

CONFIDENTIAL

Any Census Officer or occupier of a dwelling disclosing any particulars from a Census Form is liable to a penalty of \$100.

SECTION B

Place in Envelope Provided



C. D.	
Rec. No.	

**CENSUS OF
POPULATION AND HOUSING
6 AUGUST 1991
NORFOLK ISLAND
HOUSEHOLDER'S SCHEDULE**

Under the provisions of the *Census and Statistics Ordinance* 1961 you are required to fill in this form to the best of your knowledge and belief. However there is no liability to a penalty for omitting information on a person's religion.

The information supplied on this form is **CONFIDENTIAL**. The Ordinance provides that it cannot be seen by any persons other than Census Staff.

INSTRUCTIONS

- FILL IN A SEPARATE FORM FOR EACH HOUSEHOLD.**
A household is a domestic group living and eating together. A person living alone is also a household.
- IF THERE IS MORE THAN ONE HOUSEHOLD OBTAIN EXTRA FORMS FROM THE CENSUS COLLECTOR WHEN HE RETURNS.** Also obtain extra forms if there are more than 7 persons in this household.
- IF ANY PERSON IN THE HOUSEHOLD, SUCH AS A VISITOR OR BOARDER, PREFERS TO FILL IN A SEPARATE FORM TO MAINTAIN PRIVACY, ASK THE COLLECTOR FOR ANOTHER SCHEDULE.** This private schedule should be filled in by the person concerned and sealed in the envelope provided for delivery by you unopened to the Census Collector with this schedule.
- If you do not know the exact answer to a question, give the best estimate you can.
- Please use ink or ball point pen.
- The completed schedule should be signed ready to hand to the Census Collector who will call on WEDNESDAY 7 AUGUST or as soon as possible after that day.**

I certify that to the best of my knowledge and belief this form has been correctly filled in.

Signature of Head of Household.....Date.....
or Person in Charge

Address of Dwelling.....
.....

PLEASE COMPLETE ONE COLUMN
FOR EACH PERSON

For each person who completes a Personal for
schedule), write only the name, sex and relati
form and write "P.S." after the name.

1. NAME of each person who spent the night of 6 August 1991 in this household:	PERSON 1	PERSON 2
<ul style="list-style-type: none"> ● Include any person who returned on Wednesday 7 August 1991 without having been counted elsewhere. ● Record details of all adults, children and babies (including visitors) who spent the night of Tuesday 6 August 1991 in this household. ● Enter the household head or any adult household member as Person 1. 	<p>Given Name</p> <p>.....</p> <p>Surname</p> <p>.....</p>	<p>Given Name</p> <p>.....</p> <p>Surname</p> <p>.....</p>
<p>2. SEX.</p> <ul style="list-style-type: none"> ● Tick one box for each person (e.g. <input checked="" type="checkbox"/>). 	<p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>	<p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>
<p>3. AGE of each person</p> <ul style="list-style-type: none"> ● In complete years ● If age is less than one year, write "0" years and the number of complete months. 	<p>..... years</p> <p>..... months</p>	<p>..... years</p> <p>..... months</p>
<p>4. What is this person's RELATIONSHIP to PERSON 1?</p> <ul style="list-style-type: none"> ● State whether wife, husband, son, daughter, or other such as boarder, co-tenant, employee, etc. 	<p>PERSON 1</p> <p>.....</p>	<p>.....</p>
<p>5. What is this person's PRESENT MARITAL STATUS?</p> <ul style="list-style-type: none"> ● Tick one box for each person 	<p>Never married 1. <input type="checkbox"/> 1</p> <p>Now married 2. <input type="checkbox"/> 2</p> <p>Separated (not divorced) 3. <input type="checkbox"/> 3</p> <p>Divorced 4. <input type="checkbox"/> 4</p> <p>Widowed 5. <input type="checkbox"/> 5</p>	<p>Never married 1. <input type="checkbox"/> 1</p> <p>Now married 2. <input type="checkbox"/> 2</p> <p>Separated (not divorced) 3. <input type="checkbox"/> 3</p> <p>Divorced 4. <input type="checkbox"/> 4</p> <p>Widowed 5. <input type="checkbox"/> 5</p>
<p>6. Country of Birth (Norfolk Island, if born here)</p>	<p>.....</p>	<p>.....</p>
<p>7. If NOT born on NORFOLK ISLAND –</p> <ul style="list-style-type: none"> ● In what YEAR did this person FIRST ARRIVE in the Territory for the purpose of residing either permanently or temporarily? 	<p>Year</p>	<p>Year</p>
<p>8. What is this person's NATIONALITY or CITIZENSHIP?</p> <p>e.g. Australian, British, New Zealander, etc.</p>	<p>.....</p>	<p>.....</p>
<p>9. Is this person of PITCAIRN descent?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>10. Is this person –</p> <ul style="list-style-type: none"> ● Tick one box 	<p>1. A RESIDENT within the meaning of the Immigration Act 1980? <input type="checkbox"/> 1</p> <p>2. The holder of a GENERAL ENTRY PERMIT (Enter & Remain)? <input type="checkbox"/> 2</p> <p>3. The holder of a TEMPORARY ENTRY PERMIT? <input type="checkbox"/> 3</p> <p>4. A TOURIST or VISITOR to Norfolk Island? <input type="checkbox"/> 4</p> <p>5. Other? <input type="checkbox"/> 5</p>	<p>1. A RESIDENT within the meaning of the Immigration Act 1980? <input type="checkbox"/> 1</p> <p>2. The holder of a GENERAL ENTRY PERMIT (Enter & Remain)? <input type="checkbox"/> 2</p> <p>3. The holder of a TEMPORARY ENTRY PERMIT? <input type="checkbox"/> 3</p> <p>4. A TOURIST or VISITOR to Norfolk Island? <input type="checkbox"/> 4</p> <p>5. Other? <input type="checkbox"/> 5</p>
<p>IF YOU ANSWERED PARTS 3 OR 4 OF QUESTION 10 PLEASE ANSWER THE FOLLOWING QUESTION: IF NOT GO TO QUESTION 12.</p>		
<p>11. What is your usual place of residence?</p> <p>If you are the holder of a temporary entry permit or a tourist or a visitor, indicate your usual place of residence (other than Norfolk Island). e.g. Casino NSW, Hamilton New Zealand.</p>	<p>.....</p>	<p>.....</p>
<p>12. What is this person's RELIGION?</p> <ul style="list-style-type: none"> ● This question is optional. ● e.g. Church of England, Uniting Church, Roman Catholic, Seventh Day Adventist, etc. ● If no religion, write "None". 	<p>.....</p>	<p>.....</p>

