

To the Head or Joint Heads or members of the Household

The census provides reliable statistical information about people and households. The information helps the States plan and run services and to distribute resources to best effect.

There is a legal obligation to complete this form and any person knowingly supplying false information or refusing to complete the form is liable to prosecution and a fine or conviction.

Your answers will be treated in the strictest confidence and will be used only for statistical purposes. No information on identified individuals or households will be passed to anyone outside the Census organisations.

If any member of the household who is aged 15 or over does not wish you or other members of the household to see his or her personal information, please ask the Enumerator for a separate form and an envelope. The Enumerator will then explain how to proceed.

Please have the completed form ready for collection by the Enumerator who will call on Monday 22nd April or soon after.

F. N. LE CHEMINANT
 Chief Registrar

Please read these instructions before filling in the form

Check **Panel B**.

Answer questions **H1** and **H2** on **this page** and **H3** to **H5** on the **back page** about your household and the rooms which it occupies.

A Household:

A household comprises either one person living alone or a group of persons (not necessarily related) living at the same address with common housekeeping – that is, sharing at least one meal a day or sharing a living room or sitting room.

Persons staying temporarily with the household are included.

If there is more than one household in this building, answer for your household only.

When you have answered the household questions, answer the questions on the **inside pages** about each member of your household.

Then complete **Panel C** and **Panel D** on the back page.

Answer each question by **ticking the appropriate box or boxes** where they are provided.

Please use **ink or ball point pen**.

Panel A
 To be completed by the Enumerator

Serial Number

Parish E.D. Dwelling Household Present

Census Night

If not a private household otherwise name

H1 Rooms

Please count the number of rooms your household has for its own use.

Do not count: small kitchens under 2 metres (6 feet 6 inches) wide
 bathrooms
 toilets

Do count: living rooms
 bedrooms
 kitchens at least 2 metres (6 feet 6 inches) wide
 all other rooms in your accommodation

Total number of rooms is

Panel B
 To be completed by the Enumerator and amended, if necessary, by the person(s) signing this form.

Tick one box to show the type of accommodation which this household occupies.

A caravan or other mobile or temporary structure 1

A whole house or bungalow that is

- detached 2
- semi-detached 3
- terraced (includes end of terrace) 4

The whole of a purpose built flat or maisonette

- in a commercial building (for example in an office building or hotel or over a shop) 5
- in a block of flats or tenement 6

Part of a converted or shared house or flat

- separate entrance into the building 7
- shared entrance into the building 8

H2 Accommodation
 If box 7 or box 8 in Panel A is ticked, tick one box below to show the type of accommodation which your household occupies.

A one roomed flatlet
 with private bath or shower, WC and kitchen facilities. 1

One room or bedsit, not self contained
 (to move from your room to bathroom, WC or kitchen facility you have to use a hall, landing or stairway open to other household(s)). 2

A self-contained flat or accommodation with 2 or more rooms,
 having bath or shower, WC and kitchen facilities all behind its own private door. 3

2 or more rooms not self-contained
 (to move between rooms or to bathroom, WC, or kitchen facilities you have to use a hall, landing or stairway open to other household(s)). 4

1-3 Name, sex and date of birth of persons to be included

Important please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ all persons who spend census night (21-22 April) in this household.
- ▶ any other persons who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if you know they are being included on another census form elsewhere.
- ▶ anyone who is a visitor who spends the Census night in the household
- ▶ persons living temporarily with the household on census night.
- ▶ any newly born baby born before the 22 April, even if still in hospital. If not yet given a name write **BABY** and the surname.

Write the names in **BLOCK CAPITALS** starting with the head or joint head of household

4 Marital status

On the 21 April what is this person's marital status?

If separated but not divorced please tick 'Married (first marriage)' or 'Re-married' as appropriate.

Please tick one box.

5 Relationship in household

Tick the box which indicates the relationship of each person to the person in the first column.

A step child or adopted child should be included as the son or daughter of the step or adoptive parent.

Write in relationship of 'Other relative' - for example, father, daughter-in-law, niece, uncle, cousin.

Write in position in household of an 'Unrelated' person for example, boarder, housekeeper, friend, flatmate, foster child.

6 Whereabouts on night of 21-22 April 1991

Please tick the appropriate box to indicate where the person was on the night of 21-22 April 1991.

