

IN CONFIDENCE
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SIZE



Census Form 1

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

30 JUNE 1986

Census 86



Household Form

Dear Householder,

Census Night is on Monday, 30 June 1986.

The Census is like a stocktake of our nation carried out at the one time, Census Night. Statistics from it show how many people there are in each part of Australia, what they do and how they live. The Census is the only practical way to get this information and is essential for planning our future.

So the Census helps to make a better Australia.

The Census is authorised by the *Census and Statistics Act 1905* which provides for the compulsory completion of this form and its return to your Census Collector. The same Act also protects your privacy. It forbids the publication of, or passing to anyone outside the Statistics Bureau, any information or statistics that could identify any person. Under no circumstances are any names or addresses kept.

To help you, below is an easy guide to filling in your Census Form. Use it with your Census 86 booklet.

Who to include on your form.

In question 1, list all persons (INCLUDING VISITORS) who spent the night of Monday, 30 June 1986 in this household. Include any persons who returned on Tuesday, 1 July 1986, without having been counted somewhere else. USE ONE COLUMN FOR EACH PERSON.

If there are more than 8 persons in this household, ask your Census Collector for extra Personal Forms.

What is a Household?

Persons living and eating together as a domestic unit are a household. A person who lives alone is also a household. If there is more than one household at this address, ask your Census Collector for as many extra Household Forms as you need. A SEPARATE FORM MUST BE USED FOR EACH HOUSEHOLD.

How to answer each question.

Please use black or blue ball point pen, or ink.

Read everything carefully. Give your answer, then go to the next question.

Most questions only need a tick in the answer box. Numbers and letters alongside the boxes are only for processing purposes.

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

Your privacy.

If any person in this household prefers a separate Census Form for privacy reasons, ask your Census Collector for a Personal Form and a Privacy Envelope. For that person, enter name, sex, relationship to Person 1 and write "P.F." in the age question on this form. The completed Personal Form should be sealed in the envelope and given unopened to the collector.

You may also ask for a Privacy Envelope if you do not want your collector to see your completed Census Form.

Finished?

After filling in the Census Form, please sign it and write the household address in the address panel below.

Your collector will return as soon as possible after Monday, 30 June 1986, for the completed Census Form.

If you have any difficulty filling out this form, please refer to your Census 86 booklet. If you still have a problem, ask your Census Collector for help or phone the Census Hotline on _____.

Thank you for your help.

AUSTRALIAN STATISTICIAN

Signature of Person _____	
Address: No. and street _____	
Suburb, town or locality _____	
Postcode _____	Date _____

OFFICE USE ONLY		
SEF	01	
AC		
COLLECTOR'S USE ONLY		
Males	Females	Persons

Signature of Collector _____

Please complete one separate column for each person.

For each person who uses a Personal Form for privacy reasons, complete questions 1, 2 and 4 and write "P.F." in question 3 on this Form.

1. Name of each person (INCLUDING VISITORS) who spent the night of Monday, 30 June 1986 in this household:	PERSON 1	PERSON 2	PERSON 3
<ul style="list-style-type: none"> Record details for all adults, children, babies and VISITORS. Include any person who returned on Tuesday, 1 July 1986, without having been counted elsewhere. Enter the householder or any adult household member as "Person 1" and, if present, the spouse/partner as "Person 2". 	Christian or given name Surname	Christian or given name Surname	Christian or given name Surname
2. Sex: <ul style="list-style-type: none"> Tick one box for each person (for example <input checked="" type="checkbox"/>). 	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female
3. Age: <ul style="list-style-type: none"> In years and completed months. If age is less than one year write "0" years and the number of completed months.	..... years..... months	..... years..... months	..... years..... months

4. What is each person's relationship to Person 1/Person 2? <ul style="list-style-type: none"> Examples of other relationships: mother, son-in-law, granddaughter, uncle, boarder, visitor, co-tenant, flatmate, etc. Tick one box for each person (for example A <input checked="" type="checkbox"/>). 	Person 1 <input type="checkbox"/> <input type="checkbox"/>	A <input type="checkbox"/> Husband/Wife of Person 1 B <input type="checkbox"/> De facto partner of Person 1 D <input type="checkbox"/> Child of Person 1 E <input type="checkbox"/> Stepchild of Person 1 G <input type="checkbox"/> Other relationship to Person 1 Please state <input type="checkbox"/> <input type="checkbox"/>	C <input type="checkbox"/> Child of both Person 1 and Person 2 D <input type="checkbox"/> Child of Person 1 only F <input type="checkbox"/> Child of Person 2 only G <input type="checkbox"/> Other relationship to Person 1 Please state <input type="checkbox"/> <input type="checkbox"/>
5. What is each person's present marital status?	1 <input type="checkbox"/> Never married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated but not divorced 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed	1 <input type="checkbox"/> Never married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated but not divorced 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed	1 <input type="checkbox"/> Never married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated but not divorced 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed
6. Where does each person usually live? <ul style="list-style-type: none"> "Usual" residence is that address at which a person has lived or intends to live for a total of 6 months or more in 1986. For persons who now have no usual residence, regard this dwelling as their usual residence and tick box 7. For boarders at boarding school or college, give address of school or college. If usual residence is overseas, tick box 8 and write "O/S". 	7 <input type="checkbox"/> At the address shown on the front of this form 8 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 8 and print usual address. No. and street Suburb, town or locality Name of local council State Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 <input type="checkbox"/> At the address shown on the front of this form 8 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 8 and print usual address. No. and street Suburb, town or locality Name of local council State Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 <input type="checkbox"/> At the address shown on the front of this form 8 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 8 and print usual address. No. and street Suburb, town or locality Name of local council State Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Where was each person's usual residence one year ago (i.e. at 30 June 1985)? <ul style="list-style-type: none"> If the person is less than one year old, write "N/A". For persons who had no usual residence on 30 June 1985, give the address at which they were then living. If usual residence was overseas, tick box 2 and write "O/S". 	1 <input type="checkbox"/> Same as in question 6 2 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 2 and print usual address one year ago. No. and street Suburb, town or locality Name of local council State Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 <input type="checkbox"/> Same as in question 6 2 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 2 and print usual address one year ago. No. and street Suburb, town or locality Name of local council State Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 <input type="checkbox"/> Same as in question 6 2 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 2 and print usual address one year ago. No. and street Suburb, town or locality Name of local council State Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Where was each person's usual residence five years ago (i.e. at 30 June 1981)? <ul style="list-style-type: none"> If the person is less than five years old, write "N/A". For persons who had no usual residence on 30 June 1981, give the address at which they were then living. If usual residence was overseas, tick box 5 and write "O/S". 	3 <input type="checkbox"/> Same as in question 6 4 <input type="checkbox"/> Same as in question 7 5 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 5 and print usual address five years ago. No. and street Suburb, town or locality Name of local council State Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 <input type="checkbox"/> Same as in question 6 4 <input type="checkbox"/> Same as in question 7 5 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 5 and print usual address five years ago. No. and street Suburb, town or locality Name of local council State Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 <input type="checkbox"/> Same as in question 6 4 <input type="checkbox"/> Same as in question 7 5 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 5 and print usual address five years ago. No. and street Suburb, town or locality Name of local council State Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
Christian or given name	Christian or given name	Christian or given name	Christian or given name	Christian or given name
Surname	Surname	Surname	Surname	Surname
7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female
..... years..... months	..... years..... months	..... years..... months	..... years..... months	..... years..... months

