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

1. NAME of each person who spent the night of 30 June 1981 in this household:
   - 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.

<table>
<thead>
<tr>
<th>PERSON 1</th>
<th>PERSON 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given Name</td>
<td>Surname</td>
</tr>
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</tbody>
</table>

2. SEX.
   - Tick one box for each person (e.g. □).  

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

3. AGE of each person
   - In complete years and complete months
   - If age is less than one year, write “0” years and the number of complete months.

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
</tr>
</thead>
</table>

4. What is this person's RELATIONSHIP to PERSON 1?
   - State whether wife, husband, son, daughter, or other such as boarder, co-tenant, employee, etc.

<table>
<thead>
<tr>
<th>PERSON 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

5. What is this person's PRESENT MARITAL STATUS?
   - Tick one box for each person
   - Never married
   - Now married
   - Separated (not divorced)
   - Divorced
   - Widowed

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

6. Was this person BORN ON NORFOLK ISLAND?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

7. If NOT born on NORFOLK ISLAND –
   - In which COUNTRY was this person BORN?
   - In what YEAR did this person FIRST ARRIVE in the Territory?

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
</tr>
</thead>
</table>

8. What is this person's NATIONALITY or CITIZENSHIP?
   - e.g. Australian, British, New Zealander, etc.

9. Is this person of PITCAIRN descent?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

10. Is this person –
    - A RESIDENT within the meaning of the Immigration Ordinance 1968
    - The holder of an ENTER AND REMAIN PERMIT?
    - The holder of a TEMPORARY ENTRY PERMIT?
    - A TOURIST or VISITOR to Norfolk Island?
    - Other?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>5</th>
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</thead>
</table>

11. What is this person’s RELIGION?
    - 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?
    - For persons who are full-time or part-time primary or secondary students, tick box 1.

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
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<tr>
<td>2</td>
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</table>
FOR A HOUSEHOLD WITH MORE THAN 7 PERSONS
PLEASE CONTACT THE COLLECTOR

<table>
<thead>
<tr>
<th>PERSON 3</th>
<th>PERSON 4</th>
<th>'PERSON 5</th>
<th>PERSON 6</th>
<th>PERSON 7</th>
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</thead>
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Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □

Age (years)

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</table>

Page 3
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</tr>
</thead>
<tbody>
<tr>
<td>Given Name</td>
<td>Surname</td>
</tr>
</tbody>
</table>

13. What is person’s USUAL MAJOR ACTIVITY?
   - Working in job, business or farm 1.
   - Engaged in unpaid home duties 2.
   - Child not attending primary or secondary level school 3.
   - Student at primary or secondary level school 4.
   - Other activity — describe

<table>
<thead>
<tr>
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<tbody>
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<td>1</td>
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</tbody>
</table>

14. Is this person HANDICAPPED by a SERIOUS long-term illness, or physical or mental condition?
   - Yes, handicapped 1.
   - No, not handicapped 2.

   If “Yes”, handicapped”, how is the person handicapped?
   - In getting or holding a job 1.
   - In getting about alone 2.
   - In doing housework 3.
   - In sporting or recreational activities 4.
   - In acts of daily living, e.g. dressing or bathing 5.
   - In other ways 6.

   — please specify

<table>
<thead>
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IF THIS PERSON IS UNDER 15 YEARS OF AGE, ANSWER NO MORE QUESTIONS ABOUT THIS PERSON

15. Has this person obtained a PROFESSIONAL, TECHNICAL, TRADE or OTHER QUALIFICATION?
   - No. 1.

   - For each person, tick one box
     - Still at primary or secondary school 2.

   If “Yes”, write name of qualification and of awarding institution.
   - Yes 3.

   - Examples are — trade certificate, Nursing Certificate, B.A., etc.

   - Examples are — Sydney Technical College, Sydney University, etc.

<table>
<thead>
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<tbody>
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FOR A HOUSEHOLD WITH MORE THAN 7 PERSONS
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01 02 03 04 01 02 03 04 01 02 03 04 01 02 03 04

01 02 03 04 01 02 03 04 01 02 03 04 01 02 03 04

A private household
trip to Person 1 on this
### Table: Personal Information for Each Person

1. **NAME** of each person who spent the night of 30 June 1981 in this household:
   - Include any person who returned on Wednesday, 1 July 1981, without having been counted elsewhere.
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</table>

2. **Did this person have a full-time or part-time JOB or BUSINESS of any kind LAST WEEK?**
   - 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".

<table>
<thead>
<tr>
<th>Person 1</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>No</td>
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</table>

3. **Did this person do any WORK at all LAST WEEK for payment or profit?**
   - 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".

<table>
<thead>
<tr>
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<tr>
<td>Yes</td>
<td>Yes</td>
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<tr>
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<td>No</td>
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</tbody>
</table>

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

4. **In what INDUSTRY, BUSINESS or SERVICE was this person working LAST WEEK?**
   - Describe as fully as possible, using two or more words, e.g. retail grocery, public service, house building, etc.

