

2001 CENSUS OF GIBRALTAR

NIGHT OF 12 NOVEMBER 2001

TO THE HEAD OF HOUSEHOLD

STRICTLY CONFIDENTIAL

In compliance with the Census Ordinance Part A must be completed by the Head of Household.

Form B must be completed and include all persons present on the night of 12 NOVEMBER 2001. Include any person on night shift, in hospital or anyone who visited you on the night of 12 NOVEMBER 2001 who was not included on another Census Form.

The information given on this Form will be treated in the STRICTEST CONFIDENCE and will not be used for any unauthorised purpose. Persons who refuse to give information, or willfully give false information are liable, on conviction to a fine. Please remember to sign the declaration on page 7 after completing and checking Parts A and B.

This Form must be ready for collection by Tuesday 13 November 2001.

CENSUS COMMISSIONER

PART A

The following questions relate to the Dwelling and Facilities and must be answered by the Head of the Household.

PLEASE READ THE PARTS A & B NOTES ON PAGE 6 *For Official Use*

Question 1 and 2 : PLEASE TICK (✓) THE APPROPRIATE BOXES

1 Dwelling
 House / Flat (Govt. Rented)
 House / Flat (Private Rented)
 House / Flat (Owner Occupier)
 House / Flat (Co-ownership) (see note)
 Boat
 Other

2 For those persons in rented accomodation please tick whether
 Pre - War
 Post - War

	ANSWER
3 Number of persons in household (exclude visitors from abroad but include boarders) (see note)	<input type="text"/> <input type="text"/>
4 Number of visitors from abroad	<input type="text"/> <input type="text"/>
5 Number of rooms available in the household (see note)	<input type="text"/> <input type="text"/>
6 Number of rooms used for sleeping	<input type="text"/> <input type="text"/>
7 Does your house / flat have an Internet connection	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 State the number of cars owned by or available for use by the household	<input type="text"/> <input type="text"/>
9 State the number of motorcycles (50 cc and above) owned by or available for use by the household	<input type="text"/> <input type="text"/>
10 State the number of mopeds owned by or available for use by the household	<input type="text"/> <input type="text"/>

The following is to be completed by the enumerator :

Name and Postal Address
of Head of Household

All relevant questions for each person on this Form has been completed and to the best of my ability checked to see that the information is correct.

Signature of Enumerator

Date

PART B (exclude visitors from outside Gibraltar)

Please read carefully the notes on page 6 before completing this part and tick (✓) the relevant boxes

Question	Person 1	Person 2
1. Name		
2. Relationship to Head of Household	Head of Household	<input type="checkbox"/> Husband or Wife <input type="checkbox"/> Partner <input type="checkbox"/> Son or Daughter <input type="checkbox"/> Step-child <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Grandchild <input type="checkbox"/> Mother or Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other related <input type="checkbox"/> Unrelated
3. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Re-married	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Re-married
4. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
5. Nationality	<input type="checkbox"/> Gibraltar <input type="checkbox"/> Other British <input type="checkbox"/> Spanish <input type="checkbox"/> Moroccan <input type="checkbox"/> Other EU <input type="checkbox"/> Other	<input type="checkbox"/> Gibraltar <input type="checkbox"/> Other British <input type="checkbox"/> Spanish <input type="checkbox"/> Moroccan <input type="checkbox"/> Other EU <input type="checkbox"/> Other
6. Country of Birth (see note)	<input type="checkbox"/> Gibraltar <input type="checkbox"/> U.K. <input type="checkbox"/> Spain <input type="checkbox"/> Morocco <input type="checkbox"/> Other EU <input type="checkbox"/> Other	<input type="checkbox"/> Gibraltar <input type="checkbox"/> U.K. <input type="checkbox"/> Spain <input type="checkbox"/> Morocco <input type="checkbox"/> Other EU <input type="checkbox"/> Other
7. Date of Birth (see note)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8. Religion	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Ch. of England <input type="checkbox"/> Other Christian <input type="checkbox"/> Moslem <input type="checkbox"/> Jewish <input type="checkbox"/> Hindu <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Ch. of England <input type="checkbox"/> Other Christian <input type="checkbox"/> Moslem <input type="checkbox"/> Jewish <input type="checkbox"/> Hindu <input type="checkbox"/> Other <input type="checkbox"/> None
9. Whether in Employment or not (see note)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions 10 to 16 apply only to persons in employment

10. Occupation (see note)
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PART B (exclude visitors from outside Gibraltar)

Please read carefully the notes on page 6 before completing this part and tick (✓) the relevant boxes