m (a private household
onship to Person 1 on this

FOR A HOUSEHOLD WITH MORE THAN 7 PERSONS
PLEASE CONTACT THE COLLECTOR

PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7
Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
..... years	..... years	..... years	..... years	..... years
..... months	..... months	..... months	..... months	..... months
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Year.....	Year.....	Year.....	Year.....	Year.....
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

PLEASE COMPLETE ONE COLUMN
FOR EACH PERSON

For each person who completes a Personal for
schedule), write only the name, sex and relati
form and write "P.S." after the name.

1. NAME of each person who spent the night of 6 August 1991 in this household:		PERSON 1	PERSON 2
<ul style="list-style-type: none"> • Include any person who returned on Wednesday 7 August 1991 without having been counted elsewhere. • Record details of all adults, children and babies (including visitors) who spent the night of Tuesday 6 August 1991 in this household. • Enter the household head or any adult household member as Person 1. 			
	Given Name	.....	.....
	Surname	.....	.....
13. How old was this person when he/she LEFT SCHOOL?		Age (years)	Age (years)
<ul style="list-style-type: none"> • For persons who are full-time or part-time primary or secondary students, tick box 1. 			
	Age left school		
	Still at school 1.	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Did not attend school 2.	<input type="checkbox"/> 2	<input type="checkbox"/> 2
14. What is person's USUAL MAJOR ACTIVITY?			
<ul style="list-style-type: none"> • Tick one box 			
	Working in job, business or farm 1.	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Engaged in unpaid home duties 2.	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	Child not attending primary or secondary level school 3.	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	Student at primary or secondary level school 4.	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	Other activity – describe	.....	.....
15. Is this person HANDICAPPED by a SERIOUS long-term illness, or physical or mental condition?			
<ul style="list-style-type: none"> • Tick one box 			
	Yes, handicapped 1.	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	No, not handicapped 2.	<input type="checkbox"/> 2	<input type="checkbox"/> 2
If "Yes", handicapped", how is the person handicapped?			
<ul style="list-style-type: none"> • Tick one or more boxes to show types of handicap 			
	In getting or holding a job 1.	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	In getting about alone 2.	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	In doing housework 3.	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	In sporting or recreational activities 4.	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	In acts of daily living, e.g. dressing or bathing 5.	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	In other ways 6.	<input type="checkbox"/> 6	<input type="checkbox"/> 6
	– please specify	.....	.....
IF THIS PERSON IS UNDER 15 YEARS OF AGE, ANSWER NO MORE QUESTIONS ABOUT THIS PERSON			
16. Has this person obtained a PROFESSIONAL, TECHNICAL, TRADE or OTHER QUALIFICATION?			
<ul style="list-style-type: none"> • For each person, tick one box 			
	No. 1.	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Still at primary or secondary school 2.	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	If "Yes", write name of qualification and of awarding institution. Yes 3.	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	Examples are – trade certificate, Nursing Certificate, B.A., etc.	Name of Qualification	.....
	Examples are – Sydney Technical College, Sydney University, etc.	Name of Institution

m (a private household
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FOR A HOUSEHOLD WITH MORE THAN 7 PERSONS
 PLEASE CONTACT THE COLLECTOR

PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7
Age (years)	Age (years)	Age (years)	Age (years)	Age (years)
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

PLEASE COMPLETE ONE COLUMN
FOR EACH PERSON

For each person who completes a Personal form (or schedule), write only the name, sex and relationship and write "P.S." after the name.

1. NAME of each person who spent the night of 6 August 1991 in this household:	PERSON 1	PERSON 2
<ul style="list-style-type: none"> ● Include any person who returned on Wednesday 7 August 1991 without having been counted elsewhere. ● Record details of all adults, children and babies (including visitors) who spent the night of Tuesday 6 August 1991 in this household. ● Enter the household head or any adult household member as Person 1 	<p>Given Name</p> <p>.....</p> <p>Surname</p> <p>.....</p>	<p>.....</p> <p>.....</p>
<p>17. Did this person have a full-time or part-time JOB or BUSINESS of any kind LAST WEEK?</p> <ul style="list-style-type: none"> ● If this person was temporarily absent from a job because of sickness, holiday, etc., answer "Yes". ● Answer "Yes", even if the person was working only part-time or helping without pay in a family business. ● If this person did not work or did only unpaid housework, answer "No". 	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>IF THE ANSWER TO QUESTION 17 WAS NO, GO STRAIGHT TO QUESTION 22</p>		
<p>18. In what INDUSTRY, BUSINESS or SERVICE was this person working LAST WEEK?</p> <ul style="list-style-type: none"> ● Describe as fully as possible, using two or more words, e.g. retail grocery, public service, house building, etc. 	<p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p>
<p>19. Does this person's INDUSTRY, BUSINESS or SERVICE mainly involve the manufacturing for, importing for, selling to or otherwise catering for the needs of tourists and visitors to Norfolk Island?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Unsure <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Unsure <input type="checkbox"/></p>
<p>20. What was this person's OCCUPATION (kind of work) LAST WEEK?</p> <ul style="list-style-type: none"> ● Where possible, give award or government designation. Otherwise describe as fully as possible, using two or more words, e.g. builders' labourer, electrical fitter, truck driver, storeman, etc. 	<p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p>
<p>21. In the occupation stated above, how many HOURS did this person ACTUALLY WORK LAST WEEK?</p>	<p>.....hours</p>	<p>.....hours</p>
<p>22. Did this person LOOK FOR WORK LAST WEEK?</p> <ul style="list-style-type: none"> ● Tick one box. "Looking for work" means placing or answering advertisements, approaching prospective employers, writing letters of application or awaiting the results of recent applications. 	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

m (a private household
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FOR A HOUSEHOLD WITH MORE THAN 7 PERSONS
 PLEASE CONTACT THE COLLECTOR

PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Unsure <input type="checkbox"/>	Unsure <input type="checkbox"/>	Unsure <input type="checkbox"/>	Unsure <input type="checkbox"/>	Unsure <input type="checkbox"/>
..... hours	..... hours	..... hours	..... hours	..... hours
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

PLEASE COMPLETE ONE COLUMN
FOR EACH PERSON

For each person who completes a Personal form (see schedule), write only the name, sex and relationship and write "P.S." after the name.