<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Other relationship to Person 1 Please state.....	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Other relationship to Person 1 Please state.....	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Other relationship to Person 1 Please state.....	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Other relationship to Person 1 Please state.....	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Other relationship to Person 1 Please state.....
1 <input type="checkbox"/> Never married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated but not divorced 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed	1 <input type="checkbox"/> Never married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated but not divorced 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed	1 <input type="checkbox"/> Never married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated but not divorced 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed	1 <input type="checkbox"/> Never married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated but not divorced 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed	1 <input type="checkbox"/> Never married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated but not divorced 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed
7 <input type="checkbox"/> At the address shown on the front of this form 8 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 8 and print usual address. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	7 <input type="checkbox"/> At the address shown on the front of this form 8 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 8 and print usual address. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	7 <input type="checkbox"/> At the address shown on the front of this form 8 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 8 and print usual address. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	7 <input type="checkbox"/> At the address shown on the front of this form 8 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 8 and print usual address. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	7 <input type="checkbox"/> At the address shown on the front of this form 8 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 8 and print usual address. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....
1 <input type="checkbox"/> Same as in question 6 2 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 2 and print usual address one year ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	1 <input type="checkbox"/> Same as in question 6 2 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 2 and print usual address one year ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	1 <input type="checkbox"/> Same as in question 6 2 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 2 and print usual address one year ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	1 <input type="checkbox"/> Same as in question 6 2 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 2 and print usual address one year ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	1 <input type="checkbox"/> Same as in question 6 2 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 2 and print usual address one year ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....
3 <input type="checkbox"/> Same as in question 6 4 <input type="checkbox"/> Same as in question 7 5 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 5 and print usual address five years ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	3 <input type="checkbox"/> Same as in question 6 4 <input type="checkbox"/> Same as in question 7 5 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 5 and print usual address five years ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	3 <input type="checkbox"/> Same as in question 6 4 <input type="checkbox"/> Same as in question 7 5 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 5 and print usual address five years ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	3 <input type="checkbox"/> Same as in question 6 4 <input type="checkbox"/> Same as in question 7 5 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 5 and print usual address five years ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....	3 <input type="checkbox"/> Same as in question 6 4 <input type="checkbox"/> Same as in question 7 5 <input type="checkbox"/> Elsewhere If "Elsewhere" tick box 5 and print usual address five years ago. No. and street..... Suburb, town or locality..... Name of local council..... State..... Postcode.....

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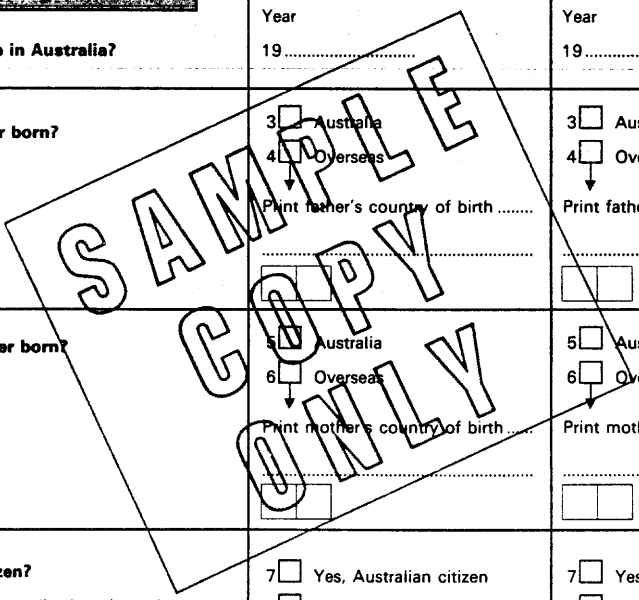
Please turn to page

Please complete one separate column for each person.

For each person who uses a Personal Form for privacy reasons, complete questions 1, 2 and 4 and write "P.F." in question 3 on this Form.

	PERSON 1	PERSON 2	PERSON 3
1. Name of each person (INCLUDING VISITORS) who spent the night of Monday, 30 June 1986 in this household: <ul style="list-style-type: none"> Record details for all adults, children, babies and VISITORS. Include any person who returned on Tuesday, 1 July 1986, without having been counted elsewhere. Enter the householder or any adult household member as "Person 1" and, if present, the spouse/partner as "Person 2". 	Christian or given name Surname	Christian or given name Surname	Christian or given name Surname
2. Sex: <ul style="list-style-type: none"> Tick one box for each person (for example <input checked="" type="checkbox"/>). 	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female
3. Age: <ul style="list-style-type: none"> In years and completed months. If age is less than one year write "0" years and the number of completed months.	..... years..... months	..... years..... months	..... years..... months

	1	2	3
9. Is the person of Aboriginal or Torres Strait Islander origin? <ul style="list-style-type: none"> For persons of mixed origin, indicate the one to which they consider themselves to belong. 	4 <input type="checkbox"/> No 5 <input type="checkbox"/> Yes, Aboriginal 6 <input type="checkbox"/> Yes, Torres Strait Islander	4 <input type="checkbox"/> No 5 <input type="checkbox"/> Yes, Aboriginal 6 <input type="checkbox"/> Yes, Torres Strait Islander	4 <input type="checkbox"/> No 5 <input type="checkbox"/> Yes, Aboriginal 6 <input type="checkbox"/> Yes, Torres Strait Islander
10. Where was each person born?	1 <input type="checkbox"/> Australia 2 <input type="checkbox"/> Overseas ↓ Print country of birth [][]	1 <input type="checkbox"/> Australia 2 <input type="checkbox"/> Overseas ↓ Print country of birth [][]	1 <input type="checkbox"/> Australia 2 <input type="checkbox"/> Overseas ↓ Print country of birth [][]
11. When did the person first arrive in Australia?	Year 19.....	Year 19.....	Year 19.....
12. Where was each person's father born?	3 <input type="checkbox"/> Australia 4 <input type="checkbox"/> Overseas ↓ Print father's country of birth [][]	3 <input type="checkbox"/> Australia 4 <input type="checkbox"/> Overseas ↓ Print father's country of birth [][]	3 <input type="checkbox"/> Australia 4 <input type="checkbox"/> Overseas ↓ Print father's country of birth [][]
13. Where was each person's mother born?	5 <input type="checkbox"/> Australia 6 <input type="checkbox"/> Overseas ↓ Print mother's country of birth [][]	5 <input type="checkbox"/> Australia 6 <input type="checkbox"/> Overseas ↓ Print mother's country of birth [][]	5 <input type="checkbox"/> Australia 6 <input type="checkbox"/> Overseas ↓ Print mother's country of birth [][]
14. Is the person an Australian citizen? <ul style="list-style-type: none"> For persons born in Australia, naturalised, registered or granted Australian citizenship, tick box 7. 	7 <input type="checkbox"/> Yes, Australian citizen 8 <input type="checkbox"/> No	7 <input type="checkbox"/> Yes, Australian citizen 8 <input type="checkbox"/> No	7 <input type="checkbox"/> Yes, Australian citizen 8 <input type="checkbox"/> No
15. What is each person's ancestry? <ul style="list-style-type: none"> For example, Greek, English, Indian, Armenian, Aboriginal, Chinese etc. 	Ancestry [][] [][]	Ancestry [][] [][]	Ancestry [][] [][]
16. What is each person's religious denomination? <ul style="list-style-type: none"> This question is optional. If no religion write "None". 	Religion [][]	Religion [][]	Religion [][]



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

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
Christian or given name	Christian or given name	Christian or given name	Christian or given name	Christian or given name
Surname	Surname	Surname	Surname	Surname
7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female
..... years..... months	..... years..... months	..... years..... months	..... years..... months	..... years..... months