7 Usual address

If the person usually lives here please tick 'This address'. If not tick 'Elsewhere' and write in the person's usual address.

A person who is working, including contract work, or seeking work in Guernsey should put their Guernsey address.

A person visiting Guernsey for one month or more should put their Guernsey address

For students and children away from home during term time, the home address should be taken as the usual address.

8 Usual address one year ago

If the person's usual address one year ago, on the 21 April 1990, was the same as his/her current usual address (given in answer to question 7), please tick 'Same'. If not, tick 'Different' and write the usual address one year ago.

If everyone on the form has moved from the same address, please write the address in full for the first person and indicate with an arrow that this applies to the other people on the form.

For a child born since the 21 April 1990, tick 'Child under one'.

Person No. 1

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Single (never married) 1
Married (first marriage) 2
Re-married 3
Legally separated 4
Divorced (decree absolute) 5
Widowed 6

Person No. 2

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Single (never married) 1
Married (first marriage) 2
Re-married 3
Legally separated 4
Divorced (decree absolute) 5
Widowed 6

Relationship to Person No. 1

Husband or wife 1
Living together as a couple 2
Son or daughter 3
Other relative
please specify

Unrelated
please specify

At this address, out on night work or travelling to this address 1
Elsewhere in Guernsey 2
Absent/outside Guernsey 3

At this address, out on night work or travelling to this address 1
Elsewhere in Guernsey 2
Absent/outside Guernsey 3

This address
Elsewhere

If elsewhere, please write the person's usual address below in **BLOCK CAPITALS**

This address
Elsewhere

If elsewhere, please write the person's usual address below in **BLOCK CAPITALS**

Same as question 7
Different
Child under one

If different, please write the person's address on the 21 April 1990 below in **BLOCK CAPITALS**

Same as question 7
Different
Child under one

If different, please write the person's address on the 21 April 1990 below in **BLOCK CAPITALS**

Person No. 3

Name and surname

Sex Male 1
Female 2

Date of birth Day Month Year

Person No. 4

Name and surname

Sex Male 1
Female 2

Date of birth Day Month Year

Person No. 5

Name and surname

Sex Male 1
Female 2

Date of birth Day Month Year

Person No. 6

Name and surname

Sex Male 1
Female 2

Date of birth Day Month Year

Single (never married) 1
Married (first marriage) 2
Re-married 3
Legally separated 4
Divorced (decree absolute) 5
Widowed 6

Single (never married) 1
Married (first marriage) 2
Re-married 3
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Single (never married) 1
Married (first marriage) 2
Re-married 3
Legally separated 4
Divorced (decree absolute) 5
Widowed 6

Single (never married) 1
Married (first marriage) 2
Re-married 3
Legally separated 4
Divorced (decree absolute) 5
Widowed 6

Relationship to Person No. 1

Husband or wife 1
Living together as a couple 2
Son or daughter 3
Other relative *please specify*

Unrelated *please specify*

Relationship to Person No. 1

Husband or wife 1
Living together as a couple 2
Son or daughter 3
Other relative *please specify*

Unrelated *please specify*

Relationship to Person No. 1

Husband or wife 1
Living together as a couple 2
Son or daughter 3
Other relative *please specify*

Unrelated *please specify*

Relationship to Person No. 1

Husband or wife 1
Living together as a couple 2
Son or daughter 3
Other relative *please specify*

Unrelated *please specify*

At this address, out on night work or travelling to this address 1
Elsewhere in Guernsey 2
Absent/outside Guernsey 3

At this address, out on night work or travelling to this address 1
Elsewhere in Guernsey 2
Absent/outside Guernsey 3

At this address, out on night work or travelling to this address 1
Elsewhere in Guernsey 2
Absent/outside Guernsey 3

At this address, out on night work or travelling to this address 1
Elsewhere in Guernsey 2
Absent/outside Guernsey 3

This address
Elsewhere

If elsewhere, please write the person's usual address below in **BLOCK CAPITALS**

This address
Elsewhere

If elsewhere, please write the person's usual address below in **BLOCK CAPITALS**

This address
Elsewhere

If elsewhere, please write the person's usual address below in **BLOCK CAPITALS**

This address
Elsewhere

If elsewhere, please write the person's usual address below in **BLOCK CAPITALS**

Same as question 7
Different
Child under one

If different, please write the person's address on the 21 April 1990 below in **BLOCK CAPITALS**

