

Annex III 2011 Census Form

CONFIDENTIAL
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 9th AUGUST 2011

NORFOLK ISLAND HOUSEHOLDER'S SCHEDULE

Under the provision 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 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/SHE RETURNS. Also obtain extra forms if there are more than 7 persons in the 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, 10th 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:
.....

FINISHED?

- Please make sure you have not missed any pages or questions
- Please make sure you sign the front page of the questionnaire

Thank you for participating in the Norfolk Island Census of Population and Housing 2011

And for completing this form

STATISTICIAN

CONFIDENTIAL
PLEASE COMPLETE ONE COLUMN
FOR EACH PERSON

HOUSEHOLDER'S SCHEDULE
NORFOLK ISLAND CENSUS OF POPULATION AND HOUSING; 9th AUGUST 2011




			PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7
P1	WHAT IS THIS PERSON'S NAME? NAME OF EACH PERSON WHO SPENT THE NIGHT OF 9 th AUGUST 2011 IN THIS HOUSEHOLD (INCLUDE ANY PERSON WHO WAS ON NORFOLK ISLAND ON CENSUS NIGHT AND RETURNED TO THIS HOUSEHOLD ON TUESDAY 9 th AUGUST 2011; RECORD DETAILS OF ALL ADULTS, CHILDREN AND BABIES (INCLUDING VISITORS) WHO SPENT THE NIGHT OF 9 th AUGUST 2011 IN THIS HOUSEHOLD; ENTER HEAD OF HOUSEHOLD AS "PERSON 1"	Given Name							
		Surname							
P2	WHAT IS THE PERSON'S SEX? ENTER EITHER 1 OR 2 IN THE BOX UNDER EACH PERSON	1. Male 2. Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P3	WHAT IS THE PERSON'S DATE OF BIRTH AND AGE AT LAST BIRTHDAY?	DATE OF BIRTH (DDMMYEAR)							
		AGE IN YEARS: [][]							
P4	WHAT IS THIS PERSON'S RELATIONSHIP TO PERSON 1? ENTER EITHER 1, 2, 3, 4, 5, 6, 7, 8 OR 9 IN THE BOX UNDER EACH PERSON. ENTER HEAD OF HOUSEHOLD AS "PERSON 1"	1. Head 2. Spouse 3. Son 4. Daughter 5. Grandchild 6. Other Relative 7. Boarder 8. Co-Tenant 9. Non relative	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P5	WHAT IS THE PERSON'S MARITAL STATUS? ENTER EITHER 1, 2, 3, 4, 5, OR 6, IN THE BOX UNDER EACH PERSON.	1. Single (Never Married) 2. Married 3. Divorced 4. Separated 5. Widowed 6. Defacto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P6	WHAT IS THIS PERSON'S RELIGION? ANSWERING THIS QUESTION IS OPTIONAL ENTER EITHER 1, 2, 3, 4, 5, OR 6, IN THE BOX UNDER EACH PERSON. IF ENTERED 5 PLEASE SPECIFY.	1. Church of England 2. Uniting Church 3. Seventh Day Adventist 4. Catholic 5. Other Religion 6. No Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P7	WHAT IS THE PERSON'S PLACE OR COUNTRY OF BIRTH? ENTER EITHER 1, 2, 3, 4, OR 5, IN THE BOX UNDER EACH PERSON.	1. Norfolk Island 2. Australia 3. New Zealand 4. United Kingdom 5. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P8	IF NOT BORN ON NORFOLK ISLAND IN WHAT YEAR DID THIS PERSON FIRST ARRIVE IN THE TERRITORY FOR THE PURPOSE OF RESIDING EITHER PERMANENTLY OR TEMPORARILY?	Please state year of arrival in the box for each person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P9	WHAT IS THIS PERSON'S NATIONALITY OR CITIZENSHIP? ENTER EITHER 1, 2, 3, OR 4, IN THE BOX UNDER EACH PERSON IF YOU ENTERED 4 PLEASE SPECIFY IN THE ADDITIONAL BOX	1. Australian 2. New Zealander 3. British 4. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P10	IS THIS PERSON OF PITCAIRN DESCENT? ENTER EITHER 1 OR 2.	1. Yes 2. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P11	WHAT IS THIS PERSON'S USUAL PLACE OF RESIDENCE? IF YOU ARE A HOLDER OF A TEMPORARY ENTRY PERMIT OR A VISITOR, INDICATE YOUR USUAL PLACE OF RESIDENCE	1. Norfolk Island 2. Australia 3. New Zealand 4. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONFIDENTIAL
PLEASE COMPLETE ONE COLUMN
FOR EACH PERSON