<table>
<thead>
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5. **What was this person's OCCUPATION (kind of work) LAST WEEK?**
   - 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.

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<thead>
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6. **In the occupation stated above, how many HOURS did this person ACTUALLY WORK LAST WEEK?**

<table>
<thead>
<tr>
<th>Person 1</th>
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</table>

7. **Did this person LOOK FOR WORK LAST WEEK?**
   - 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.

<table>
<thead>
<tr>
<th>Person 1</th>
<th>Person 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>No</td>
<td>No</td>
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</table>
a private household
ship to Person 1 on this

<table>
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</table>

| Yes ☐   | Yes ☐   | Yes ☐   | Yes ☐   | Yes ☐   |
| No ☐    | No ☐    | No ☐    | No ☐    | No ☐    |

| Yes ☐   | Yes ☐   | Yes ☐   | Yes ☐   | Yes ☐   |
| No ☐    | No ☐    | No ☐    | No ☐    | No ☐    |

| Yes ☐   | Yes ☐   | Yes ☐   | Yes ☐   | Yes ☐   |
| No ☐    | No ☐    | No ☐    | No ☐    | No ☐    |

For a household with more than 7 persons
please contact the collector.
**PLEASE COMPLETE ONE COLUMN FOR EACH PERSON**

For each person who completes a Personal form schedule, write only the name, sex and relation or head of household. Write "P.S." after the name.

1. NAME of each person who spent the night of 30 June 1981 in this household:
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<tr>
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</tbody>
</table>

2. What is the GROSS INCOME that each person USUALLY receives per week OR per year from each source shown below?
   - 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.)

   (b) BUSINESS, PROFESSIONAL or FARM income (less expenses of operation)

   (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.)

3. Does this person pay into a RETIREMENT BENEFIT SCHEME, such as superannuation, provident fund or annuity?
   - Tick "Yes" also if payments are made by employer.

4. Which of these SOCIAL WELFARE and other payments are received by each person?
   - Tick all boxes which apply
   - Exclude refunds from private or government medical funds
   - If no payments received, tick box 5.

   Administration Special Allowance 1.  \[ \square 1 \]
   Australian Repatriation Service Pension 2.  \[ \square 2 \]
   All other Australian Welfare payments (Age pensions, widows pensions, etc.) 3.  \[ \square 3 \]
   Superannuation or Annuity 4.  \[ \square 4 \]
   None of the above 5.  \[ \square 5 \]
FOR A HOUSEHOLD WITH MORE THAN 7 PERSONS
PLEASE CONTACT THE COLLECTOR

<table>
<thead>
<tr>
<th>PERSON 3</th>
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</thead>
</table>

- $ 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 ☐ | Yes ☐ | Yes ☐ | Yes ☐ | Yes ☐ |
| No ☐  | No ☐  | No ☐  | No ☐  | No ☐  |

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
1. NAME of each person who spent the night of 30 June 1981 in this household:
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<tr>
<td>Surname</td>
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</tr>
</tbody>
</table>

2. TYPE OF DWELLING
   - Tick the box opposite the description which best describes this dwelling.

   HOUSE [ ]
   FLAT [ ]
   OTHER [ ]
   Please describe

   ...................................................................................................

3. 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

   ...................................................................................................

4. NUMBER OF ROOMS IN THIS DWELLING
   - Write the number of each type of room in this dwelling in the boxes below (e.g. [2] bedroom(s)).

   Number of Rooms | Type of Room
   -----------------|-----------------|
   [ ] 1 | Bedroom(s) |
   [ ] 2 | Combined Lounge/Dining Room |
   [ ] 3 | Lounge Room |
   [ ] 4 | Dining Room |
   [ ] 5 | Kitchen |
   [ ] 6 | Bathroom(s) |
   [ ] 7 | 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.
ANSWER QUESTIONS ON THIS DWELLING

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

5. Do you or any usual member of your household pay RENT for this dwelling?
   
   - Yes  □  No (go to Question 6)

   If "Yes", what is the weekly rent payable?
   
   $............................ per week

6. Is the dwelling rented furnished or unfurnished?
   
   1. Furnished  □  Tick one box
   2. Unfurnished □

7. What is the method of SEWERAGE DISPOSAL for this dwelling?
   
   - Flush toilet to individual system (e.g. Septic tank)  □ 1
   - Other method  □ 2
   - Please describe
   
8. What is the main source of WATER SUPPLY within this dwelling?
   
   - Own Rainwater  □ 1
   - Own Groundwater □ 2
   - Purchased Water □ 3

9. What FUEL or POWER do you mostly use for household purposes (e.g. cooking, lighting, room heating, water heating)?
   
   - Electricity  □ 1
   - Gas  □ 2
   - Wood  □ 3
   - Other fuels □ 4
   - Please specify
FOR CENSUS COLLECTOR'S USE ONLY

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

<table>
<thead>
<tr>
<th>MALES</th>
<th>FEMALES</th>
<th>PERSONS</th>
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........................................................................................................

(Date) ........................................................................................................

(Signature of Census Collector)