4	5	6	7	8
4 <input type="checkbox"/> No 5 <input type="checkbox"/> Yes, Aboriginal 6 <input type="checkbox"/> Yes, Torres Strait Islander	4 <input type="checkbox"/> No 5 <input type="checkbox"/> Yes, Aboriginal 6 <input type="checkbox"/> Yes, Torres Strait Islander	4 <input type="checkbox"/> No 5 <input type="checkbox"/> Yes, Aboriginal 6 <input type="checkbox"/> Yes, Torres Strait Islander	4 <input type="checkbox"/> No 5 <input type="checkbox"/> Yes, Aboriginal 6 <input type="checkbox"/> Yes, Torres Strait Islander	4 <input type="checkbox"/> No 5 <input type="checkbox"/> Yes, Aboriginal 6 <input type="checkbox"/> Yes, Torres Strait Islander
1 <input type="checkbox"/> Australia 2 <input type="checkbox"/> Overseas ↓ Print country of birth	1 <input type="checkbox"/> Australia 2 <input type="checkbox"/> Overseas ↓ Print country of birth	1 <input type="checkbox"/> Australia 2 <input type="checkbox"/> Overseas ↓ Print country of birth	1 <input type="checkbox"/> Australia 2 <input type="checkbox"/> Overseas ↓ Print country of birth	1 <input type="checkbox"/> Australia 2 <input type="checkbox"/> Overseas ↓ Print country of birth
Year 19	Year 19	Year 19	Year 19	Year 19
3 <input type="checkbox"/> Australia 4 <input type="checkbox"/> Overseas ↓ Print father's country of birth	3 <input type="checkbox"/> Australia 4 <input type="checkbox"/> Overseas ↓ Print father's country of birth	3 <input type="checkbox"/> Australia 4 <input type="checkbox"/> Overseas ↓ Print father's country of birth	3 <input type="checkbox"/> Australia 4 <input type="checkbox"/> Overseas ↓ Print father's country of birth	3 <input type="checkbox"/> Australia 4 <input type="checkbox"/> Overseas ↓ Print father's country of birth
5 <input type="checkbox"/> Australia 6 <input type="checkbox"/> Overseas ↓ Print mother's country of birth	5 <input type="checkbox"/> Australia 6 <input type="checkbox"/> Overseas ↓ Print mother's country of birth	5 <input type="checkbox"/> Australia 6 <input type="checkbox"/> Overseas ↓ Print mother's country of birth	5 <input type="checkbox"/> Australia 6 <input type="checkbox"/> Overseas ↓ Print mother's country of birth	5 <input type="checkbox"/> Australia 6 <input type="checkbox"/> Overseas ↓ Print mother's country of birth
7 <input type="checkbox"/> Yes, Australian citizen 8 <input type="checkbox"/> No	7 <input type="checkbox"/> Yes, Australian citizen 8 <input type="checkbox"/> No	7 <input type="checkbox"/> Yes, Australian citizen 8 <input type="checkbox"/> No	7 <input type="checkbox"/> Yes, Australian citizen 8 <input type="checkbox"/> No	7 <input type="checkbox"/> Yes, Australian citizen 8 <input type="checkbox"/> No
Ancestry	Ancestry	Ancestry	Ancestry	Ancestry
Religion	Religion	Religion	Religion	Religion

SAMPLE COPY ONLY

Please complete one separate column for each person.

For each person who uses a Personal Form for privacy reasons, complete questions 1, 2 and 4 and write "P.F." in question 3 on this Form.

	PERSON 1	PERSON 2	PERSON 3
1. Name of each person (INCLUDING VISITORS) who spent the night of Monday, 30 June 1986 in this household: <ul style="list-style-type: none"> Record details for all adults, children, babies and VISITORS. Include any person who returned on Tuesday, 1 July 1986, without having been counted elsewhere. Enter the householder or any adult household member as "Person 1" and, if present, the spouse/partner as "Person 2". 	Christian or given name Surname	Christian or given name Surname	Christian or given name Surname
2. Sex: <ul style="list-style-type: none"> Tick one box for each person (for example <input checked="" type="checkbox"/>). 	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female
3. Age: <ul style="list-style-type: none"> In years and completed months. If age is less than one year write "0" years and the number of completed months.	..... years months	..... years months	..... years months

	1	2	3
17. Does the person speak a language other than English at home?	5 <input type="checkbox"/> No, speaks only English 6 <input type="checkbox"/> Yes ↓ If yes, please print language spoken	5 <input type="checkbox"/> No, speaks only English 6 <input type="checkbox"/> Yes ↓ If yes, please print language spoken	5 <input type="checkbox"/> No, speaks only English 6 <input type="checkbox"/> Yes ↓ If yes, please print language spoken
18. How well does the person speak English?	1 <input type="checkbox"/> Very well 2 <input type="checkbox"/> Well 3 <input type="checkbox"/> Not well 4 <input type="checkbox"/> Not at all	1 <input type="checkbox"/> Very well 2 <input type="checkbox"/> Well 3 <input type="checkbox"/> Not well 4 <input type="checkbox"/> Not at all	1 <input type="checkbox"/> Very well 2 <input type="checkbox"/> Well 3 <input type="checkbox"/> Not well 4 <input type="checkbox"/> Not at all
19. Is the person attending a school or any other educational institution? <ul style="list-style-type: none"> Include external or correspondence students. 	5 <input type="checkbox"/> No 6 <input type="checkbox"/> Yes, full-time student 7 <input type="checkbox"/> Yes, part-time student ↓ Please tick box corresponding to type of educational institution being attended. 01 <input type="checkbox"/> Pre-school Infants/Primary school 02 <input type="checkbox"/>Government 03 <input type="checkbox"/>Non-Government Secondary school 04 <input type="checkbox"/>Government 05 <input type="checkbox"/>Non-Government Tertiary institution 06 <input type="checkbox"/>Technical and Further Education (TAFE) College 07 <input type="checkbox"/>College of Advanced Education (CAE) 08 <input type="checkbox"/>University 09 <input type="checkbox"/> Other institution ↓ Please state type	5 <input type="checkbox"/> No 6 <input type="checkbox"/> Yes, full-time student 7 <input type="checkbox"/> Yes, part-time student ↓ Please tick box corresponding to type of educational institution being attended. 01 <input type="checkbox"/> Pre-school Infants/Primary school 02 <input type="checkbox"/>Government 03 <input type="checkbox"/>Non-Government Secondary school 04 <input type="checkbox"/>Government 05 <input type="checkbox"/>Non-Government Tertiary institution 06 <input type="checkbox"/>Technical and Further Education (TAFE) College 07 <input type="checkbox"/>College of Advanced Education (CAE) 08 <input type="checkbox"/>University 09 <input type="checkbox"/> Other institution ↓ Please state type	5 <input type="checkbox"/> No 6 <input type="checkbox"/> Yes, full-time student 7 <input type="checkbox"/> Yes, part-time student ↓ Please tick box corresponding to type of educational institution being attended. 01 <input type="checkbox"/> Pre-school Infants/Primary school 02 <input type="checkbox"/>Government 03 <input type="checkbox"/>Non-Government Secondary school 04 <input type="checkbox"/>Government 05 <input type="checkbox"/>Non-Government Tertiary institution 06 <input type="checkbox"/>Technical and Further Education (TAFE) College 07 <input type="checkbox"/>College of Advanced Education (CAE) 08 <input type="checkbox"/>University 09 <input type="checkbox"/> Other institution ↓ Please state type
20. In what year was the person first married?	Year 19.....	Year 19.....	Year 19.....
21. Has the person been married more than once?	1 <input type="checkbox"/> No, married once only 2 <input type="checkbox"/> Yes	1 <input type="checkbox"/> No, married once only 2 <input type="checkbox"/> Yes	1 <input type="checkbox"/> No, married once only 2 <input type="checkbox"/> Yes

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

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
Christian or given name	Christian or given name	Christian or given name	Christian or given name	Christian or given name
Surname	Surname	Surname	Surname	Surname
7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female
..... years..... months	..... years..... months	..... years..... months	..... years..... months	..... years..... months