HOUSEHOLDER'S SCHEDULE
NORFOLK ISLAND CENSUS OF POPULATION AND HOUSING; 9th AUGUST 2011



		PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7
P1	WHAT IS THIS PERSON'S NAME NAME OF EACH PERSON WHO SPEND THE NIGHT OF 9 th AUGUST 2011 IN THIS HOUSEHOLD (INCLUDE ANY PERSON WHO WAS IN NORFOLK ON CENSUS NIGHT AND RETURNED TO THIS HOUSEHOLD ON TUESDAY 9 th AUGUST 2011; RECORD DETAILS OF ALL ADULTS, CHILDREN AND BABIES (INCLUDING VISITORS) WHO SPENT THE NIGHT OF 9 th AUGUST 2011 IN THIS HOUSEHOLD; ENTER HEAD OF HOUSEHOLD AS "PERSON 1"							
		Given Name						
		Surname						
P12	WHERE DID THE PERSON USUALLY LIVE ONE YEAR AGO (AUGUST 2010)? ENTER EITHER 1, 2, 3, OR 4, IN THE BOX UNDER EACH PERSON	1. Norfolk Island 2. Australia 3. New Zealand 4. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P13	IS THIS PERSON: ENTER EITHER 1, 2, 3, 4, OR 5, IN THE BOX UNDER EACH PERSON • IF YOU HAVE ENTERED 2, PLEASE GO TO QUESTION P14 • IF YOU ENTERED 5 PLEASE SPECIFY IN THE ADDITIONAL BOX	1. A Resident within the meaning of the Immigration Act 1980 2. The holder of a General Entry Permit (Enter and Remain) 3. The holder of a Temporary Entry Permit 4. A tourist or visitor to Norfolk Island 5. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P14	QUESTION FOR GENERAL ENTRY PERMIT HOLDERS ONLY ON WHAT BASIS ARE YOU ISSUED WITH YOUR PERMIT? ENTER EITHER 1, 2, 3, OR 4 IN THE BOX UNDER EACH PERSON	1. Business (existing) 2. Business (new) 3. Self Funded 4. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P15	IS THE PERSON NOW ATTENDING SCHOOL? ENTER EITHER 1, 2, 3, OR 4 IN THE BOX UNDER EACH PERSON • IF YOU HAVE ENTERED 1, 2 OR 4 GO TO QUESTION P17 • IF YOU HAVE ENTERED 3 GO TO QUESTION P16	1. Yes, at School 2. No, not at school 3. Left school 4. Did not attend school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P16	HOW OLD WAS THIS PERSON WHEN HE/SHE LEFT SCHOOL?	Indicate age left school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P17	DOES THIS PERSON SPEAK A LANGUAGE OTHER THAN ENGLISH? ENTER EITHER 1 OR 2. IF ENTERED 2 PLEASE SPECIFY	1. No, English Only 2. Yes - Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P18	HOW WELL DOES THE PERSON SPEAK ENGLISH? ENTER EITHER 1, 2, 3 OR 4 IN THE BOX FOR EACH PERSON	1. Very Well 2. Well 3. Not well 4. Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P19	IS THIS PERSON DISABLED BY A SERIOUS LONG TERM ILLNESS OR PHYSICAL OR MENTAL CONDITION?	1. Yes, disabled (go to P20) 2. No, not disabled (go to P21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P20	IF YES DISABLED, HOW IS THE PERSON DISABLED?	1. In getting/holding a job 2. In getting about alone 3. In doing housework 4. In sporting/ recreational activities 5. In acts of daily living 6. In other ways (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONFIDENTIAL PLEASE COMPLETE ONE COLUMN FOR EACH PERSON		HOUSEHOLDER'S SCHEDULE NORFOLK ISLAND CENSUS OF POPULATION AND HOUSING; 9th AUGUST 2011							