Person 3	Person 4	Person 5
<input type="checkbox"/> Husband or Wife <input type="checkbox"/> Partner <input type="checkbox"/> Son or Daughter <input type="checkbox"/> Step-child <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Grandchild <input type="checkbox"/> Mother or Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other related <input type="checkbox"/> Unrelated	<input type="checkbox"/> Husband or Wife <input type="checkbox"/> Partner <input type="checkbox"/> Son or Daughter <input type="checkbox"/> Step-child <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Grandchild <input type="checkbox"/> Mother or Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other related <input type="checkbox"/> Unrelated	<input type="checkbox"/> Husband or Wife <input type="checkbox"/> Partner <input type="checkbox"/> Son or Daughter <input type="checkbox"/> Step-child <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Grandchild <input type="checkbox"/> Mother or Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other related <input type="checkbox"/> Unrelated
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Re-married	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Re-married	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Re-married
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Gibraltar <input type="checkbox"/> Other British <input type="checkbox"/> Spanish <input type="checkbox"/> Moroccan <input type="checkbox"/> Other EU <input type="checkbox"/> Other	<input type="checkbox"/> Gibraltar <input type="checkbox"/> Other British <input type="checkbox"/> Spanish <input type="checkbox"/> Moroccan <input type="checkbox"/> Other EU <input type="checkbox"/> Other	<input type="checkbox"/> Gibraltar <input type="checkbox"/> Other British <input type="checkbox"/> Spanish <input type="checkbox"/> Moroccan <input type="checkbox"/> Other EU <input type="checkbox"/> Other
<input type="checkbox"/> Gibraltar <input type="checkbox"/> U.K. <input type="checkbox"/> Spain <input type="checkbox"/> Morocco <input type="checkbox"/> Other EU <input type="checkbox"/> Other	<input type="checkbox"/> Gibraltar <input type="checkbox"/> U.K. <input type="checkbox"/> Spain <input type="checkbox"/> Morocco <input type="checkbox"/> Other EU <input type="checkbox"/> Other	<input type="checkbox"/> Gibraltar <input type="checkbox"/> U.K. <input type="checkbox"/> Spain <input type="checkbox"/> Morocco <input type="checkbox"/> Other EU <input type="checkbox"/> Other
<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"/> <input type="checkbox"/>
<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Ch. of England <input type="checkbox"/> Other Christian <input type="checkbox"/> Moslem <input type="checkbox"/> Jewish <input type="checkbox"/> Hindu <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Ch. of England <input type="checkbox"/> Other Christian <input type="checkbox"/> Moslem <input type="checkbox"/> Jewish <input type="checkbox"/> Hindu <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Ch. of England <input type="checkbox"/> Other Christian <input type="checkbox"/> Moslem <input type="checkbox"/> Jewish <input type="checkbox"/> Hindu <input type="checkbox"/> Other <input type="checkbox"/> None
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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PART B (exclude visitors from outside Gibraltar)

Please read carefully the notes on page 6 before completing this part and tick (✓) the relevant boxes

Question	Person 1	Person 2
11. Full or Part-Time	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
12. Employment Status (see note)	<input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed with Employees <input type="checkbox"/> Self-Employed without Employees	<input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed with Employees <input type="checkbox"/> Self-Employed without Employees
13. Description of Employer's or own business (see note)
14. Name of Employer and Place of Work or Address
15. Which of these qualifications do you have (see note)	<input type="checkbox"/> 1 - 4 GCSE Grades A - C <input type="checkbox"/> 5 + GCSE Grades A - C <input type="checkbox"/> 2 + A Levels <input type="checkbox"/> First Degree (BA, BSc, LLB) <input type="checkbox"/> Higher Degree (BSc, PhD) <input type="checkbox"/> NVQ Level 1, Foundation GNVQ <input type="checkbox"/> NVQ Level 2, Intermediate GNVQ <input type="checkbox"/> NVQ Level 3, Advance GNVQ, ONC, OND <input type="checkbox"/> NVQ Levels 4 - 5, HNC, HND <input type="checkbox"/> Other qualifications City & Guilds, RSA, BTEC <input type="checkbox"/> No Qualifications	<input type="checkbox"/> 1 - 4 GCSE Grades A - C <input type="checkbox"/> 5 + GCSE Grades A - C <input type="checkbox"/> 2 + A Levels <input type="checkbox"/> First Degree (BA, BSc, LLB) <input type="checkbox"/> Higher Degree (BSc, PhD) <input type="checkbox"/> NVQ Level 1, Foundation GNVQ <input type="checkbox"/> NVQ Level 2, Intermediate GNVQ <input type="checkbox"/> NVQ Level 3, Advance GNVQ, ONC, OND <input type="checkbox"/> NVQ Levels 4 - 5, HNC, HND <input type="checkbox"/> Other qualifications City & Guilds, RSA, BTEC <input type="checkbox"/> No Qualifications
16. How do you usually travel to work	<input type="checkbox"/> On foot <input type="checkbox"/> Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Motor Cycle <input type="checkbox"/> Moped (under 50 cc) <input type="checkbox"/> Car or Van	<input type="checkbox"/> On foot <input type="checkbox"/> Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Motor Cycle <input type="checkbox"/> Moped (under 50 cc) <input type="checkbox"/> Car or Van

PART A (NOTES)

Question 1 In the Co-Ownership Scheme the householder shares the ownership of the property. Examples of this 50/50, 60/40, 70/30 or other basis.