4	5	6	7	8
5 <input type="checkbox"/> No, speaks only English 6 <input type="checkbox"/> Yes ↓ If yes, please print language spoken <input type="checkbox"/> <input type="checkbox"/>	5 <input type="checkbox"/> No, speaks only English 6 <input type="checkbox"/> Yes ↓ If yes, please print language spoken <input type="checkbox"/> <input type="checkbox"/>	5 <input type="checkbox"/> No, speaks only English 6 <input type="checkbox"/> Yes ↓ If yes, please print language spoken <input type="checkbox"/> <input type="checkbox"/>	5 <input type="checkbox"/> No, speaks only English 6 <input type="checkbox"/> Yes ↓ If yes, please print language spoken <input type="checkbox"/> <input type="checkbox"/>	5 <input type="checkbox"/> No, speaks only English 6 <input type="checkbox"/> Yes ↓ If yes, please print language spoken <input type="checkbox"/> <input type="checkbox"/>
1 <input type="checkbox"/> Very well 2 <input type="checkbox"/> Well 3 <input type="checkbox"/> Not well 4 <input type="checkbox"/> Not at all	1 <input type="checkbox"/> Very well 2 <input type="checkbox"/> Well 3 <input type="checkbox"/> Not well 4 <input type="checkbox"/> Not at all	1 <input type="checkbox"/> Very well 2 <input type="checkbox"/> Well 3 <input type="checkbox"/> Not well 4 <input type="checkbox"/> Not at all	1 <input type="checkbox"/> Very well 2 <input type="checkbox"/> Well 3 <input type="checkbox"/> Not well 4 <input type="checkbox"/> Not at all	1 <input type="checkbox"/> Very well 2 <input type="checkbox"/> Well 3 <input type="checkbox"/> Not well 4 <input type="checkbox"/> Not at all
5 <input type="checkbox"/> No 6 <input type="checkbox"/> Yes, full-time student 7 <input type="checkbox"/> Yes, part-time student ↓ Please tick box corresponding to type of educational institution being attended. 01 <input type="checkbox"/> Pre-school Infants/Primary school 02 <input type="checkbox"/>Government 03 <input type="checkbox"/>Non-Government Secondary school 04 <input type="checkbox"/>Government 05 <input type="checkbox"/>Non-Government Tertiary institution 06 <input type="checkbox"/>Technical and Further Education (TAFE) College 07 <input type="checkbox"/>College of Advanced Education (CAE) 08 <input type="checkbox"/>University 09 <input type="checkbox"/> Other institution ↓ Please state type	5 <input type="checkbox"/> No 6 <input type="checkbox"/> Yes, full-time student 7 <input type="checkbox"/> Yes, part-time student ↓ Please tick box corresponding to type of educational institution being attended. 01 <input type="checkbox"/> Pre-school Infants/Primary school 02 <input type="checkbox"/>Government 03 <input type="checkbox"/>Non-Government Secondary school 04 <input type="checkbox"/>Government 05 <input type="checkbox"/>Non-Government Tertiary institution 06 <input type="checkbox"/>Technical and Further Education (TAFE) College 07 <input type="checkbox"/>College of Advanced Education (CAE) 08 <input type="checkbox"/>University 09 <input type="checkbox"/> Other institution ↓ Please state type	5 <input type="checkbox"/> No 6 <input type="checkbox"/> Yes, full-time student 7 <input type="checkbox"/> Yes, part-time student ↓ Please tick box corresponding to type of educational institution being attended. 01 <input type="checkbox"/> Pre-school Infants/Primary school 02 <input type="checkbox"/>Government 03 <input type="checkbox"/>Non-Government Secondary school 04 <input type="checkbox"/>Government 05 <input type="checkbox"/>Non-Government Tertiary institution 06 <input type="checkbox"/>Technical and Further Education (TAFE) College 07 <input type="checkbox"/>College of Advanced Education (CAE) 08 <input type="checkbox"/>University 09 <input type="checkbox"/> Other institution ↓ Please state type	5 <input type="checkbox"/> No 6 <input type="checkbox"/> Yes, full-time student 7 <input type="checkbox"/> Yes, part-time student ↓ Please tick box corresponding to type of educational institution being attended. 01 <input type="checkbox"/> Pre-school Infants/Primary school 02 <input type="checkbox"/>Government 03 <input type="checkbox"/>Non-Government Secondary school 04 <input type="checkbox"/>Government 05 <input type="checkbox"/>Non-Government Tertiary institution 06 <input type="checkbox"/>Technical and Further Education (TAFE) College 07 <input type="checkbox"/>College of Advanced Education (CAE) 08 <input type="checkbox"/>University 09 <input type="checkbox"/> Other institution ↓ Please state type	5 <input type="checkbox"/> No 6 <input type="checkbox"/> Yes, full-time student 7 <input type="checkbox"/> Yes, part-time student ↓ Please tick box corresponding to type of educational institution being attended. 01 <input type="checkbox"/> Pre-school Infants/Primary school 02 <input type="checkbox"/>Government 03 <input type="checkbox"/>Non-Government Secondary school 04 <input type="checkbox"/>Government 05 <input type="checkbox"/>Non-Government Tertiary institution 06 <input type="checkbox"/>Technical and Further Education (TAFE) College 07 <input type="checkbox"/>College of Advanced Education (CAE) 08 <input type="checkbox"/>University 09 <input type="checkbox"/> Other institution ↓ Please state type
Year 19	Year 19	Year 19	Year 19	Year 19
1 <input type="checkbox"/> No, married once only 2 <input type="checkbox"/> Yes	1 <input type="checkbox"/> No, married once only 2 <input type="checkbox"/> Yes	1 <input type="checkbox"/> No, married once only 2 <input type="checkbox"/> Yes	1 <input type="checkbox"/> No, married once only 2 <input type="checkbox"/> Yes	1 <input type="checkbox"/> No, married once only 2 <input type="checkbox"/> Yes

Please turn to page

Please complete one separate column for each person.

For each person who uses a Personal Form for privacy reasons, complete questions 1, 2 and 4 and write "P.F." in question 3 on this Form.

1. Name of each person (INCLUDING VISITORS) who spent the night of Monday, 30 June 1986 in this household:	PERSON 1	PERSON 2	PERSON 3
<ul style="list-style-type: none"> Record details for all adults, children, babies and VISITORS. Include any person who returned on Tuesday, 1 July 1986, without having been counted elsewhere. Enter the householder or any adult household member as "Person 1" and, if present, the spouse/partner as "Person 2". 	Christian or given name Surname	Christian or given name Surname	Christian or given name Surname
2. Sex: <ul style="list-style-type: none"> Tick one box for each person (for example <input checked="" type="checkbox"/>). 	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female
3. Age: <ul style="list-style-type: none"> In years and completed months. If age is less than one year write "0" years and the number of completed months.	..... years..... months	..... years..... months	..... years..... months