1. NAME of each person who spent the night of 6 August 1991 in this household:		PERSON 1	PERSON 2
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	Surname
<p>23. What is the GROSS INCOME that each person USUALLY receives per week OR per year from each source shown below?</p> <ul style="list-style-type: none"> • If unable to estimate income on a weekly basis, show present income on an annual basis. • Do NOT deduct tax, superannuation, life or health insurance, etc. 			
(a) WAGES and/or SALARIES (including overtime, tips, bonuses, any allowances by employer, etc.)	}	\$ per week	\$ per week
		OR \$ per annum	OR \$ per annum
(b) BUSINESS, PROFESSIONAL or FARM income (less expenses of operation)	}	\$ per week	\$ per week
		OR \$ per annum	OR \$ per annum
(c) ALL OTHER INCOME (including interest, dividends, rent, royalties, etc., profit from sale of assets, income from trusts, pensions, child endowment, superannuation, gratuities, gifts, etc.)	}	\$ per week	\$ per week
		OR \$ per annum	OR \$ per annum
<p>24. Does this person pay into a RETIREMENT BENEFIT SCHEME, such as superannuation, provident fund or annuity?</p> <ul style="list-style-type: none"> • Tick "Yes" also if payments are made by employer. 		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>25. Which of these SOCIAL WELFARE and other payments if any are received by each person?</p> <ul style="list-style-type: none"> • Tick all boxes which apply • Exclude refunds from private or government medical funds • If no payments received, tick box 6. 			
	Norfolk Island welfare payments (Age pensions, Invalid pensions etc)	1. <input type="checkbox"/> 1	<input type="checkbox"/> 1
	Australian Repatriation Service Pension	2. <input type="checkbox"/> 2	<input type="checkbox"/> 2
	All other Australian Welfare payments (Age pensions, widows pensions, etc.)	3. <input type="checkbox"/> 3	<input type="checkbox"/> 3
	Superannuation or Annuity	4. <input type="checkbox"/> 4	<input type="checkbox"/> 4
	Welfare payments from other than Australia or Norfolk Island.	5. <input type="checkbox"/> 5	<input type="checkbox"/> 5
	None of the above	6. <input type="checkbox"/> 6	<input type="checkbox"/> 6

m (a private household
onship to Person 1 on this

FOR A HOUSEHOLD WITH MORE THAN 7 PERSONS
PLEASE CONTACT THE COLLECTOR

PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7
\$ per week	\$ per week	\$ per week	\$ per week	\$ per week
OR	OR	OR	OR	OR
\$ per annum	\$ per annum	\$ per annum	\$ per annum	\$ per annum
\$ per week	\$ per week	\$ per week	\$ per week	\$ per week
OR	OR	OR	OR	OR
\$ per annum	\$ per annum	\$ per annum	\$ per annum	\$ per annum
\$ per week	\$ per week	\$ per week	\$ per week	\$ per week
OR	OR	OR	OR	OR
\$ per annum	\$ per annum	\$ per annum	\$ per annum	\$ per annum
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

PLEASE COMPLETE ONE COLUMN
FOR EACH PERSON

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	Given Name
	Surname

PLEASE

• This dwelling is the place (house, flat, etc.) in which your household spent Census night (6 August 1991).

<p>1. TYPE OF DWELLING</p> <ul style="list-style-type: none"> • Tick the box opposite the description which best describes this dwelling <p>HOUSE <input type="checkbox"/></p> <p>TOURIST ACCOMMODATION <input type="checkbox"/> (See note immediately below.)</p> <p>FLAT <input type="checkbox"/></p> <p>OTHER: (Please describe below) <input type="checkbox"/></p> <p>NOTE: THOSE VISITORS OR BOARDERS WHO HAVE COMPLETED A SEPARATE FORM FOR PRIVACY REASONS AND THOSE OCCUPYING TOURIST ACCOMMODATION SHOULD NOT ANSWER THE REMAINING QUESTIONS.</p> <p>2. MATERIAL OF OUTER WALLS OF THIS DWELLING</p> <ul style="list-style-type: none"> • Tick the box opposite the material of the outer walls of this dwelling. <p>Brick, Brick Veneer, Stone <input type="checkbox"/> 1</p> <p>Concrete, Concrete Block <input type="checkbox"/> 2</p> <p>Timber <input type="checkbox"/> 3</p> <p>Fibro, Asbestos <input type="checkbox"/> 4</p> <p>Other material <input type="checkbox"/> 5</p> <p>Please describe</p> <p>3. Is this dwelling situated on a HOLDING which is also used for AGRICULTURAL or PASTORAL purposes (i.e. any type of crop growing, animal or poultry farming)?</p> <ul style="list-style-type: none"> • Tick one box <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If "Yes" what is the size of the holding</p> <p>One acre (0.4 hectares) or less <input type="checkbox"/></p> <p>Greater than one acre (0.4 hectares) <input type="checkbox"/></p>	<p>4. NUMBER OF ROOMS IN THIS DWELLING</p> <p>Write the number of each type of room in this dwelling in the boxes below (e.g. 2 bedroom(s)).</p> <table border="0"> <thead> <tr> <th style="text-align: center;">Number of Rooms</th> <th style="text-align: left;">Type of Room</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Bedroom(s)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Combined Lounge/ Dining Room</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Lounge Room</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Dining Room</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Kitchen</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Bathroom(s)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other Rooms – please specify</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Count each room once only • A room shared with another householder should be counted only by the principal householder. • Include a permanently-enclosed sleepout as a bedroom. • If a one-room apartment or bed-sitter DO NOT include as a bedroom but show as "other room" and describe. • DO NOT count toilets, pantries, laundries, storerooms, halls or corridors. 	Number of Rooms	Type of Room	<input type="checkbox"/>	Bedroom(s)	<input type="checkbox"/>	Combined Lounge/ Dining Room	<input type="checkbox"/>	Lounge Room	<input type="checkbox"/>	Dining Room	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Bathroom(s)	<input type="checkbox"/>	Other Rooms – please specify
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m (a private household
 onship to Person 1 on this