Same as question 7
Different
Child under one

If different, please write the person's address on the 21 April 1990 below in **BLOCK CAPITALS**

Same as question 7
Different
Child under one

If different, please write the person's address on the 21 April 1990 below in **BLOCK CAPITALS**

Same as question 7
Different
Child under one

If different, please write the person's address on the 21 April 1990 below in **BLOCK CAPITALS**

1-3 Name, sex and date of birth of persons to be included

Important please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ all persons who spend census night (21-22 April) in this household.
- ▶ any other persons who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if you know they are being included on another census form elsewhere.
- ▶ anyone who is a visitor who spends the Census night in the household
- ▶ persons living temporarily with the household on census night.
- ▶ any newly born baby born before the 22 April, even if still in hospital. If not yet given a name write BABY and the surname.

Write the names in BLOCK CAPITALS starting with the

Person No. 1

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Person No. 2

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

9 When you last came to Guernsey

If seeking work or a visitor put your DATE OF ARRIVAL (Day, month, year).
If you have lived in Guernsey for over five years, put your year of arrival only.
If resident since birth put date of birth.
If resident since before being evacuated for the Occupation put 1945.

Day Month Year

Day Month Year

10 Years in Guernsey

If continuously present since birth, enter year of birth and 1991.
Specify each period of residence if you have ever been out of Guernsey for 9 or more continuous months since first taking up residence (e.g. during the German Occupation)

Period YEAR TO YEAR

1st From

2nd From

3rd From

4th From

5th From

Period YEAR TO YEAR

1st From

2nd From

3rd From

4th From

5th From

11 Country of birth

Put a tick in the appropriate box

Guernsey, Herm, Jethou 1
Alderney 2
Sark 3
Jersey 4
England 5
Scotland 6
Wales 7
Northern Ireland 8
Republic of Ireland 9
Other, please specify

Guernsey, Herm, Jethou 1
Alderney 2
Sark 3
Jersey 4
England 5
Scotland 6
Wales 7
Northern Ireland 8
Republic of Ireland 9
Other, please specify

12 Schooling

Was this person at school in Guernsey on or near their 14th birthday?

Yes 1
No 2

Person currently under 14 3

Yes 1
No 2

Person currently under 14 3

13 Daily journey to work/school

Please tick the appropriate box to show how the longest part, by distance, of the person's daily journey to work and school is normally made.

For a person using different means of transport on different days show the means most often used.

Public Service Bus 1
School Bus 2
Private Hire Bus, Minibus or Taxi 3
Motor cycle, scooter, moped 4
Driving a car or van 5
Passenger in car or van 6
Pedal cycle 7
On foot 8
Works mainly at home 9
Other, please specify

Public Service Bus 1
School Bus 2
Private Hire Bus, Minibus or Taxi 3
Motor cycle, scooter, moped 4
Driving a car or van 5
Passenger in car or van 6
Pedal cycle 7
On foot 8
Works mainly at home 9
Other, please specify

Person No. 3

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Person No. 4

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Person No. 5

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Person No. 6

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Day Month Year

Day Month Year

Day Month Year

Day Month Year

Period YEAR TO YEAR

1st From

2nd From

3rd From

4th From

5th From

Period YEAR TO YEAR

1st From

2nd From

3rd From

4th From

5th From

Period YEAR TO YEAR

1st From

2nd From

3rd From

4th From

5th From

Period YEAR TO YEAR

1st From

2nd From

3rd From

4th From

5th From

Guernsey, Herm, Jethou 1
Alderney 2
Sark 3
Jersey 4
England 5
Scotland 6
Wales 7
Northern Ireland 8
Republic of Ireland 9
Other, please specify

Guernsey, Herm, Jethou 1
Alderney 2
Sark 3
Jersey 4
England 5
Scotland 6
Wales 7
Northern Ireland 8
Republic of Ireland 9
Other, please specify

Guernsey, Herm, Jethou 1
Alderney 2
Sark 3
Jersey 4
England 5
Scotland 6
Wales 7
Northern Ireland 8
Republic of Ireland 9
Other, please specify

Guernsey, Herm, Jethou 1
Alderney 2
Sark 3
Jersey 4
England 5
Scotland 6
Wales 7
Northern Ireland 8
Republic of Ireland 9
Other, please specify