QUESTION 22 - PERSON AGED 15 YEARS OR OVER

22. How old was each person when he/she left school? <ul style="list-style-type: none"> For persons who are full-time primary or secondary school students, tick box 01. For persons who did not go to school, tick box 02. 	Age left school years 01 <input type="checkbox"/> Still at primary or secondary school 02 <input type="checkbox"/> Did not go to school	Age left school years 01 <input type="checkbox"/> Still at primary or secondary school 02 <input type="checkbox"/> Did not go to school	Age left school years 01 <input type="checkbox"/> Still at primary or secondary school 02 <input type="checkbox"/> Did not go to school
23. Has the person obtained a trade or any other qualification since leaving school? <ul style="list-style-type: none"> For persons who are full-time primary or secondary school students, tick box 2. 	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Still at primary or secondary school 3 <input type="checkbox"/> Yes Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Still at primary or secondary school 3 <input type="checkbox"/> Yes Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Still at primary or secondary school 3 <input type="checkbox"/> Yes Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....
24. What is the gross income (including pensions and/or allowances) that the person usually receives each week from all sources? <ul style="list-style-type: none"> Count all income including: family allowance (child endowment); pensions; unemployment benefits etc; worker's compensation; superannuation; wages; salary; overtime; dividends; rents received; business or farm income (less expenses of operation); interest received. Do not deduct tax, superannuation, health insurance etc. 	01 <input type="checkbox"/> No income 02 <input type="checkbox"/> \$1 to \$38 per week (\$1 to \$2,000 per year) 03 <input type="checkbox"/> \$39 to \$76 per week (\$2,001 to \$4,000 per year) 04 <input type="checkbox"/> \$77 to \$115 per week (\$4,001 to \$6,000 per year) 05 <input type="checkbox"/> \$116 to \$172 per week (\$6,001 to \$9,000 per year) 06 <input type="checkbox"/> \$173 to \$230 per week (\$9,001 to \$12,000 per year) 07 <input type="checkbox"/> \$231 to \$287 per week (\$12,001 to \$15,000 per year) 08 <input type="checkbox"/> \$288 to \$345 per week (\$15,001 to \$18,000 per year) 09 <input type="checkbox"/> \$346 to \$421 per week (\$18,001 to \$22,000 per year) 10 <input type="checkbox"/> \$422 to \$498 per week (\$22,001 to \$26,000 per year) 11 <input type="checkbox"/> \$499 to \$613 per week (\$26,001 to \$32,000 per year) 12 <input type="checkbox"/> \$614 to \$766 per week (\$32,001 to \$40,000 per year) 13 <input type="checkbox"/> \$767 to \$958 per week (\$40,001 to \$50,000 per year) 14 <input type="checkbox"/> Over \$958 per week (Over \$50,000 per year)	01 <input type="checkbox"/> No income 02 <input type="checkbox"/> \$1 to \$38 per week (\$1 to \$2,000 per year) 03 <input type="checkbox"/> \$39 to \$76 per week (\$2,001 to \$4,000 per year) 04 <input type="checkbox"/> \$77 to \$115 per week (\$4,001 to \$6,000 per year) 05 <input type="checkbox"/> \$116 to \$172 per week (\$6,001 to \$9,000 per year) 06 <input type="checkbox"/> \$173 to \$230 per week (\$9,001 to \$12,000 per year) 07 <input type="checkbox"/> \$231 to \$287 per week (\$12,001 to \$15,000 per year) 08 <input type="checkbox"/> \$288 to \$345 per week (\$15,001 to \$18,000 per year) 09 <input type="checkbox"/> \$346 to \$421 per week (\$18,001 to \$22,000 per year) 10 <input type="checkbox"/> \$422 to \$498 per week (\$22,001 to \$26,000 per year) 11 <input type="checkbox"/> \$499 to \$613 per week (\$26,001 to \$32,000 per year) 12 <input type="checkbox"/> \$614 to \$766 per week (\$32,001 to \$40,000 per year) 13 <input type="checkbox"/> \$767 to \$958 per week (\$40,001 to \$50,000 per year) 14 <input type="checkbox"/> Over \$958 per week (Over \$50,000 per year)	01 <input type="checkbox"/> No income 02 <input type="checkbox"/> \$1 to \$38 per week (\$1 to \$2,000 per year) 03 <input type="checkbox"/> \$39 to \$76 per week (\$2,001 to \$4,000 per year) 04 <input type="checkbox"/> \$77 to \$115 per week (\$4,001 to \$6,000 per year) 05 <input type="checkbox"/> \$116 to \$172 per week (\$6,001 to \$9,000 per year) 06 <input type="checkbox"/> \$173 to \$230 per week (\$9,001 to \$12,000 per year) 07 <input type="checkbox"/> \$231 to \$287 per week (\$12,001 to \$15,000 per year) 08 <input type="checkbox"/> \$288 to \$345 per week (\$15,001 to \$18,000 per year) 09 <input type="checkbox"/> \$346 to \$421 per week (\$18,001 to \$22,000 per year) 10 <input type="checkbox"/> \$422 to \$498 per week (\$22,001 to \$26,000 per year) 11 <input type="checkbox"/> \$499 to \$613 per week (\$26,001 to \$32,000 per year) 12 <input type="checkbox"/> \$614 to \$766 per week (\$32,001 to \$40,000 per year) 13 <input type="checkbox"/> \$767 to \$958 per week (\$40,001 to \$50,000 per year) 14 <input type="checkbox"/> Over \$958 per week (Over \$50,000 per year)
25. For each female, how many babies has she ever had? <ul style="list-style-type: none"> Do not include still-births. If none, tick box 21. 	21 <input type="checkbox"/>None .....Total .....Now living	21 <input type="checkbox"/>None .....Total .....Now living	21 <input type="checkbox"/>None .....Total .....Now living

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

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
Christian or given name.....	Christian or given name.....	Christian or given name.....	Christian or given name.....	Christian or given name.....
Surname.....	Surname.....	Surname.....	Surname.....	Surname.....
7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female
..... years..... months	..... years..... months	..... years..... months	..... years..... months	..... years..... months

4	5	6	7	8
Age left school years 01 <input type="checkbox"/> Still at primary or secondary school 02 <input type="checkbox"/> Did not go to school	Age left school years 01 <input type="checkbox"/> Still at primary or secondary school 02 <input type="checkbox"/> Did not go to school	Age left school years 01 <input type="checkbox"/> Still at primary or secondary school 02 <input type="checkbox"/> Did not go to school	Age left school years 01 <input type="checkbox"/> Still at primary or secondary school 02 <input type="checkbox"/> Did not go to school	Age left school years 01 <input type="checkbox"/> Still at primary or secondary school 02 <input type="checkbox"/> Did not go to school
1 <input type="checkbox"/> No 2 <input type="checkbox"/> Still at primary or secondary school 3 <input type="checkbox"/> Yes Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Still at primary or secondary school 3 <input type="checkbox"/> Yes Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Still at primary or secondary school 3 <input type="checkbox"/> Yes Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Still at primary or secondary school 3 <input type="checkbox"/> Yes Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Still at primary or secondary school 3 <input type="checkbox"/> Yes Please print details of highest qualification obtained. Qualification name..... Name of institution..... Field of study..... Year obtained.....
01 <input type="checkbox"/> No income 02 <input type="checkbox"/> \$1 to \$38 per week (\$1 to \$2,000 per year) 03 <input type="checkbox"/> \$39 to \$76 per week (\$2,001 to \$4,000 per year) 04 <input type="checkbox"/> \$77 to \$115 per week (\$4,001 to \$6,000 per year) 05 <input type="checkbox"/> \$116 to \$172 per week (\$6,001 to \$9,000 per year) 06 <input type="checkbox"/> \$173 to \$230 per week (\$9,001 to \$12,000 per year) 07 <input type="checkbox"/> \$231 to \$287 per week (\$12,001 to \$15,000 per year) 08 <input type="checkbox"/> \$288 to \$345 per week (\$15,001 to \$18,000 per year) 09 <input type="checkbox"/> \$346 to \$421 per week (\$18,001 to \$22,000 per year) 10 <input type="checkbox"/> \$422 to \$498 per week (\$22,001 to \$26,000 per year) 11 <input type="checkbox"/> \$499 to \$613 per week (\$26,001 to \$32,000 per year) 12 <input type="checkbox"/> \$614 to \$766 per week (\$32,001 to \$40,000 per year) 13 <input type="checkbox"/> \$767 to \$958 per week 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to \$18,000 per year) 09 <input type="checkbox"/> \$346 to \$421 per week (\$18,001 to \$22,000 per year) 10 <input type="checkbox"/> \$422 to \$498 per week (\$22,001 to \$26,000 per year) 11 <input type="checkbox"/> \$499 to \$613 per week (\$26,001 to \$32,000 per year) 12 <input type="checkbox"/> \$614 to \$766 per week (\$32,001 to \$40,000 per year) 13 <input type="checkbox"/> \$767 to \$958 per week (\$40,001 to \$50,000 per year) 14 <input type="checkbox"/> Over \$958 per week (Over \$50,000 per year)
21 <input type="checkbox"/>NoneTotalNow living	21 <input type="checkbox"/>NoneTotalNow living	21 <input type="checkbox"/>NoneTotalNow living	21 <input type="checkbox"/>NoneTotalNow living	21 <input type="checkbox"/>NoneTotalNow living

Please turn to page

Please complete one separate column for each person.

For each person who uses a Personal Form for privacy reasons, complete questions 1, 2 and 4 and write "P.F." in question 3 on this Form.