P1	WHAT IS THIS PERSON'S NAME? <small>NAME OF EACH PERSON WHO SPEND THE NIGHT OF 9TH AUGUST 2011 IN THIS HOUSEHOLD (INCLUDE ANY PERSON WHO WAS IN NORFOLK ON CENSUS NIGHT AND RETURNED TO THIS HOUSEHOLD ON TUESDAY 9TH AUGUST 2011; RECORD DETAILS OF ALL ADULTS, CHILDREN AND BABIES (INCLUDING VISITORS) WHO SPENT THE NIGHT OF 9TH AUGUST 2011 IN THIS HOUSEHOLD; ENTER HEAD OF HOUSEHOLD AS "PERSON 1"</small>		PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7
	Given Name								
	Surname								
P21	DOES THE PERSON EVER NEED SOMEONE TO HELP WITH, OR BE WITH THEM FOR SELF CARE ACTIVITIES <small>FOR EXAMPLE DOING EVERYDAY ACTIVITIES SUCH AS EATING, SHOWERING, DRESSING OR TOILETING</small>	1. Yes, always 2. Yes, sometimes 3. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P22	DOES THE PERSON EVER NEED SOMEONE TO HELP WITH OR BE WITH THEM FOR, BODY MOVEMENT ACTIVITIES? <small>FOR EXAMPLE, GETTING OUT OF BED, MOVING AROUND AT HOME OR AT PLACES AWAY FROM HOME</small>	1. Yes, always 2. Yes, sometimes 3. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P23	DOES THE PERSON EVER NEED SOMEONE TO HELP WITH OR BE WITH THEM FOR, COMMUNICATION ACTIVITIES? <small>FOR EXAMPLE, UNDERSTANDING OR BEING UNDERSTOOD BY OTHERS</small>	1. Yes, always 2. Yes, sometimes 3. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P24	WHAT ARE THE REASONS FOR THE NEED OF ASSISTANCE OR SUPERVISION SHOWN IN QUESTIONS P21, P22, P23? <small>ENTER ALL APPLICABLE REASONS</small>	1. No need for help or assistance 2. Short tem health condition (lasting less than six months) 3. Long term health condition (lasting six months or more) 4. Disability (lasting six months or more) 5. Old or young age 6. Difficulty with English language 7. Other cause	1: <input type="checkbox"/> Yes <input type="checkbox"/> No 2: <input type="checkbox"/> Yes <input type="checkbox"/> No 3: <input type="checkbox"/> Yes <input type="checkbox"/> No 4: <input type="checkbox"/> Yes <input type="checkbox"/> No 5: <input type="checkbox"/> Yes <input type="checkbox"/> No 6: <input type="checkbox"/> Yes <input type="checkbox"/> No 7: <input type="checkbox"/> Yes <input type="checkbox"/> No	1: <input type="checkbox"/> Yes <input type="checkbox"/> No 2: <input type="checkbox"/> Yes <input type="checkbox"/> No 3: <input type="checkbox"/> Yes <input type="checkbox"/> No 4: <input type="checkbox"/> Yes <input type="checkbox"/> No 5: <input type="checkbox"/> Yes <input type="checkbox"/> No 6: <input type="checkbox"/> Yes <input type="checkbox"/> No 7: <input type="checkbox"/> Yes <input type="checkbox"/> No	1: <input type="checkbox"/> Yes <input