type="checkbox"/> 2
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	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
Occupation.....	Occupation.....	Occupation.....	Occupation.....	Occupation.....	Occupation.....
USE BLOCK LETTERS Business or trading name..... Name of Division, Branch or Section (if any) in which the person worked..... Address of workplace: No. and street..... Suburb, town or locality..... State..... Postcode.....	USE BLOCK LETTERS Business or trading name..... Name of Division, Branch or Section (if any) in which the person worked..... Address of workplace: No. and street..... Suburb, town or locality..... State..... Postcode.....	USE BLOCK LETTERS Business or trading name..... Name of Division, Branch or Section (if any) in which the person worked..... Address of workplace: No. and street..... Suburb, town or locality..... State..... Postcode.....	USE BLOCK LETTERS Business or trading name..... Name of Division, Branch or Section (if any) in which the person worked..... Address of workplace: No. and street..... Suburb, town or locality..... State..... Postcode.....	USE BLOCK LETTERS Business or trading name..... Name of Division, Branch or Section (if any) in which the person worked..... Address of workplace: No. and street..... Suburb, town or locality..... State..... Postcode.....	USE BLOCK LETTERS Business or trading name..... Name of Division, Branch or Section (if any) in which the person worked..... Address of workplace: No. and street..... Suburb, town or locality..... State..... Postcode.....
Kind of industry.....	Kind of industry.....	Kind of industry.....	Kind of industry.....	Kind of industry.....	Kind of industry.....

Please complete one column for each person.

For each person who uses a Personal Form, write only the name, sex and relationship to Person 1 and write "P.F." in the age question on this Schedule.

For a household with more than 8 persons, please contact the Collector.

1. Name of each person who spent the night of 30 June 1981 in this household: <small>• Include any person who returned on Wednesday, 1 July 1981, without having been counted elsewhere. • Record details for all adults, children and babies (including visitors) who spent the night of Tuesday, 30 June 1981, in this household. • Enter the household head or any adult household member as Person 1.</small>	PERSON 1	PERSON 2	PERSON 3
		Christian or given name..... Surname.....	Christian or given name..... Surname.....
2. Sex: <small>• Tick one box for each person (e.g. <input checked="" type="checkbox"/>).</small>	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"/>
3. Age: <small>• In years and completed months. • If age is less than one year write "0" years and</small>	.....years .....months	.....years .....months	.....years .....months
30. In the main job held LAST WEEK, how many hours did the person work?	None..... <input type="checkbox"/> 1 1-14 hours..... <input type="checkbox"/> 2 15-24 hours..... <input type="checkbox"/> 3 25-34 hours..... <input type="checkbox"/> 4 35 or more..... <input type="checkbox"/> 5	None..... <input type="checkbox"/> 1 1-14 hours..... <input type="checkbox"/> 2 15-24 hours..... <input type="checkbox"/> 3 25-34 hours..... <input type="checkbox"/> 4 35 or more..... <input type="checkbox"/> 5	None..... <input type="checkbox"/> 1 1-14 hours..... <input type="checkbox"/> 2 15-24 hours..... <input type="checkbox"/> 3 25-34 hours..... <input type="checkbox"/> 4 35 or more..... <input type="checkbox"/> 5
31. How did the person get to work on Monday, 29 June 1981? <small>• Tick boxes for each person to show all methods used.</small>	Train..... <input type="checkbox"/> 1 Bus..... <input type="checkbox"/> 2 Ferry or Tram..... <input type="checkbox"/> 3 Taxi..... <input type="checkbox"/> 4 Car—as driver..... <input type="checkbox"/> 5 Car—as passenger..... <input type="checkbox"/> 6 Motor bike or motor scooter..... <input type="checkbox"/> 7 Bicycle..... <input type="checkbox"/> 8 Worked at home..... <input type="checkbox"/> 9 Did not go to work..... <input type="checkbox"/> 10 Other..... <input type="checkbox"/> 11 Please state.....	Train..... <input type="checkbox"/> 1 Bus..... <input type="checkbox"/> 2 Ferry or Tram..... <input type="checkbox"/> 3 Taxi..... <input type="checkbox"/> 4 Car—as driver..... <input type="checkbox"/> 5 Car—as passenger..... <input type="checkbox"/> 6 Motor bike or motor scooter..... <input type="checkbox"/> 7 Bicycle..... <input type="checkbox"/> 8 Worked at home..... <input type="checkbox"/> 9 Did not go to work..... <input type="checkbox"/> 10 Other..... <input type="checkbox"/> 11 Please state.....	Train..... <input type="checkbox"/> 1 Bus..... <input type="checkbox"/> 2 Ferry or Tram..... <input type="checkbox"/> 3 Taxi..... <input type="checkbox"/> 4 Car—as driver..... <input type="checkbox"/> 5 Car—as passenger..... <input type="checkbox"/> 6 Motor bike or motor scooter..... <input type="checkbox"/> 7 Bicycle..... <input type="checkbox"/> 8 Worked at home..... <input type="checkbox"/> 9 Did not go to work..... <input type="checkbox"/> 10 Other..... <input type="checkbox"/> 11 Please state.....