	PERSON 1	PERSON 2	PERSON 3
<p>1. Name of each person (INCLUDING VISITORS) who spent the night of Monday, 30 June 1986 in this household:</p> <ul style="list-style-type: none"> Record details for all adults, children, babies and VISITORS. Include any person who returned on Tuesday, 1 July 1986, without having been counted elsewhere. Enter the householder or any adult household member as "Person 1" and, if present, the spouse/partner as "Person 2". 	<p>Christian or given name</p> <p>Surname</p>	<p>Christian or given name</p> <p>Surname</p>	<p>Christian or given name</p> <p>Surname</p>
<p>2. Sex:</p> <ul style="list-style-type: none"> Tick one box for each person (for example <input checked="" type="checkbox"/>). 	<p>7 <input type="checkbox"/> Male</p> <p>8 <input type="checkbox"/> Female</p>	<p>7 <input type="checkbox"/> Male</p> <p>8 <input type="checkbox"/> Female</p>	<p>7 <input type="checkbox"/> Male</p> <p>8 <input type="checkbox"/> Female</p>
<p>3. Age:</p> <ul style="list-style-type: none"> In years and completed months. If age is less than one year write "0" years and the number of completed months. 	<p>..... years..... months</p>	<p>..... years..... months</p>	<p>..... years..... months</p>

	1	2	3
<p>26. LAST WEEK, did the person have a full-time or part-time job of any kind?</p>	<p>4 <input type="checkbox"/> Yes, worked for payment or profit</p> <p>5 <input type="checkbox"/> Yes, but absent on holidays, on sick leave, on strike or temporarily stood down</p> <p>6 <input type="checkbox"/> Yes, unpaid work in a family business</p> <p>7 <input type="checkbox"/> Yes, other unpaid work</p> <p>8 <input type="checkbox"/> No, did not have a job</p>	<p>4 <input type="checkbox"/> Yes, worked for payment or profit</p> <p>5 <input type="checkbox"/> Yes, but absent on holidays, on sick leave, on strike or temporarily stood down</p> <p>6 <input type="checkbox"/> Yes, unpaid work in a family business</p> <p>7 <input type="checkbox"/> Yes, other unpaid work</p> <p>8 <input type="checkbox"/> No, did not have a job</p>	<p>4 <input type="checkbox"/> Yes, worked for payment or profit</p> <p>5 <input type="checkbox"/> Yes, but absent on holidays, on sick leave, on strike or temporarily stood down</p> <p>6 <input type="checkbox"/> Yes, unpaid work in a family business</p> <p>7 <input type="checkbox"/> Yes, other unpaid work</p> <p>8 <input type="checkbox"/> No, did not have a job</p>
<p>27. Did the person actively look for work at any time during the LAST 4 WEEKS?</p> <ul style="list-style-type: none"> Actively looking for work means checking or being registered with the Commonwealth Employment Service; writing, telephoning or applying in person to an employer for work; or advertising for work. 	<p>1 <input type="checkbox"/> No, did not look for work</p> <p>2 <input type="checkbox"/> Yes, looked for full-time work</p> <p>3 <input type="checkbox"/> Yes, looked for part-time work</p>	<p>1 <input type="checkbox"/> No, did not look for work</p> <p>2 <input type="checkbox"/> Yes, looked for full-time work</p> <p>3 <input type="checkbox"/> Yes, looked for part-time work</p>	<p>1 <input type="checkbox"/> No, did not look for work</p> <p>2 <input type="checkbox"/> Yes, looked for full-time work</p> <p>3 <input type="checkbox"/> Yes, looked for part-time work</p>

Answer question 27 for each person ticked in box 7 or 8 in question 26, otherwise go to question 28.

ANSWER QUESTIONS 28 TO 30 FOR EACH PERSON TICKED IN BOX 7 OR 8 IN QUESTION 26

<p>28. In the main job held LAST WEEK, was the person</p> <ul style="list-style-type: none"> Tick one box only. 	<p>4 <input type="checkbox"/> A wage/salary earner?</p> <p>5 <input type="checkbox"/> Conducting own business but not employing others?</p> <p>6 <input type="checkbox"/> Conducting own business and employing others?</p> <p>7 <input type="checkbox"/> A helper not receiving wages or salary?</p>	<p>4 <input type="checkbox"/> A wage/salary earner?</p> <p>5 <input type="checkbox"/> Conducting own business but not employing others?</p> <p>6 <input type="checkbox"/> Conducting own business and employing others?</p> <p>7 <input type="checkbox"/> A helper not receiving wages or salary?</p>	<p>4 <input type="checkbox"/> A wage/salary earner?</p> <p>5 <input type="checkbox"/> Conducting own business but not employing others?</p> <p>6 <input type="checkbox"/> Conducting own business and employing others?</p> <p>7 <input type="checkbox"/> A helper not receiving wages or salary?</p>
<p>29. In the main job held LAST WEEK, what was the person's occupation?</p> <ul style="list-style-type: none"> Give full title. For example, Civil Engineering Draftsman, Accounts Clerk, Fast Foods Cook, 1st Class Welder, Extruding Machine Operator, Coal Miner. Armed Services personnel state rank as well as occupation. 	<p>Occupation</p>	<p>Occupation</p>	<p>Occupation</p>
<p>30. What are the main tasks or duties that the person usually performs in that occupation?</p> <ul style="list-style-type: none"> Describe as fully as possible. For example, preparing drawings for dam construction, recording and paying accounts, cooking hamburgers and chips, welding of high pressure steam pipes, operating plastic extruding machine, operating continuous mining machine. 	<p>Tasks or duties</p>	<p>Tasks or duties</p>	<p>Tasks or duties</p>

SAMPLE COPY ONLY

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

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
Christian or given name	Christian or given name	Christian or given name	Christian or given name	Christian or given name
Surname	Surname	Surname	Surname	Surname
7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female
..... years..... months	..... years..... months	..... years..... months	..... years..... months	..... years..... months

4	5	6	7	8
4 <input type="checkbox"/> Yes, worked for payment or profit	4 <input type="checkbox"/> Yes, worked for payment or profit	4 <input type="checkbox"/> Yes, worked for payment or profit	4 <input type="checkbox"/> Yes, worked for payment or profit	4 <input type="checkbox"/> Yes, worked for payment or profit
5 <input type="checkbox"/> Yes, but absent on holidays, on sick leave, on strike or temporarily stood down	5 <input type="checkbox"/> Yes, but absent on holidays, on sick leave, on strike or temporarily stood down	5 <input type="checkbox"/> Yes, but absent on holidays, on sick leave, on strike or temporarily stood down	5 <input type="checkbox"/> Yes, but absent on holidays, on sick leave, on strike or temporarily stood down	5 <input type="checkbox"/> Yes, but absent on holidays, on sick leave, on strike or temporarily stood down
6 <input type="checkbox"/> Yes, unpaid work in a family business	6 <input type="checkbox"/> Yes, unpaid work in a family business	6 <input type="checkbox"/> Yes, unpaid work in a family business	6 <input type="checkbox"/> Yes, unpaid work in a family business	6 <input type="checkbox"/> Yes, unpaid work in a family business
7 <input type="checkbox"/> Yes, other unpaid work	7 <input type="checkbox"/> Yes, other unpaid work	7 <input type="checkbox"/> Yes, other unpaid work	7 <input type="checkbox"/> Yes, other unpaid work	7 <input type="checkbox"/> Yes, other unpaid work
8 <input type="checkbox"/> No, did not have a job	8 <input type="checkbox"/> No, did not have a job	8 <input type="checkbox"/> No, did not have a job	8 <input type="checkbox"/> No, did not have a job	8 <input type="checkbox"/> No, did not have a job
1 <input type="checkbox"/> No, did not look for work	1 <input type="checkbox"/> No, did not look for work	1 <input type="checkbox"/> No, did not look for work	1 <input type="checkbox"/> No, did not look for work	1 <input type="checkbox"/> No, did not look for work
2 <input type="checkbox"/> Yes, looked for full-time work	2 <input type="checkbox"/> Yes, looked for full-time work	2 <input type="checkbox"/> Yes, looked for full-time work	2 <input type="checkbox"/> Yes, looked for full-time work	2 <input type="checkbox"/> Yes, looked for full-time work
3 <input type="checkbox"/> Yes, looked for part-time work	3 <input type="checkbox"/> Yes, looked for part-time work	3 <input type="checkbox"/> Yes, looked for part-time work	3 <input type="checkbox"/> Yes, looked for part-time work	3 <input type="checkbox"/> Yes, looked for part-time work