Yes 1
No 2

Person currently under 14 3

Yes 1
No 2

Person currently under 14 3

Yes 1
No 2

Person currently under 14 3

Yes 1
No 2

Person currently under 14 3

Public Service Bus 1
School Bus 2
Private Hire Bus, Minibus or Taxi 3
Motor cycle, scooter, moped 4
Driving a car or van 5
Passenger in car or van 6
Pedal cycle 7
On foot 8
Works mainly at home 9
Other, please specify

Public Service Bus 1
School Bus 2
Private Hire Bus, Minibus or Taxi 3
Motor cycle, scooter, moped 4
Driving a car or van 5
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Pedal cycle 7
On foot 8
Works mainly at home 9
Other, please specify

Public Service Bus 1
School Bus 2
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Motor cycle, scooter, moped 4
Driving a car or van 5
Passenger in car or van 6
Pedal cycle 7
On foot 8
Works mainly at home 9
Other, please specify

Public Service Bus 1
School Bus 2
Private Hire Bus, Minibus or Taxi 3
Motor cycle, scooter, moped 4
Driving a car or van 5
Passenger in car or van 6
Pedal cycle 7
On foot 8
Works mainly at home 9
Other, please specify

1-3 Name, sex and date of birth of persons to be included

Important please read the notes before answering the questions.

In answering the rest of the questions please include:

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- ▶ persons living temporarily with the household on census night.
- ▶ any newly born baby born before the 22 April, even if still in hospital. If not yet given a name write **BABY** and the surname.

Write the names in **BLOCK CAPITALS** starting with the

Person No. 1

Name and surname

Sex Male 1
Female 2

Date of birth

Day Month Year

Person No. 2

Name and surname

Sex Male 1
Female 2

Date of birth

Day Month Year

For those aged 15 and more – Activity Last Week

14 Whether working, retired, looking after the home, etc. last week.

Which of the following things was the person doing last week? Please tick the ones that apply.

Casual or temporary work should be included in boxes 1, 2 or 3. Also tick boxes 1, 2 or 3 if the person had a job last week but was off sick, on holiday, temporarily laid off or on strike.

Include persons wanting a job but prevented from looking by holiday or temporary sickness.

Do not count training given or paid for by an employer

Was working for an employer full time or part time (one hour or more per week) 1

Was self employed, employing other people 2

Was self employed not employing other people 3

Was on a States employment training scheme 4

Was unemployed and looking for a job 5

Was at school or in other full time education 6

Was unable to work because of long term continuous sickness or disability lasting over six months 7

Was retired from paid work 8

Was otherwise at home, e.g. looking after the home or family 9

Other, please specify

Was working for an employer full time or part time (one hour or more per week) 1

Was self employed, employing other people 2

Was self employed not employing other people 3

Was on a States employment training scheme 4

Was unemployed and looking for a job 5

Was at school or in other full time education 6

Was unable to work because of long term continuous sickness or disability lasting over six months 7

Was retired from paid work 8

Was otherwise at home, e.g. looking after the home or family 9

Other, please specify

Person No. 3

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Person No. 4

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Person No. 5

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Person No. 6

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Was working for an employer full time or part time (one hour or more per week) 1

Was self employed, employing other people 2

Was self employed not employing other people 3

Was on a States employment training scheme 4

Was unemployed and looking for a job 5

Was at school or in other full time education 6

Was unable to work because of long term continuous sickness or disability lasting over six months 7

Was retired from paid work 8

Was otherwise at home, e.g. looking after the home or family 9

Other, please specify

Was working for an employer full time or part time (one hour or more per week) 1

Was self employed, employing other people 2

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Other, please specify

Was working for an employer full time or part time (one hour or more per week) 1

Was self employed, employing other people 2

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Was on a States employment training scheme 4

Was unemployed and looking for a job 5

Was at school or in other full time education 6

Was unable to work because of long term continuous sickness or disability lasting over six months 7

Was retired from paid work 8

Was otherwise at home, e.g. looking after the home or family 9

Other, please specify

Was working for an employer full time or part time (one hour or more per week) 1

Was self employed, employing other people 2

Was self employed not employing other people 3

Was on a States employment training scheme 4

Was unemployed and looking for a job 5

Was at school or in other full time education 6

Was unable to work because of long term continuous sickness or disability lasting over six months 7

Was retired from paid work 8

Was otherwise at home, e.g. looking after the home or family 9

Other, please specify

Please turn over ►

1-3 Name, sex and date of birth of persons to be included

Important please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ all persons who spend census night (21-22 April) in this household.
- ▶ any other persons who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if you know they are being included on another census form elsewhere.
- ▶ anyone who is a visitor who spends the Census night in the household
- ▶ persons living temporarily with the household on census night.
- ▶ any newly born baby born before the 22 April, even if still in hospital. If not yet given a name write BABY and the surname.

