

CONFIDENTIAL

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

C.D.	
Rec. No.	



CENSUS OF POPULATION AND HOUSING 30 JUNE 1981

TERRITORY OF 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

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 1 JULY** 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 form
(schedule), write only the name, sex and relations
form and write "P.S." after the name.

1. NAME of each person who spent the night of 30 June 1981 in this household:			PERSON 1	PERSON 2
<ul style="list-style-type: none"> ● Include any person who returned on Wednesday, 1 July 1981, without having been counted elsewhere. ● Record details of all adults, children and babies (including visitors) who spent the night of Tuesday, 30 June, 1981, in this household. ● Enter the household head or any adult household member as Person 1. 				
	Given Name	.....	.....	.....
	Surname	.....	.....	.....
2. SEX.			Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<ul style="list-style-type: none"> ● Tick one box for each person (e.g. <input checked="" type="checkbox"/>). 				
3. AGE of each person			..... years	..... years
<ul style="list-style-type: none"> ● In complete years and complete months ● If age is less than one year, write "0" years and the number of complete months.			..... months	..... months
4. What is this person's RELATIONSHIP to PERSON 1?			PERSON 1	.....
<ul style="list-style-type: none"> ● State whether wife, husband, son, daughter, or other such as boarder, co-tenant, employee, etc. 				
5. What is this person's PRESENT MARITAL STATUS?				
<ul style="list-style-type: none"> ● Tick one box for each person 				
	Never married	1. <input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Now married	2. <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	Separated (not divorced)	3. <input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	Divorced	4. <input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	Widowed	5. <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Was this person BORN ON NORFOLK ISLAND?			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. If NOT born on NORFOLK ISLAND –				
<ul style="list-style-type: none"> ● In which COUNTRY was this person BORN? ● In what YEAR did this person FIRST ARRIVE in the Territory? 			Year	Year
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"> ● Tick one box 				
	A RESIDENT within the meaning of the Immigration Ordinance 1968	1. <input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	The holder of an ENTER AND REMAIN PERMIT?	2. <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	The holder of a TEMPORARY ENTRY PERMIT?	3. <input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	A TOURIST or VISITOR to Norfolk Island?	4. <input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	Other?	5. <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
11. What is this person's RELIGION?				
<ul style="list-style-type: none"> ● This question is optional. ● e.g. Church of England, Methodist, Roman Catholic, etc. ● If no religion, write "None".			.....	.....
12. How old was this person when he/she LEFT SCHOOL?				
<ul style="list-style-type: none"> ● For persons who are full-time or part-time primary or secondary students, tick box 1. 			Age (years)	Age (years)
	Age left school	.....	.....	.....
	Still at school	1. <input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Did not attend school	2. <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2

a private household
ship 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"/> Female <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"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
---	---	---	---	---

..... years	..... years	..... years	..... years	..... years
..... months	..... months	..... months	..... months	..... months

.....
-------	-------	-------	-------	-------

<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

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"/>
--	--	--	--	--

.....
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"/> 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

.....
-------	-------	-------	-------	-------

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

PLEASE COMPLETE ONE COLUMN
FOR EACH PERSON

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

<p>1. NAME of each person who spent the night of 30 June 1981 in this household:</p> <ul style="list-style-type: none"> ● Include any person who returned on Wednesday, 1 July 1981, without having been counted elsewhere. ● Record details of all adults, children and babies (including visitors) who spent the night of Tuesday, 30 June, 1981, in this household. ● Enter the household head or any adult household member as Person 1. 		PERSON 1	PERSON 2
	Given Name	.....	.....
	Surname	.....	.....

<p>13. What is person's USUAL MAJOR ACTIVITY?</p> <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		.....	.....

<p>14. Is this person HANDICAPPED by a SERIOUS long-term illness, or physical or mental condition?</p> <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
<p>If "Yes", handicapped", how is the person handicapped?</p> <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

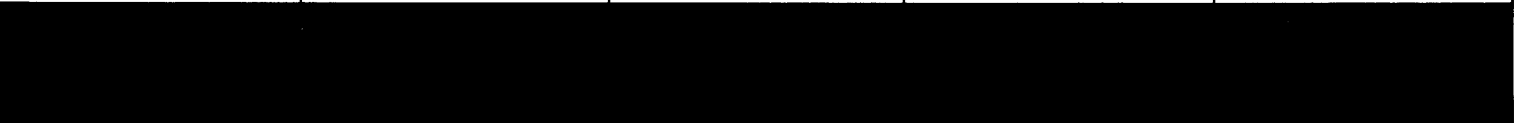
<p>15. Has this person obtained a PROFESSIONAL, TECHNICAL, TRADE or OTHER QUALIFICATION?</p> <ul style="list-style-type: none"> ● For each person, tick one box 	No.	1.	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Still at primary or secondary school	2.	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	If "Yes", write name of qualification and of awarding institution.	3.	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<ul style="list-style-type: none"> ● Examples are – trade certificate, Nursing Certificate, B.A., etc. ● Examples are – Sydney Technical College, Sydney University, etc. 	Name of Qualification	.....	.....
	Name of Institution	.....	.....

PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7

<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
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 30 June 1981 in this household:</p> <ul style="list-style-type: none"> ● Include any person who returned on Wednesday, 1 July 1981, without having been counted elsewhere. ● Record details of all adults, children and babies (including visitors) who spent the night of Tuesday, 30 June, 1981, in this household. ● Enter the household head or any adult household member as Person 1. 	PERSON 1	PERSON 2	
	Given Name	.....	.....
	Surname	.....	.....

<p>16. 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". ● If this person did not have a job, or did only unpaid housework, answer "No". 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---	---

<p>17. Did this person do any WORK at all LAST WEEK for payment or profit?</p> <ul style="list-style-type: none"> ● 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". 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---	---

IF THE ANSWERS TO QUESTIONS 16 AND 17 WERE BOTH "NO", DO NOT ANSWER QUESTIONS 18, 19 AND 20.

<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>19. 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>20. In the occupation stated above, how many HOURS did this person ACTUALLY WORK LAST WEEK?</p>hoursho
--	------------	---------

<p>21. 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. 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---	---

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"/>



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

1. NAME of each person who spent the night of 30 June 1981 in this household:		PERSON 1	PERSON 2
<ul style="list-style-type: none"> ● Include any person who returned on Wednesday, 1 July 1981, without having been counted elsewhere. ● Record details of all adults, children and babies (including visitors) who spent the night of Tuesday, 30 June, 1981, in this household. ● Enter the household head or any adult household member as Person 1. 	Given Name	.....	.....
	Surname	.....	.....
<p>22. 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>23. 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>24. Which of these SOCIAL WELFARE and other payments are received by each person?</p>			
<ul style="list-style-type: none"> ● Tick all boxes which apply 	Administration Special Allowance	1. <input type="checkbox"/> 1	<input type="checkbox"/> 1
	Australian Repatriation Service Pension	2. <input type="checkbox"/> 2	<input type="checkbox"/> 2
<ul style="list-style-type: none"> ● Exclude refunds from private or government medical funds 	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
<ul style="list-style-type: none"> ● If no payments received, tick box 5. 	None of the above	5. <input type="checkbox"/> 5	<input type="checkbox"/> 5

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

PLEASE COMPLETE ONE COLUMN
FOR EACH PERSON

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

<p>1. NAME of each person who spent the night of 30 June 1981 in this household:</p> <ul style="list-style-type: none"> ● Include any person who returned on Wednesday, 1 July 1981, without having been counted elsewhere. ● Record details of all adults, children and babies (including visitors) who spent the night of Tuesday, 30 June, 1981, in this household. ● Enter the household head or any adult household member as Person 1. 	PERSON 1	PERSON 2	
	Given Name	.....	.....
	Surname	.....	.....

PLEASE

- This dwelling is the place (house, flat etc.) in which your household spent Census night (30 June 1981)

1. TYPE OF DWELLING

- Tick the box opposite the description which best describes this dwelling

HOUSE

FLAT

OTHER

Please describe

.....

4. NUMBER OF ROOMS IN THIS DWELLING

Write the number of each type of room in this dwelling in the boxes below (e.g. bedroom(s)).

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

- 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.

2. MATERIAL OF OUTER WALLS OF THIS DWELLING

- Tick the box opposite the material of the outer walls of this dwelling.

Brick, Brick Veneer, Stone 1

Concrete, Concrete Block 2

Timber 3

Fibro, Asbestos 4

Other material 5

Please describe

.....

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)?

- Tick one box

Yes

No

If "Yes" what is the size of the holding

One acre (0.4 hectares) or less

Greater than one acre (0.4 hectares)

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> <hr/> <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 payments) is made on the total mortgages (or contracts of sale) on this dwelling?</p> <p>\$..... per month</p>	<p>7. What is the method of SEWERAGE DISPOSAL for this dwelling?</p> <p>Flush toilet to individual system (e.g. Septic tank) <input type="checkbox"/> 1</p> <p>• Tick one box only Other method <input type="checkbox"/> 2</p> <p>Please describe</p> <p>.....</p> <hr/> <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> <hr/> <p>9. What FUEL or POWER do you mostly use for household purposes (e.g. cooking, lighting, room heating, water heating)?</p> <p>Electricity <input type="checkbox"/> 1</p> <p>Gas <input type="checkbox"/> 2</p> <p>• Tick one box only Wood <input type="checkbox"/> 3</p> <p>Other fuels <input type="checkbox"/> 4</p> <p>Please specify</p> <p>.....</p>
---	---

FOR CENSUS COLLECTOR'S USE ONLY

Total number of persons in household (including persons who completed private schedules)

MALES	FEMALES	PERSONS

.....
(Date)

.....
(Signature of Census Collector)