

Any Census Officer or occupier of a dwelling disclosing any particulars from a Census Form is liable to a penalty of \$500.

**SECTION B**  
**Place in Envelope**  
**Provided**



C. D.	
Rec. No.	

**CENSUS OF**  
**POPULATION AND HOUSING**  
**8 AUGUST 2006**  
**NORFOLK ISLAND**  
**HOUSEHOLDER'S SCHEDULE**

Under the provisions of the *Census and Statistics Act 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 Act provides that it cannot be seen by any persons other than Census Staff.

**INSTRUCTIONS**

1. **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.
2. **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.
3. **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.
4. If you do not know the exact answer to a question, give the best estimate you can.
5. **Please use ink or ball point pen.**
6. The completed schedule should be signed ready to hand to the Census Collector who will call on **Wednesday 9th 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 relatic  
form and write "P.S." after the name

1. NAME of each person who spent the night of 8 August 2006 in this household:		PERSON 2	
<ul style="list-style-type: none"> <li>Include any person who was in Norfolk on Census night and returned to the household on Wednesday 9 August 2006 without having been counted elsewhere.</li> <li>Record details of all adults, children and babies (including visitors) who spent the night of Tuesday 8 August 2006 in this household.</li> <li>Enter the household head or any adult household member as Person 1.</li> </ul>	Given Name	.....	.....
	Surname	.....	.....
2. SEX.		Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
3. AGE of each person		..... years	..... Year
<ul style="list-style-type: none"> <li>In complete years</li> <li>If age is less than one year, write "0" years and the number of complete months.</li> </ul>		..... months	..... month
4. What is this person's RELATIONSHIP to PERSON 1?		PERSON 1	
<ul style="list-style-type: none"> <li>State whether wife, husband, son, daughter, or other such as boarder, co-tenant, employee, etc.</li> </ul>			
5. What is this person's PRESENT MARITAL STATUS?			
<ul style="list-style-type: none"> <li>Tick one box for each person</li> </ul>		Never married 1. <input type="checkbox"/> 1 Now married 2. <input type="checkbox"/> 2 Separated (not divorced) 3. <input type="checkbox"/> 3 Divorced 4. <input type="checkbox"/> 4 Widowed 5. <input type="checkbox"/> 5 De facto 6. <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Country of Birth (Norfolk Island if born here)		.....	.....
7. If NOT born on NORFOLK ISLAND -		Year .....	Year .....
<ul style="list-style-type: none"> <li>In what YEAR did this person FIRST ARRIVE in the Territory for the purpose of residing either permanently or temporarily?</li> </ul>			
8. What is this person's NATIONALITY or CITIZENSHIP?			
e.g. Australian, British, New Zealander, etc			
9. Is this person of PITCAIRN descent?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Is this person -			
<ul style="list-style-type: none"> <li>Tick one box</li> </ul>		1. A RESIDENT within the meaning of the Immigration Act 1980? <input type="checkbox"/> 1 2. The holder of a GENERAL ENTRY PERMIT (Enter & Remain)? <input type="checkbox"/> 2 3. The holder of a TEMPORARY ENTRY PERMIT? <input type="checkbox"/> 3 4. A TOURIST or VISITOR to Norfolk Island? <input type="checkbox"/> 4 5. Other? <input type="checkbox"/> 5	1. <input type="checkbox"/> 1 2. <input type="checkbox"/> 2 3. <input type="checkbox"/> 3 4. <input type="checkbox"/> 4 5. <input type="checkbox"/> 5
IF YOU ANSWERED PARTS 3 OR 4 OF QUESTION 10 PLEASE ANSWER THE FOLLOWING QUESTION: IF NOT GO TO QUESTION 12.			
11. What is your usual place of residence?			
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.			
12. What is this person's RELIGION?			
<ul style="list-style-type: none"> <li>This question is optional.</li> <li>e.g. Church of England, Uniting Church, Roman Catholic, Seventh Day Adventist, etc.</li> <li>If no religion, write "None".</li> </ul>			

form (a private household relationship 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 ..... months	..... years ..... months	..... years ..... months	..... years ..... months	..... years ..... months
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
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 (or  
schedule), write only the name, sex and relatic  
form and write "P.S." after the name.