type="checkbox"/> No 2: <input type="checkbox"/> Yes <input type="checkbox"/> No 3: <input type="checkbox"/> Yes <input type="checkbox"/> No 4: <input type="checkbox"/> Yes <input type="checkbox"/> No 5: <input type="checkbox"/> Yes <input type="checkbox"/> No 6: <input type="checkbox"/> Yes <input type="checkbox"/> No 7: <input type="checkbox"/> Yes <input type="checkbox"/> No	1: <input type="checkbox"/> Yes <input type="checkbox"/> No 2: <input type="checkbox"/> Yes <input type="checkbox"/> No 3: <input type="checkbox"/> Yes <input type="checkbox"/> No 4: <input type="checkbox"/> Yes <input type="checkbox"/> No 5: <input type="checkbox"/> Yes <input type="checkbox"/> No 6: <input type="checkbox"/> Yes <input type="checkbox"/> No 7: <input type="checkbox"/> Yes <input type="checkbox"/> No	1: <input type="checkbox"/> Yes <input type="checkbox"/> No 2: <input type="checkbox"/> Yes <input type="checkbox"/> No 3: <input type="checkbox"/> Yes <input type="checkbox"/> No 4: <input type="checkbox"/> Yes <input type="checkbox"/> No 5: <input type="checkbox"/> Yes <input type="checkbox"/> No 6: <input type="checkbox"/> Yes <input type="checkbox"/> No 7: <input type="checkbox"/> Yes <input type="checkbox"/> No	1: <input type="checkbox"/> Yes <input type="checkbox"/> No 2: <input type="checkbox"/> Yes <input type="checkbox"/> No 3: <input type="checkbox"/> Yes <input type="checkbox"/> No 4: <input type="checkbox"/> Yes <input type="checkbox"/> No 5: <input type="checkbox"/> Yes <input type="checkbox"/> No 6: <input type="checkbox"/> Yes <input type="checkbox"/> No 7: <input type="checkbox"/> Yes <input type="checkbox"/> No	1: <input type="checkbox"/> Yes <input type="checkbox"/> No 2: <input type="checkbox"/> Yes <input type="checkbox"/> No 3: <input type="checkbox"/> Yes <input type="checkbox"/> No 4: <input type="checkbox"/> Yes <input type="checkbox"/> No 5: <input type="checkbox"/> Yes <input type="checkbox"/> No 6: <input type="checkbox"/> Yes <input type="checkbox"/> No 7: <input type="checkbox"/> Yes <input type="checkbox"/> No
P25	WHAT IS THIS PERSON'S USUAL OR MAIN ACTIVITY? <small>ENTER EITHER 1, 2, 3, 4, 5 OR 6. IF ENTERED 6, PLEASE SPECIFY ACTIVITY</small>	1. Working in job, business or farm 2. Engaged in unpaid home duties 3. Child not attending primary or secondary level school 4. Student at primary or secondary level school 5. Retired 6. Other activity (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P26	FOR EACH FEMALE, HOW MANY BABIES HAS SHE EVER GIVEN BIRTH TO? • INCLUDE LIVE BIRTHS ONLY • EXCLUDE ADOPTED, FOSTER AND STEP CHILDREN		[] Number of births [] None	[] Number of births [] None	[] Number of births [] None	[] Number of births [] None	[] Number of births [] None	[] Number of births [] None	[] Number of births [] None