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... Surname.....	Christian or given name..... 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
None..... <input type="checkbox"/> 1 1-14 hours..... <input type="checkbox"/> 2 15-24 hours..... <input type="checkbox"/> 3 25-34 hours..... <input type="checkbox"/> 4 35 or more..... <input type="checkbox"/> 5	None..... <input type="checkbox"/> 1 1-14 hours..... <input type="checkbox"/> 2 15-24 hours..... <input type="checkbox"/> 3 25-34 hours..... <input type="checkbox"/> 4 35 or more..... <input type="checkbox"/> 5	None..... <input type="checkbox"/> 1 1-14 hours..... <input type="checkbox"/> 2 15-24 hours..... <input type="checkbox"/> 3 25-34 hours..... <input type="checkbox"/> 4 35 or more..... <input type="checkbox"/> 5	None..... <input type="checkbox"/> 1 1-14 hours..... <input type="checkbox"/> 2 15-24 hours..... <input type="checkbox"/> 3 25-34 hours..... <input type="checkbox"/> 4 35 or more..... <input type="checkbox"/> 5	None..... <input type="checkbox"/> 1 1-14 hours..... <input type="checkbox"/> 2 15-24 hours..... <input type="checkbox"/> 3 25-34 hours..... <input type="checkbox"/> 4 35 or more..... <input type="checkbox"/> 5
Train..... <input type="checkbox"/> 1 Bus..... <input type="checkbox"/> 2 Ferry or Tram..... <input type="checkbox"/> 3 Taxi..... <input type="checkbox"/> 4 Car—as driver..... <input type="checkbox"/> 5 Car—as passenger..... <input type="checkbox"/> 6 Motor bike or motor scooter..... <input type="checkbox"/> 7 Bicycle..... <input type="checkbox"/> 8 Worked at home..... <input type="checkbox"/> 9 Did not go to work..... <input type="checkbox"/> 10 Other..... <input type="checkbox"/> 11 Please state.....	Train..... <input type="checkbox"/> 1 Bus..... <input type="checkbox"/> 2 Ferry or Tram..... <input type="checkbox"/> 3 Taxi..... <input type="checkbox"/> 4 Car—as driver..... <input type="checkbox"/> 5 Car—as passenger..... <input type="checkbox"/> 6 Motor bike or motor scooter..... <input type="checkbox"/> 7 Bicycle..... <input type="checkbox"/> 8 Worked at home..... <input type="checkbox"/> 9 Did not go to work..... <input type="checkbox"/> 10 Other..... <input type="checkbox"/> 11 Please state.....	Train..... <input type="checkbox"/> 1 Bus..... <input type="checkbox"/> 2 Ferry or Tram..... <input type="checkbox"/> 3 Taxi..... <input type="checkbox"/> 4 Car—as driver..... <input type="checkbox"/> 5 Car—as passenger..... <input type="checkbox"/> 6 Motor bike or motor scooter..... <input type="checkbox"/> 7 Bicycle..... <input type="checkbox"/> 8 Worked at home..... <input type="checkbox"/> 9 Did not go to work..... <input type="checkbox"/> 10 Other..... <input type="checkbox"/> 11 Please state.....	Train..... <input type="checkbox"/> 1 Bus..... <input type="checkbox"/> 2 Ferry or Tram..... <input type="checkbox"/> 3 Taxi..... <input type="checkbox"/> 4 Car—as driver..... <input type="checkbox"/> 5 Car—as passenger..... <input type="checkbox"/> 6 Motor bike or motor scooter..... <input type="checkbox"/> 7 Bicycle..... <input type="checkbox"/> 8 Worked at home..... <input type="checkbox"/> 9 Did not go to work..... <input type="checkbox"/> 10 Other..... <input type="checkbox"/> 11 Please state.....	Train..... <input type="checkbox"/> 1 Bus..... <input type="checkbox"/> 2 Ferry or Tram..... <input type="checkbox"/> 3 Taxi..... <input type="checkbox"/> 4 Car—as driver..... <input type="checkbox"/> 5 Car—as passenger..... <input type="checkbox"/> 6 Motor bike or motor scooter..... <input type="checkbox"/> 7 Bicycle..... <input type="checkbox"/> 8 Worked at home..... <input type="checkbox"/> 9 Did not go to work..... <input type="checkbox"/> 10 Other..... <input type="checkbox"/> 11 Please state.....