Question 3 A visitor from abroad is a person in Gibraltar on holiday, or on a business trip or visiting relatives or friends and will be in Gibraltar for only a short period. A boarder is a person who lives with the householder and takes a meal or meals with the landlord/landlady.

Question 5 Exclude kitchen, bathrooms, corridors and hallways; rooms divided by curtains or portable screens count as one room, those divided by a fixed or sliding partition, count as two rooms.

PART B (NOTES)

Question 6 Other EU includes Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, The Netherlands, Portugal and Sweden.

Question 7 Where the Date of Birth is NOT known, state the year of birth.

Question 9 A person is 'In employment' if he or she (excluding full-time students) has a full-time job or a part-time job, is temporarily sick or on strike, is on holiday but has a job to go back to, or is waiting to take up a job already accepted. A housewife with a part-time job should tick the 'Yes' box. Otherwise housewives should tick the 'No' box.

Question 10 Occupation: If a person's job is known in a trade or industry by a special name then use that name. Use precise terms such as garage mechanic, radio-mechanic, civil engineer, chartered accountant, economist etc., and for public sector employees in the administrative service state whether you are a head of department, an executive officer, an administrative officer or assistant, or a personal secretary or typist.

Question 12 Include family workers under 'Employees'.

Question 13 If you work for a private firm (or are self-employed) state what the employer does or makes e.g. retail shop, printers, hotel, bank, hairdresser, etc.

If you work for the Government state the Department or Section e.g. Electricity. If in doubt check your payslip.

Question 15 For the purposes of this question CSE Grade 1 and GCE 'O' Level passes at Grades A-C or the earlier GCE 'O' Level passes at Grades 1-6 are equivalent to GCSE Grades A-C.

PART A

1 Type of Dwelling	<input checked="" type="checkbox"/> House/Flat (Govt. Rented)	7 Does your house/flat have	
2 Rented Accomodation	<input checked="" type="checkbox"/> Pre-war	an Internet connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3 No. of persons exclude visitors	<input type="text" value="3"/>	8 No. of cars owned or available for use	<input type="text" value="2"/>
4 No. of visitors from abroad	<input type="text" value="0"/>	9 No. of motor-cycles owned (50 cc and above)	
5 No. of rooms	<input type="text" value="8"/>	available for use	<input type="text" value="2"/>
6 No. of rooms used for sleeping	<input type="text" value="4"/>	10 No. of mopeds owned or available for use	<input type="text" value="1"/>

PART B	Person 1	Person 2	Person 3
1. Name	J. Melia	V. Melia	T. Melia
2. Relationship to Head of Household	Head	<input checked="" type="checkbox"/> Husband or Wife	<input checked="" type="checkbox"/> Son or Daughter
3. Marital Status	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Single
4. Sex	<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Male
5. Nationality	<input checked="" type="checkbox"/> Gibraltar	<input checked="" type="checkbox"/> Gibraltar	<input checked="" type="checkbox"/> Gibraltar
6. Country of Birth	<input checked="" type="checkbox"/> Gibraltar	<input checked="" type="checkbox"/> United Kingdom	<input checked="" type="checkbox"/> Gibraltar
7. Date of Birth	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="9"/>	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="2"/>	<input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="6"/> <input type="text" value="1"/>
8. Religion	<input checked="" type="checkbox"/> Roman Catholic	<input checked="" type="checkbox"/> Church of England	<input checked="" type="checkbox"/> Roman Catholic
9. Whether in Employment	<input checked="" type="checkbox"/> Not in Employment	<input checked="" type="checkbox"/> Not in Employment	<input checked="" type="checkbox"/> In Employment

Questions 10 to 16 apply only to persons in employment

10. Occupation		<input checked="" type="checkbox"/> Garage Mechanic
11. Full or Part-Time		<input checked="" type="checkbox"/> Full-time
12. Employment Status		<input checked="" type="checkbox"/> Employee
13. Description of Employers Business		<input checked="" type="checkbox"/> Garage
14. Name of Employer and Place of Work		Dorito 12 Market Place
15. Qualifications		<input checked="" type="checkbox"/> HNC
16. Method of travel to work		<input checked="" type="checkbox"/> Car

Declaration by Head of Household or Member of Household
I declare that to the best of my knowledge and belief the Census Form has been completed correctly.

Signed

TEL. No.

Date

Please give your telephone number (if any). This is required in case of any queries.

If you have any queries please contact Census Office Tel. 52541