FOR A HOUSEHOLD WITH MORE THAN 7 PERSONS
 PLEASE CONTACT THE COLLECTOR

PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7

ANSWER QUESTIONS ON THIS DWELLING

• These questions should preferably be answered
 by the Head of the Household.

<p>5. Do you or any usual member of your household pay RENT for this dwelling?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (go to Question 6)</p> <p>If "Yes", what is the weekly rent payable?</p> <p>\$..... £..... per week</p> <p>Is the dwelling rented furnished or unfurnished?</p> <p>1. <input type="checkbox"/> Furnished • Tick one box</p> <p>2. <input type="checkbox"/> Unfurnished</p>	<p>7. What is the method of SEWERAGE DISPOSAL for this dwelling?</p> <p>• Flush toilet to individual holding tank,</p> <p>Septic tank/effluent trench <input type="checkbox"/></p> <p>Septic tank/holding tank <input type="checkbox"/></p> <p>Water Assurance Scheme <input type="checkbox"/></p> <p>• Other method <input type="checkbox"/></p> <p>Please describe:</p>																														
<p>6. Is the dwelling OWNED (or being purchased) by you or by any usual member of this household?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (go to Question 7)</p> <p>If "Yes", is there a mortgage (or contract of sale) on the dwelling?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (go to Question 7)</p> <p>If "Yes", what monthly payment(s) or average monthly payment(s) is made on the total mortgages (or contracts of sale) on this dwelling?</p> <p>\$..... per month</p>	<p>8. What is the main source of WATER SUPPLY within this dwelling?</p> <p>Own Rainwater <input type="checkbox"/> 1</p> <p>• Tick one box only Own Groundwater <input type="checkbox"/> 2</p> <p>Purchased Water <input type="checkbox"/> 3</p>																														
	<p>9. What FUEL or POWER do you use for the following household purposes? (If a combination is used for any purpose please indicate by numbering one [1] against your main source, two [2] against your second source, etc., e.g. COOKING, gas [1], wood [2], OTHERWISE TICK ONE BOX ONLY.)</p> <table border="1"> <thead> <tr> <th>Purpose</th> <th>Electricity</th> <th>Gas</th> <th>Wood</th> <th>Solar</th> <th>Other (please describe)</th> </tr> </thead> <tbody> <tr> <td>Cooking</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lighting</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Room Heating</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Heating</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Purpose	Electricity	Gas	Wood	Solar	Other (please describe)	Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Room Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CONFIDENTIAL

Any Census Officer or occupier of a dwelling disclosing any particulars from a Census Form is liable to a penalty of \$100.



SECTION A
Attach to Envelope
Provided

Do NOT put in Envelope

CENSUS OF POPULATION AND HOUSING 6 AUGUST 1991

NORFOLK ISLAND

HOUSEHOLDER'S SCHEDULE

This Census is being conducted under authority of the
Census and Statistics Ordinance, 1961.

It is normal practice in most countries to have a regular Census of this kind in order to obtain basic information for Government, business and other purposes.

**PLEASE READ THE FOLLOWING INSTRUCTIONS AND
THOSE IN SECTION B.**

To help preserve secrecy, this census form is in two parts **Section A** and **Section B**. They should be completed as follows.

In **Section A** write the name of the person, or persons answering the questions in **Section B**.

Fill in **Section B**, giving details of the person(s) listed in **Section A**.

NOTE:

It is not necessary for **Section B** to be signed by the head of the household.

It is not necessary for **Section B** to show the address of the household.

It is not necessary for question 1 on **Section B** to be answered.

After completing both parts of the census form, the head of the household should sign it and give address on Census Night in the spaces indicated in **Section A**.

Place the completed **Section B** in the envelope provided by the Collector and seal the envelope.

Both **Section A** and the sealed envelope containing **Section B** should be handed to the householder or person in charge by Wednesday 7th August, 1991

If you have difficulties in completing this form, Mr David Rodgers or Mr Steve Mathews, will be available to assist at the Administration Offices, Kingston - or Telephone 2001.