4	5	6	7	8
4 <input type="checkbox"/> A wage/salary earner?	4 <input type="checkbox"/> A wage/salary earner?	4 <input type="checkbox"/> A wage/salary earner?	4 <input type="checkbox"/> A wage/salary earner?	4 <input type="checkbox"/> A wage/salary earner?
5 <input type="checkbox"/> Conducting own business but not employing others?	5 <input type="checkbox"/> Conducting own business but not employing others?	5 <input type="checkbox"/> Conducting own business but not employing others?	5 <input type="checkbox"/> Conducting own business but not employing others?	5 <input type="checkbox"/> Conducting own business but not employing others?
6 <input type="checkbox"/> Conducting own business and employing others?	6 <input type="checkbox"/> Conducting own business and employing others?	6 <input type="checkbox"/> Conducting own business and employing others?	6 <input type="checkbox"/> Conducting own business and employing others?	6 <input type="checkbox"/> Conducting own business and employing others?
7 <input type="checkbox"/> A helper not receiving wages or salary?	7 <input type="checkbox"/> A helper not receiving wages or salary?	7 <input type="checkbox"/> A helper not receiving wages or salary?	7 <input type="checkbox"/> A helper not receiving wages or salary?	7 <input type="checkbox"/> A helper not receiving wages or salary?
Occupation	Occupation	Occupation	Occupation	Occupation
Tasks or duties	Tasks or duties	Tasks or duties	Tasks or duties	Tasks or duties
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please complete one separate column for each person.

For each person who uses a Personal Form for privacy reasons, complete questions 1, 2 and 4 and write "P.F." in question 3 on this Form.

	PERSON 1	PERSON 2	PERSON 3
1. Name of each person (INCLUDING VISITORS) who spent the night of Monday, 30 June 1986 in this household: <ul style="list-style-type: none"> Record details for all adults, children, babies and VISITORS. Include any person who returned on Tuesday, 1 July 1986, without having been counted elsewhere. Enter the householder or any adult household member as "Person 1" and, if present, the spouse/partner as "Person 2". 	Christian or given name Surname	Christian or given name Surname	Christian or given name Surname
2. Sex: <ul style="list-style-type: none"> Tick one box for each person (for example <input checked="" type="checkbox"/>). 	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female
3. Age: <ul style="list-style-type: none"> In years and completed months. If age is less than one year write "0" years and the number of completed months.	..... years months	..... years months	..... years months

	1	2	3
31. For the main job held LAST WEEK, what was the employer's trading name and address of workplace? <ul style="list-style-type: none"> For persons conducting their own business, print name of own business. For teachers, print name of school. For government employees, print full name of Department, Division, Branch or Section. For persons with no fixed place of work last week (for example, airline pilots, taxi drivers etc.) write "N/A" in "Address of workplace". 	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
32. What kind of industry, business or service is carried out by the employer at the address given in reply to question 31? <ul style="list-style-type: none"> Describe as fully as possible, using two words or more (for example, dairy farming, footwear manufacturing). 	Kind of industry	Kind of industry	Kind of industry
33. In the main job held LAST WEEK, how many hours did the person work?	1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1-15 hours 3 <input type="checkbox"/> 16-24 hours 4 <input type="checkbox"/> 25-34 hours 5 <input type="checkbox"/> 35-39 hours 6 <input type="checkbox"/> 40 hours 7 <input type="checkbox"/> 41-48 hours 8 <input type="checkbox"/> 49 hours or more	1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1-15 hours 3 <input type="checkbox"/> 16-24 hours 4 <input type="checkbox"/> 25-34 hours 5 <input type="checkbox"/> 35-39 hours 6 <input type="checkbox"/> 40 hours 7 <input type="checkbox"/> 41-48 hours 8 <input type="checkbox"/> 49 hours or more	1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1-15 hours 3 <input type="checkbox"/> 16-24 hours 4 <input type="checkbox"/> 25-34 hours 5 <input type="checkbox"/> 35-39 hours 6 <input type="checkbox"/> 40 hours 7 <input type="checkbox"/> 41-48 hours 8 <input type="checkbox"/> 49 hours or more
34. How did the person get to work on Monday, 30 June 1986? <ul style="list-style-type: none"> Tick boxes for each person to show all methods used. 	01 <input type="checkbox"/> Train 02 <input type="checkbox"/> Bus 03 <input type="checkbox"/> Ferry or Tram 04 <input type="checkbox"/> Taxi 05 <input type="checkbox"/> Car—as driver 06 <input type="checkbox"/> Car—as passenger 07 <input type="checkbox"/> Motor bike or motor scooter 08 <input type="checkbox"/> Bicycle 09 <input type="checkbox"/> Walked only 10 <input type="checkbox"/> Worked at home 11 <input type="checkbox"/> Did not go to work 12 <input type="checkbox"/> Other Please state	01 <input type="checkbox"/> Train 02 <input type="checkbox"/> Bus 03 <input type="checkbox"/> Ferry or Tram 04 <input type="checkbox"/> Taxi 05 <input type="checkbox"/> Car—as driver 06 <input type="checkbox"/> Car—as passenger 07 <input type="checkbox"/> Motor bike or motor scooter 08 <input type="checkbox"/> Bicycle 09 <input type="checkbox"/> Walked only 10 <input type="checkbox"/> Worked at home 11 <input type="checkbox"/> Did not go to work 12 <input type="checkbox"/> Other Please state	01 <input type="checkbox"/> Train 02 <input type="checkbox"/> Bus 03 <input type="checkbox"/> Ferry or Tram 04 <input type="checkbox"/> Taxi 05 <input type="checkbox"/> Car—as driver 06 <input type="checkbox"/> Car—as passenger 07 <input type="checkbox"/> Motor bike or motor scooter 08 <input type="checkbox"/> Bicycle 09 <input type="checkbox"/> Walked only 10 <input type="checkbox"/> Worked at home 11 <input type="checkbox"/> Did not go to work 12 <input type="checkbox"/> Other Please state

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PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
Christian or given name	Christian or given name	Christian or given name	Christian or given name	Christian or given name
Surname	Surname	Surname	Surname	Surname
7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female
..... years..... months	..... years..... months	..... years..... months	..... years..... months	..... years..... months