PLEASE ANSWER QUESTIONS ON THIS DWELLING.

This dwelling is the place (house, flat, etc.) in which your household spent census night.

H1. How many rooms are there in this dwelling?

- Write the number of each type of room (e.g.  Bedroom(s)).
- Count each room once only.
- A room shared with another household should be counted only by the principal householder.
- Do not count toilets, pantries, laundries, storerooms, halls or corridors.

Number	Type of Room
<input type="text"/>	Bedroom(s)
<input type="text"/>	Combined lounge/dining room
<input type="text"/>	Lounge room
<input type="text"/>	Dining room
<input type="text"/>	Kitchen
<input type="text"/>	Bathroom
<input type="text"/>	Family room
<input type="text"/>	Study
<input type="text"/>	Other rooms (please specify)

H2. Is this dwelling owned (or being purchased) by you or any usual member of this household?

- No → Go to question H3.
- Yes

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

- No → Go to question H4.
- Yes

What monthly payment (or average monthly payment) is made on the total mortgages (or contracts of sale) on this dwelling?

\$..... per month → Go to question H4.

H3. Do you or any usual member of this household pay rent for this dwelling?

- No → Go to question H4.
- Yes

To whom is the rent paid?

- 1  State Housing Commission
- 2  Other Government Agencies
- 3  Other

What is the weekly rent?

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

Is this dwelling rented furnished or unfurnished?

- 1  Furnished → Go to question H4.
- 2  Unfurnished

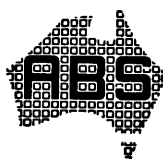
H4. How many registered motor vehicles owned or used by members of this household were garaged or parked at or near this dwelling for the night of 30 June 1981?

- Exclude motor bikes, motor scooters, tractors.
- Include company vehicles kept at home.

- None
- 1 motor vehicle
- 2 motor vehicles
- 3 motor vehicles
- 4 or more

THANK YOU FOR YOUR CO-OPERATION

Australian Statistician



**COLLECTOR'S USE ONLY**

**C1. What type of structure best describes this dwelling?**

- 1  Separate House
- 2  Semi-detached House
- 3  Row or Terrace House
- 4  Medium Density Housing
- 5  Flats Over Three Storeys
- 6  Caravan, Houseboat, etc.
- 7  Improvised Home
- 8  House or Flat Attached to a Shop, Office, etc.

**C2. What is the material of the outer walls of this dwelling?**

- 1  Brick, brick veneer, stone
- 2  Concrete, concrete block
- 3  Timber
- 4  Fibro, asbestos
- 5  Other

**C3. If dwelling unit is unoccupied, why is it unoccupied?**

- 1  For sale
- 2  To let (other than holiday home)
- 3  Newly completed and awaiting occupancy
- 4  Vacant for repairs or alterations
- 5  Holiday home
- 6  Condemned or awaiting demolition
- 7  Usual resident temporarily absent
- 8  Other  
Please specify.....  
.....