<p>1. NAME of each person who spent the night of 8 August 2006 in this household.</p> <p>• Include any person who was in Norfolk on Census night and returned to the household on Wednesday 9 August 2006 without having been counted elsewhere.</p> <p>• Record details of all adults, children and babies (including visitors) who spent the night of Tuesday 8 August 2006 in this household.</p> <p>• Enter the household head or any adult household member as Person 1.</p>			PERSON 2
<p>Given Name</p> <p>Surname</p>			
<p>13. How old was this person when he/she LEFT SCHOOL?</p> <p>• For persons who are full-time or part-time primary or secondary students, tick box 1.</p>		Age left school	Age (years)
<p>Still at school 1.</p> <p>Did not attend school 2.</p>		<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2
<p>14. What is person's USUAL MAJOR ACTIVITY?</p> <p>• Tick one box</p>		<p>Working in job, business or farm 1.</p> <p>Engaged in unpaid home duties 2.</p> <p>Child not attending primary or secondary level school 3.</p> <p>Student at primary or secondary level school 4.</p> <p>Retired 5.</p> <p>Other activity - describe</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>
<p>15. Is this person HANDICAPPED by a SERIOUS long-term illness, or physical or mental condition?</p> <p>• Tick one box</p> <p>If "Yes", "handicapped", how is the person handicapped?</p> <p>• Tick one or more boxes to show types of handicap</p> <p>- please specify</p>		<p>Yes, handicapped 1.</p> <p>No, not handicapped 2.</p> <p>In getting or holding a job 1.</p> <p>In getting about alone 2.</p> <p>In doing housework 3.</p> <p>In sporting or recreational activities 4.</p> <p>In acts of daily living, e.g. dressing or bathing 5.</p> <p>In other ways 6.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p>
<p>IF THIS PERSON IS UNDER 15 YEARS OF AGE, ANSWER NO MORE QUESTIONS ABOUT THIS PERSON</p>			
<p>16. Has this person obtained a PROFESSIONAL, TECHNICAL, TRADE or OTHER QUALIFICATION?</p> <p>• For each person, tick one box</p> <p>If "Yes", write name of qualification and of awarding institution.</p> <p>• Examples are - trade certificate, Nursing Certificate, B.A., etc.</p> <p>• Examples are - Sydney Technical College, Sydney University, etc.</p>		<p>No. 1.</p> <p>Still at primary or secondary school 2.</p> <p>Yes 3.</p> <p>Name of Qualification</p> <p>Name of Institution</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>

form (a private household  
relationship 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

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"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<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 (on schedule), write only the name, sex and relationship and write "P.S." after the name

<p>1. NAME of each person who spent the night of 8 August 2006 in this household:</p> <ul style="list-style-type: none"> <li>• Include any person who was in Norfolk on Census night and returned to the household on Wednesday 9 August 2006 without having been counted elsewhere.</li> <li>• Record details of all adults, children and babies (including visitors) who spent the night of Tuesday 8 August 2006 in this household.</li> <li>• Enter the household head or any adult household member as Person 1.</li> </ul>	<p>Given Name</p> <p>Surname</p>	<p>PERSON 2</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"> <li>• If this person was temporarily absent from a job because of sickness, holiday etc answer "Yes".</li> <li>• Answer "Yes", even if the person was working only part-time or helping without pay in a family business.</li> <li>• If this person was unemployed, or did not work or did only unpaid housework, answer "No".</li> </ul>	<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"> <li>• Describe as fully as possible, using two or more words, e.g. retail grocery, public service, house building, etc.</li> </ul>		
<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"> <li>• 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.</li> </ul>		
<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"> <li>• 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.</li> </ul>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

orm (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
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 (c  
schedule), write only the name, sex and relat  
form and write "P.S." after the name.

1 NAME of each person who spent the night of 8 August 2006 in this household  • Include any person who was in Norfolk on Census night and returned to the household on Wednesday 9 August 2006 without having been counted elsewhere. • Record details of all adults, children and babies (including visitors) who spent the night of Tuesday 8 August 2006 in this household. • Enter the household head or any adult household member as Person 1.	PERSON 1	PERSON 2
<p>23. What is the GROSS INCOME that each person USUALLY receives per week OR per year from each source shown below?</p> <p>• If unable to estimate income on a weekly basis, show present income on an annual basis.</p> <p>• Do NOT deduct tax, superannuation, life or health insurance, etc.</p> <p>(a) WAGES and/or SALARIES (including overtime, tips, bonuses, any allowances by employer, etc.)</p> <p>(b) BUSINESS, PROFESSIONAL or FARM income (less expenses of operation)</p> <p>(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.)</p>	<p>No Income <input type="checkbox"/></p> <p>or</p> <p>\$ per week</p> <p>OR</p> <p>\$ per annum</p> <p>\$ per week</p> <p>OR</p> <p>\$ per annum</p> <p>\$ per week</p> <p>OR</p> <p>\$ per annum</p>	<p>No Income <input type="checkbox"/></p> <p>or</p> <p>\$ per week</p> <p>OR</p> <p>\$ per annum</p> <p>\$ per week</p> <p>OR</p> <p>\$ per annum</p> <p>\$ per week</p> <p>OR</p> <p>\$ per annum</p>
<p>24. Does this person pay into a RETIREMENT BENEFIT SCHEME, such as superannuation, provident fund or annuity?</p> <p>• Tick "Yes" also if payments are made by employer.</p>	<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>25. Which of these SOCIAL WELFARE and other payments if any are received by each person?</p> <p>• Tick all boxes which apply</p> <p>• Exclude refunds from private or government medical funds</p> <p>• If no payments received, tick box 6.</p> <p>Norfolk Island welfare payments (Age pensions, Invalid pensions etc) 1.</p> <p>Australian Repatriation Service Pension 2.</p> <p>All other Australian Welfare payments (Age pensions, widows pensions, etc.) 3.</p> <p>Superannuation or Annuity 4.</p> <p>Welfare payments from other than Australia or Norfolk Island. 5.</p> <p>None of the above 6.</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p>