4	5	6	7	8
USE BLOCK LETTERS	USE BLOCK LETTERS	USE BLOCK LETTERS	USE BLOCK LETTERS	USE BLOCK LETTERS
Business or trading name	Business or trading name	Business or trading name	Business or trading name	Business or 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: No. and street	Address of workplace: No. and street	Address of workplace: No. and street	Address of workplace: No. and street	Address of workplace: No. and street
Suburb, town or locality	Suburb, town or locality	Suburb, town or locality	Suburb, town or locality	Suburb, town or locality
State..... Postcode	State..... Postcode	State..... Postcode	State..... Postcode	State..... Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kind of industry	Kind of industry	Kind of industry	Kind of industry	Kind of industry
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1-15 hours 3 <input type="checkbox"/> 16-24 hours 4 <input type="checkbox"/> 25-34 hours 5 <input type="checkbox"/> 35-39 hours 6 <input type="checkbox"/> 40 hours 7 <input type="checkbox"/> 41-48 hours 8 <input type="checkbox"/> 49 hours or more	1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1-15 hours 3 <input type="checkbox"/> 16-24 hours 4 <input type="checkbox"/> 25-34 hours 5 <input type="checkbox"/> 35-39 hours 6 <input type="checkbox"/> 40 hours 7 <input type="checkbox"/> 41-48 hours 8 <input type="checkbox"/> 49 hours or more	1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1-15 hours 3 <input type="checkbox"/> 16-24 hours 4 <input type="checkbox"/> 25-34 hours 5 <input type="checkbox"/> 35-39 hours 6 <input type="checkbox"/> 40 hours 7 <input type="checkbox"/> 41-48 hours 8 <input type="checkbox"/> 49 hours or more	1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1-15 hours 3 <input type="checkbox"/> 16-24 hours 4 <input type="checkbox"/> 25-34 hours 5 <input type="checkbox"/> 35-39 hours 6 <input type="checkbox"/> 40 hours 7 <input type="checkbox"/> 41-48 hours 8 <input type="checkbox"/> 49 hours or more	1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1-15 hours 3 <input type="checkbox"/> 16-24 hours 4 <input type="checkbox"/> 25-34 hours 5 <input type="checkbox"/> 35-39 hours 6 <input type="checkbox"/> 40 hours 7 <input type="checkbox"/> 41-48 hours 8 <input type="checkbox"/> 49 hours or more
01 <input type="checkbox"/> Train 02 <input type="checkbox"/> Bus 03 <input type="checkbox"/> Ferry or Tram 04 <input type="checkbox"/> Taxi 05 <input type="checkbox"/> Car—as driver 06 <input type="checkbox"/> Car—as passenger 07 <input type="checkbox"/> Motor bike or motor scooter 08 <input type="checkbox"/> Bicycle 09 <input type="checkbox"/> Walked only 10 <input type="checkbox"/> Worked at home 11 <input type="checkbox"/> Did not go to work 12 <input type="checkbox"/> Other ↓ Please state	01 <input type="checkbox"/> Train 02 <input type="checkbox"/> Bus 03 <input type="checkbox"/> Ferry or Tram 04 <input type="checkbox"/> Taxi 05 <input type="checkbox"/> Car—as driver 06 <input type="checkbox"/> Car—as passenger 07 <input type="checkbox"/> Motor bike or motor scooter 08 <input type="checkbox"/> Bicycle 09 <input type="checkbox"/> Walked only 10 <input type="checkbox"/> Worked at home 11 <input type="checkbox"/> Did not go to work 12 <input type="checkbox"/> Other ↓ Please state	01 <input type="checkbox"/> Train 02 <input type="checkbox"/> Bus 03 <input type="checkbox"/> Ferry or Tram 04 <input type="checkbox"/> Taxi 05 <input type="checkbox"/> Car—as driver 06 <input type="checkbox"/> Car—as passenger 07 <input type="checkbox"/> Motor bike or motor scooter 08 <input type="checkbox"/> Bicycle 09 <input type="checkbox"/> Walked only 10 <input type="checkbox"/> Worked at home 11 <input type="checkbox"/> Did not go to work 12 <input type="checkbox"/> Other ↓ Please state	01 <input type="checkbox"/> Train 02 <input type="checkbox"/> Bus 03 <input type="checkbox"/> Ferry or Tram 04 <input type="checkbox"/> Taxi 05 <input type="checkbox"/> Car—as driver 06 <input type="checkbox"/> Car—as passenger 07 <input type="checkbox"/> Motor bike or motor scooter 08 <input type="checkbox"/> Bicycle 09 <input type="checkbox"/> Walked only 10 <input type="checkbox"/> Worked at home 11 <input type="checkbox"/> Did not go to work 12 <input type="checkbox"/> Other ↓ Please state	01 <input type="checkbox"/> Train 02 <input type="checkbox"/> Bus 03 <input type="checkbox"/> Ferry or Tram 04 <input type="checkbox"/> Taxi 05 <input type="checkbox"/> Car—as driver 06 <input type="checkbox"/> Car—as passenger 07 <input type="checkbox"/> Motor bike or motor scooter 08 <input type="checkbox"/> Bicycle 09 <input type="checkbox"/> Walked only 10 <input type="checkbox"/> Worked at home 11 <input type="checkbox"/> Did not go to work 12 <input type="checkbox"/> Other ↓ Please state

SAMPLE COPY

Please complete one separate column for each person.

For each person who uses a Personal Form for privacy reasons, complete questions 1, 2 and 4 and write "P.F." in question 3 on this Form.

	PERSON 1	PERSON 2	PERSON 3
1. Name of each person (INCLUDING VISITORS) who spent the night of Monday, 30 June 1986 in this household: <ul style="list-style-type: none"> Record details for all adults, children, babies and VISITORS. Include any person who returned on Tuesday, 1 July 1986, without having been counted elsewhere. Enter the householder or any adult household member as "Person 1" and, if present, the spouse/partner as "Person 2". 	Christian or given name Surname	Christian or given name Surname	Christian or given name Surname
2. Sex: <ul style="list-style-type: none"> Tick one box for each person (for example <input checked="" type="checkbox"/>). 	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female
3. Age: <ul style="list-style-type: none"> In years and completed months. If age is less than one year write "0" years and the number of completed months.	..... years months	..... years months	..... years months

PLEASE ANSWER QUESTIONS ABOUT DWELLING

H1. How many rooms are there in this dwelling?

- Write the number of each type of room, for example, 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 state)

H3. Is this dwelling rented by you or any usual member of this household?

1 No
 2 Yes

To whom is rent paid?

3 State Housing Authority
 4 Other Government Agency
 5 Other

What is the weekly rent?
 \$ per week.

Is this dwelling rented furnished or unfurnished?

1 Furnished
 2 Unfurnished

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

6 Yes, owned (paid-off)
 7 Yes, being bought
 8 No

If being bought:
What monthly payment (or average monthly payment) is being made on the loan(s) for this dwelling?

\$ per month.

H2. 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 Monday, 30 June 1986?

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

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

SAMPLE COPY ONLY

Go to Question H4 →

Go to Question H3 ↑

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

PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
Christian or given name	Christian or given name	Christian or given name	Christian or given name	Christian or given name
Surname	Surname	Surname	Surname	Surname
7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female	7 <input type="checkbox"/> Male 8 <input type="checkbox"/> Female
..... years..... months	..... years..... months	..... years..... months	..... years..... months	..... years..... months



H4. Are there any persons who usually live in this household who were not present on the night of Monday, 30 June 1986?

- 5 No
 6 Yes → Please complete details below for each person absent

	1	2	3
Name of each person who usually lives in this household but was not present on the night of Monday, 30 June 1986:	Christian or given name	Christian or given name	Christian or given name
	Surname	Surname	Surname
Sex: • Tick one box for each person absent.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age: • In years and completed months. • If age is less than one year write "0" years and the number of completed months.	..... years..... months	..... years..... months	..... years..... months
What is each person's relationship to Person 1 (as listed on page 1)? • For example, husband, daughter, mother, son-in-law, sister, grandson.	Relationship to Person 1	Relationship to Person 1	Relationship to Person 1
What is each person's present marital status?	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Is the person a full-time student?	<input type="checkbox"/> Yes, full-time student <input type="checkbox"/> No	<input type="checkbox"/> Yes, full-time student <input type="checkbox"/> No	<input type="checkbox"/> Yes, full-time student <input type="checkbox"/> No

PLEASE CHECK YOU HAVE NOT MISSED
ANY PAGES OR QUESTIONS

THANK YOU FOR YOUR CO-OPERATION
AUSTRALIAN STATISTICIAN



COLLECTOR'S USE ONLY

C1. What type of structure best describes this dwelling?

- 01 Separate house
- 02 Semi-detached house
- 03 Row or terrace house
- 04 Medium density housing
- 05 Flat, unit in building over three storeys
- 06 Caravan, tent, cabin etc. in caravan park
- 07 Caravan not in caravan park; houseboat etc.
- 08 Improvised home
- 09 House or flat attached to a shop, office etc.

C2. If dwelling unit is unoccupied, why is it unoccupied?

- 10 For sale
- 11 To let (other than holiday home)
- 12 Newly completed and awaiting occupancy
- 13 Vacant for repairs or alterations
- 14 Holiday home
- 15 Condemned or awaiting demolition
- 16 Usual resident temporarily absent
- 17 Other

Please state.....