IF THE PERSON IS UNDER 15 YEARS OF AGE, ANSWER NO MORE QUESTIONS ABOUT THIS PERSON IN THE NEXT SET OF QUESTIONS (P27 TO P44)

CONFIDENTIAL
PLEASE COMPLETE ONE COLUMN
FOR EACH PERSON

HOUSEHOLDER'S SCHEDULE
NORFOLK ISLAND CENSUS OF POPULATION AND HOUSING; 9th AUGUST 2011



		PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7
P1	WHAT IS THIS PERSON'S NAME NAME OF EACH PERSON WHO SPEND THE NIGHT OF 9 th AUGUST 2011 IN THIS HOUSEHOLD (INCLUDE ANY PERSON WHO WAS IN NORFOLK ON CENSUS NIGHT AND RETURNED TO THIS HOUSEHOLD ON TUESDAY 9 th AUGUST 2011; RECORD DETAILS OF ALL ADULTS, CHILDREN AND BABIES (INCLUDING VISITORS) WHO SPENT THE NIGHT OF 9 th AUGUST 2011 IN THIS HOUSEHOLD; ENTER HEAD OF HOUSEHOLD AS "PERSON 1"	Given Name						
		Surname						
P27	WHAT IS THE HIGHEST LEVEL OF EDUCATION THIS PERSON HAS COMPLETED?	1. Secondary 2. Trade Certificate 3. Associate Diploma 4. BA 5. MA 6. PhD 7. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P28	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 AND BECAUSE OF SICKNESS, HOLIDAY ETC ANSWER "YES" • ANSWER "YES" EVEN IF THE PERSON WAS WORKING ONLY PART TIME OR HELPING WITHOUT PAY IN A FAMILY BUSINESS • IF THIS PERSON WAS UNEMPLOYED OR DID NOT WORK OR DID ONLY UNPAID HOUSEWORK, ANSWER "NO"	1. Yes 2. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P29	WHAT TYPE OF WORK/ACTIVITY DOES THIS PERSON USUALLY DO? • IF ENTERED 8, PLEASE SPECIFY IN THE BOX PROVIDED	1. Public Service employee 2. Private sector employee 3. Employer 4. Self employed 5. Voluntary work 6. Unpaid Family work 7. Retired 8. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P30	WHAT IS THIS PERSON'S MAIN OCCUPATION IN THE LAST WEEK • FOR EXAMPLE, HOUSEKEEPER, STOREMAN, TRUCK DRIVER, ELECTRICAL FITTER, ACCOUNTANT, NURSE, TEACHER ETC OR GOVERNMENT DESIGNATION	<i>Insert name of occupation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P31	WHAT IS THE MAIN ACTIVITY OF THE WORKPLACE (INDUSTRY)? • FOR EXAMPLE MANUFACTURING, IMPORTING FOR, SELLING TO, CATERING FOR NEEDS OF TOURISTS AND VISITORS	<i>Insert name of activity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P32	HOW MANY HOURS DID THIS PERSON ACTUALLY WORK LAST WEEK?	1. Did not work 2. Less than 5 hours 3. Between 5 and 14 hours 4. Between 15 and 29 hours 5. 30 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P33	DOES THE PERSON'S BUSINESS EMPLOY PEOPLE? ENTER ONLY ONE OPTION AS APPROPRIATE	1. No, no employees 2. Yes, 1-19 employees 3. Yes, 20 or more employees 4. Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P34	HOW DID THE PERSON GET TO WORK ON TUESDAY, 9th AUGUST 2011? • ENTER ONLY ONE OPTION THAT APPLIES.	1. Car - as driver 2. Car as passenger 3. Truck 4. Motorbike/motor scooter 5. Bicycle 6. Walked only 7. Worked at home 8. Did not go to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONFIDENTIAL

PLEASE COMPLETE ONE COLUMN FOR EACH PERSON

HOUSEHOLDER'S SCHEDULE

NORFOLK ISLAND CENSUS OF POPULATION AND HOUSING; 9th AUGUST 2011



	WHAT IS THIS PERSON'S NAME NAME OF EACH PERSON WHO SPEND THE NIGHT OF 9 th AUGUST 2011 IN THIS HOUSEHOLD (INCLUDE ANY PERSON WHO WAS IN NORFOLK ON CENSUS NIGHT AND RETURNED TO THIS HOUSEHOLD ON TUESDAY 9 th AUGUST 2011; RECORD DETAILS OF ALL ADULTS, CHILDREN AND BABIES (INCLUDING VISITORS) WHO SPENT THE NIGHT OF 9 th AUGUST 2011 IN THIS HOUSEHOLD; ENTER HEAD OF HOUSEHOLD AS "PERSON 1"		PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7
P1		Given Name							
		Surname							
P35	DID THIS PERSON ACTIVELY LOOK FOR WORK IN THE LAST 4 WEEKS? • "LOOKING FOR WORK" MEANS PLACING OR ANSWERING ADVERTISEMENTS, APPROACHING PROSPECTIVE EMPLOYERS, WRITING LETTERS OF APPLICATION OR AWAITING RESULTS OF RECENT APPLICATIONS	1. Yes 2. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P36	ARE YOU ON THE CIRCA EMPLOYMENT REGISTRY?	1. Yes 2. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P37	IN THE LAST WEEK DID THE PERSON SPEND TIME DOING UNPAID DOMESTIC WORK FOR THISHOUSEHOLD? • INCLUDE ALL HOUSEWORK, FOOD/DRINK PREPARATION AND CLEANUP, LAUNDRY, GARDENING, HOME MAINTENANCE AND REPAIRS, HOUSEHOLD SHOPPING AND FINANCIAL MANAGEMENT	1. No, did not do any unpaid domestic work in the last week 2. Yes, less than 5 hours 3. Yes, 5 to 14 hours 4. Yes, 15 to 29 hours 5. Yes, 30 hours or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P38	IN THE LAST TWO WEEKS DID THE PERSON SPEND TIME PROVIDING UNPAID CARE, HELP OR ASSISTANCE TO FAMILY MEMBERS OR OTHERS BECAUSE OF DISABILITY, A LONG TERM ILLNESS OR PROBLEMS RELATED TO OLD AGE? • RECIPIENTS OF CARER ALLOWANCE OR CARER PAYMENTS SHOULD STATE THAT THEY PROVIDED UNPAID CARE • AD HOC HELP OR ASSISTANCE, SUCH AS SHOPPING, SHOULD ONLY BE INCLUDED IF THE PERSON NEEDS THIS SORT OF ASSISTANCE • DO NOT INCLUDE WORK DONE THROUGH A VOLUNTARY ORGANIZATION OR GROUP	1. No, did not provide unpaid care, help or assistance 2. Yes, provided unpaid care, help or assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P39	IN THE LAST TWO WEEKS DID THE PERSON SPEND TIME LOOKING AFTER A CHILD, WITHOUT PAY? • ONLY INCLUDE CHILDREN WHO WERE LESS THAN 15 YEARS OF AGE	1. No 2. Yes, looked after my own child 3. Yes, looked after a child other than my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P40	IN THE LAST TWELVE MONTHS DID THE PERSON SPEND ANY TIME DOING VOLUNTARY WORK THROUGH AN ORGANIZATION? • EXCLUDE ANYTHING YOU DO AS PART OF YOUR PAID EMPLOYMENT OR TO QUALIFY FOR A GOVERNMENT BENEFIT • EXCLUDE WORKING IN A FAMILY BUSINESS	1. No, did not do voluntary work 2. Yes, did voluntary work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P41	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 INCOME ON AN ANNUAL BASIS • DO NOT DEDUCT TAX, SUPERANNUATION, LIFE OR HEALTH INSURANCE, ETC		No Income <input type="checkbox"/>	No Income <input type="checkbox"/>	No Income <input type="checkbox"/>	No Income <input type="checkbox"/>	No Income <input type="checkbox"/>	No Income <input type="checkbox"/>	No Income <input type="checkbox"/>
P42A	WAGES AND OR SALARIES (INCLUDING OVERTIME TIPS, BONUSES, OR ALLOWANCES BY EMPLOYER • ENTER EITHER WEEKLY OR ANNUAL WAGES AND SALARIES	<i>Insert weekly OR annual income on wages and salaries</i>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>
P42B	BUSINESS, PROFESSIONAL OR FARM INCOME (LESS EXPENSES OF OPERATION) •	<i>Insert weekly OR annual income on business, professional or farm income</i>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>
P42C	ALL OTHER INCOME • <i>Income including interest, dividends, rent, royalties, profit from sale, pension, endowments, superannuation, gratuities, gifts etc</i>	<i>Insert weekly OR annual income on "all other income"</i>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>	\$ per week: <input type="text"/> \$ per annum: <input type="text"/>

CONFIDENTIAL

PLEASE COMPLETE EACH COLUMN ON DWELLING QUESTIONS

**HOUSEHOLDER'S SCHEDULE
NORFOLK ISLAND CENSUS OF POPULATION AND HOUSING; 9th AUGUST 2011**



THIS DWELLING IS THE PLACE (HOUSE, FLAT, ETC) IN WHICH YOUR HOUSEHOLD SPEND THE CENSUS NIGHT OF TUESDAY, 9th AUGUST 2011

PLEASE ANSWER QUESTIONS ON THIS DWELLING
THE NEXT SET OF QUESTIONS (H1 – H15) RELATES TO YOUR DWELLING. THIS SHOULD PREFERABLY BE ANSWERED BY THE HEAD OF THE HOUSEHOLD