I form (a private household relationship 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

No Income <input type="checkbox"/> or	No Income <input type="checkbox"/> or	No Income <input type="checkbox"/> or	No Income <input type="checkbox"/> or	No Income <input type="checkbox"/> or
\$ per week OR \$ per annum	\$ per week OR \$ per annum	\$ per week OR \$ per annum	\$ per week OR \$ per annum	\$ per week OR \$ per annum
\$ per week OR \$ per annum	\$ per week OR \$ per annum	\$ per week OR \$ per annum	\$ per week OR \$ per annum	\$ per week OR \$ per annum
\$ per week OR \$ per annum	\$ per week OR \$ per annum	\$ per week OR \$ per annum	\$ per week OR \$ per annum	\$ per week OR \$ per annum
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"/> 1	<input type="checkbox"/> 2	<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

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

<p>1. NAME of each person who spent the night of 8 August 2006 in this household</p> <ul style="list-style-type: none"> <li>• Include any person who was in Norfolk on Census night and returned to the household on Wednesday 9 August 2006 without having been counted elsewhere.</li> <li>• Record details of all adults, children and babies (including visitors) who spent the night of Tuesday 8 August 2006 in this household.</li> <li>• Enter the household head or any adult household member as Person 1.</li> </ul>		PERSON 2
	Given Name	
	Surname	

PLEASE

• This dwelling is the place (house, flat, etc.) in which your household spent Census night (8 August 2006).

<p>1. TYPE OF DWELLING</p> <ul style="list-style-type: none"> <li>• Tick the box opposite the description which best describes this dwelling</li> </ul> <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"> <li>• Tick the box opposite the major material of the outer walls of this dwelling</li> </ul> <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> <p>• Tick one box Yes <input type="checkbox"/> 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. <input type="text" value="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="text"/></td> <td>Bedroom(s)</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td>Combined Lounge/ Dining Room</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td>Lounge Room</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td>Dining Room</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td>Kitchen</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td>Bathroom(s)</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td>Other Rooms - please specify .....</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• Count each room once only</li> <li>• A room shared with another household should be counted only by the principal household.</li> <li>• Include a permanently enclosed sleepout as a bedroom.</li> <li>• If a one-room apartment or bed sitting DO NOT include as a bedroom but show as "other room" and describe.</li> <li>• DO NOT count toilets, pantries, laundries, storerooms, halls or corridors.</li> </ul>	Number of Rooms	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(s)	<input type="text"/>	Other Rooms - please specify .....
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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 mortgage(s) or contract(s) 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</p> <p>    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 possessor of a dwelling disclosing any particulars from a Census Form is liable to a penalty of \$500.



**SECTION A**  
**Attach to Envelope**  
**Provided**

**Do NOT put In Envelope**

# CENSUS OF POPULATION AND HOUSING 8 AUGUST 2006

## NORFOLK ISLAND HOUSEHOLDER'S SCHEDULE

This Census is being conducted under authority of the  
*Census and Statistics Act, 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 9th August 2006.

If you have difficulties in completing this form, Mr Peter French or Mr Steve Mathews, will be available to assist at the Administration Offices, Kingston - or Telephone 22001.

**SEE SECTION A OVERLEAF**

<i>OFFICE USE</i>

## Section A

Write the persons's name

	<i>SURNAME</i>	<i>GIVEN OR CHRISTIAN NAMES</i>
1		
2		
3		
4		
5		
6		
7		

**Note:** For un-named Baby write "Baby" and surname.

*I certify that in the best of my knowledge and belief both sections of this census form have been correctly filled in.*

Signature ..... Date ..... 2006  
of Head of Household

Address .....  
.....