H1	H2	H3	H4	H5	H6	H7	H8	H9	H10	H11	H12	H13	H14	H15																						
<p>ARE THERE ANY PERSONS WHO USUALLY LIVE IN THIS DWELLING WHO WERE ABSENT ON CENSUS NIGHT (TUESDAY, 9th AUGUST 2011)?</p> <p>1. "Usually live" means that the address at which the person has lived or intends to live for a total six months or more in 2011</p> <p>1. Yes, someone absent 2. No, no-one absent</p> <p>ENTER EITHER 1 OR 2 IN THE BOX BELOW</p> <p>[]</p> <p>If YES above, state the reason for absent in the box provided below</p> <p>[]</p>	<p>TYPE OF DWELLING?</p> <p>1. House 2. Tourist Accommodation 3. Flat 4. Other</p> <p>ENTER EITHER 1, 2, 3, 4 OR 5 IN THE BOX BELOW FOR EACH COLUMN</p> <table border="1"> <tr> <th>WALLS</th> <th>FLOOR</th> <th>ROOF</th> </tr> <tr> <td>[]</td> <td>[]</td> <td>[]</td> </tr> </table>	WALLS	FLOOR	ROOF	[]	[]	[]	<p>WHAT IS THE MAIN MATERIAL USED FOR CONSTRUCTION OF THIS DWELLING:</p> <p>A. WALLS B. FLOOR C. ROOF</p> <p>1. Brick, brick veneer, stone 2. Concrete, Concrete Block 3. Timber 4. Fibro 5. Other</p> <p>ENTER EITHER 1, 2, 3, 4 OR 5 IN THE BOX BELOW FOR EACH COLUMN</p>	<p>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>1. Yes 2. No</p> <p>ENTER EITHER 1 OR 2 IN THE BOX BELOW</p> <p>[]</p> <p>If YES above, what is the size of the holding?</p> <p>1. One acre (0.4 hectares) or less 2. Greater than one acre (0.4 hectares)</p> <p>ENTER EITHER 1 OR 2 IN THE BOX BELOW</p> <p>[]</p>	<p>HOW MANY OF ROOMS IN THIS DWELLING ?</p> <ul style="list-style-type: none"> Count each room once only A room shared with another householder should be counted only by the principle householder Include a permanently enclosed sleep-out as a bedroom If this dwelling a one bedroom apartment or bed sitter DO NOT include as a bedroom but show as "other room" DO NOT count toilets, pantries, laundries, storerooms, garages, halls or corridors <table border="1"> <thead> <tr> <th>Number of Rooms</th> <th>Type of Room</th> </tr> </thead> <tbody> <tr> <td>[]</td> <td>Bed room(s)</td> </tr> <tr> <td>[]</td> <td>Combined Lounge/Dining Room</td> </tr> <tr> <td>[]</td> <td>Lounge</td> </tr> <tr> <td>[]</td> <td>Dining</td> </tr> <tr> <td>[]</td> <td>Kitchen</td> </tr> <tr> <td>[]</td> <td>Bathroom</td> </tr> <tr> <td>[]</td> <td>Other rooms (specify)</td> </tr> </tbody> </table> <p>For "other rooms" specify below</p> <p>[]</p>	Number of Rooms	Type of Room	[]	Bed room(s)	[]	Combined Lounge/Dining Room	[]	Lounge	[]	Dining	[]	Kitchen	[]	Bathroom	[]	Other rooms (specify)	<p>TYPE OF HOUSING TENURE?</p> <p>1. Own or have mortgage 2. Rent from private landlord 3. Subsidized rent 4. Rent free 5. Caretaker 6. Other</p> <p>ENTER EITHER 1, 2, 3, 4, 5 OR 6 IN THE BOX BELOW</p> <p>[]</p>	<p>WHAT IS THE MAIN METHOD OF SEWERAGE DISPOSAL</p> <p>1. Septic tank/ effluent trench 2. Septic tank/ holding tank 3. Water Assurance scheme 4. Other (specify)</p> <p>ENTER EITHER 1, 2, 3, OR 4 IN THE BOX BELOW</p> <p>[]</p>	<p>WHAT IS THE MAIN SOURCE OF WATER SUPPLY?</p> <p>1. Own rain water 2. Own groundwater 3. Purchased Water</p> <p>ENTER EITHER 1, 2, OR 3 IN THE BOX BELOW</p> <p>[]</p>	<p>WHAT IS THE MAIN SOURCE OF COOKING?</p> <p>1. Electricity 2. Gas 3. Wood 4. Solar 5. Other (specify)</p> <p>ENTER EITHER 1, 2, 3, 4 OR 5 IN THE BOX BELOW</p> <p>If ENTERED 5 BELOW PLEASE SPECIFY IN EXTRA BOX</p> <p>[]</p>	<p>WHAT IS THE MAIN SOURCE OF LIGHTING?</p> <p>1. Electricity 2. Gas 3. Wood 4. Solar 5. Other (specify)</p> <p>ENTER EITHER 1, 2, 3, 4 OR 5 IN THE BOX BELOW</p> <p>If ENTERED 5 BELOW PLEASE SPECIFY IN EXTRA BOX</p> <p>[]</p>	<p>WHAT IS THE MAIN SOURCE OF ROOM HEATING?</p> <p>1. Electricity 2. Gas 3. Wood 4. Solar 5. Other (specify)</p> <p>ENTER EITHER 1, 2, 3, 4 OR 5 IN THE BOX BELOW</p> <p>If ENTERED 5 BELOW PLEASE SPECIFY IN EXTRA BOX</p> <p>[]</p>	<p>WHAT IS THE MAIN SOURCE WATER HEATING?</p> <p>1. Electricity 2. Gas 3. Wood 4. Solar 5. Other (specify)</p> <p>ENTER EITHER 1, 2, 3, 4 OR 5 IN THE BOX BELOW</p> <p>If ENTERED 5 BELOW PLEASE SPECIFY IN EXTRA BOX</p> <p>[]</p>	<p>HOW MANY REGISTERED AND UNREGISTERED MOTOR VEHICLES OWNED OR USED BY RESIDENTS OF THIS DWELLING</p> <p>WERE GARAGED OR UNREGISTERED NEAR THIS DWELLING ON CENSUS NIGHT (TUESDAY, 9th AUGUST 2011)</p> <ul style="list-style-type: none"> Include vans and company vehicles kept at home Exclude motor bikes or motor scooters <p>No. of registered vehicles []</p> <p>No. of unregistered vehicles []</p> <p>[] None</p>	<p>CAN THE INTERNET BE ACCESSED AT THIS DWELLING?</p> <p>1. Include any Internet service regardless of whether or not paid for by the household</p> <p>If more than one type of connection in dwelling, mark most frequently used type</p> <p>1. No internet connection 2. Yes, broadband connection (including ADSL, Cable, Wireless and satellite connections) 3. Yes, dial up connection (including analog modem and ISDN connections) 4. Other (include internet access through mobile phones etc)</p> <p>ENTER EITHER 1, 2, 3 OR 4 IN THE BOX BELOW</p> <p>[]</p>	<p>DOES EACH PERSON IN THIS HOUSEHOLD AGREE TO HIS/HER NAME AND ADDRESS AND OTHER INFORMATION ON THIS FORM BEING STORED AND THEN MADE PUBLICLY AVAILABLE AFTER 99 YEARS?</p> <p>Answering this question is OPTIONAL</p> <p>1. Yes, agrees for person 1 2. No, does not agree for person 1 3. Yes, agrees for person 2 4. No, does not agree for person 2 5. Yes, agrees for person 3 6. No, does not agree for person 3 7. Yes, agrees for person 4 8. No, does not agree for person 4 9. Yes, agrees for person 5 10. No, does not agree for person 5 11. Yes, agrees for person 6 12. No, does not agree for person 6 13. Yes, agrees for person 7 14. No, does not agree for person 7</p> <p>Tick box (s) that apply.</p> <p>1: [] 2: [] 3: [] 4: [] 5: [] 6: [] 7: [] 8: [] 9: [] 10: [] 11: [] 12: [] 13: [] 14: []</p>
WALLS	FLOOR	ROOF																																		
[]	[]	[]																																		
Number of Rooms	Type of Room																																			
[]	Bed room(s)																																			
[]	Combined Lounge/Dining Room																																			
[]	Lounge																																			
[]	Dining																																			
[]	Kitchen																																			
[]	Bathroom																																			
[]	Other rooms (specify)																																			