Person No. 1	Person No. 2
Name and surname <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	Name and surname <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Sex Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
Date of birth Day Month Year <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	Date of birth Day Month Year <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>

Questions about present or previous employment

For persons, in a job last week, or having had a paid job within the last 10 years, complete questions 15 to 17 with respect to the current or most recent job.

15 Occupation

Give the full title of the person's present or last job and describe the main things he/she does or did in the job.

At part a. give the full title by which the job is known, for example: 'packing machinist'; 'poultry processor'; 'jig and tool fitter'; 'supervisor of typists'; 'accounts clerk' - rather than general titles like 'machinist'; 'process worker'; 'supervisor' or 'clerk'.

At part b. write down the main things the persons actually does or did in the job. If possible ask him/her to say what these things are and write them down.

If here on contract work please specify occupation and put contract work in brackets.

a. First job title <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	a. First job title <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
b. Main things done in first job. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	b. Main things done in first job. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
c. Second job title if applicable <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	c. Second job title if applicable <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
d. Main things done in second job <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	d. Main things done in second job <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

16 Name and business of employer (if self-employed give the name and nature of the person's business)

At part a., give the name of the employer. Give the trading name, if one is used. Do not use abbreviations or initials.

States' employees are asked to give the States' department for which they work (e.g. Board of Health).

If a non-Guernsey based employer, please specify country of employer in brackets.

a. Name of first employer <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	a. Name of first employer <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
b. Name of second employer if applicable <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	b. Name of second employer if applicable <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

17 Hours worked per week

How many hours usually worked per week?

If you worked last week put the hours worked last week

a. First job Number of hours worked per week <input style="width: 30px;" type="text"/>	a. First job Number of hours worked per week <input style="width: 30px;" type="text"/>
b. Second job Number of hours worked per week <input style="width: 30px;" type="text"/>	b. Second job Number of hours worked per week <input style="width: 30px;" type="text"/>
c. Other job(s) Number of hours worked per week <input style="width: 30px;" type="text"/>	c. Other job(s) Number of hours worked per week <input style="width: 30px;" type="text"/>

Person No. 3

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Person No. 4

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Person No. 5

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

Person No. 6

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

a. First job title

b. Main things done in first job.

c. Second job title if applicable

d. Main things done in second job

a. Name of first employer

b. Name of second employer if applicable

a. First job
Number of hours worked per week

b. Second job
Number of hours worked per week

c. Other job(s)
Number of hours worked per week

a. First job title

b. Main things done in first job.

c. Second job title if applicable

d. Main things done in second job

a. Name of first employer

b. Name of second employer if applicable

a. First job
Number of hours worked per week

b. Second job
Number of hours worked per week

c. Other job(s)
Number of hours worked per week

a. First job title

b. Main things done in first job.

c. Second job title if applicable

d. Main things done in second job

a. Name of first employer

b. Name of second employer if applicable

a. First job
Number of hours worked per week

b. Second job
Number of hours worked per week

c. Other job(s)
Number of hours worked per week

a. First job title

b. Main things done in first job.

c. Second job title if applicable

d. Main things done in second job

a. Name of first employer

b. Name of second employer if applicable

a. First job
Number of hours worked per week

b. Second job
Number of hours worked per week

c. Other job(s)
Number of hours worked per week

1-3 Name, sex and date of birth of persons to be included

Important please read the notes before answering the questions.

In answering the rest of the questions please include:

- ▶ all persons who spend census night (21-22 April) in this household.
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- ▶ persons living temporarily with the household on census night.
- ▶ any newly born baby born before the 22 April, even if still in hospital. If not yet given a name write **BABY** and the surname.

Write the names in **BLOCK CAPITALS** starting with the

Person No. 1

Name and surname

--

Sex Male 1
Female 2

Date of birth
Day Month Year

--	--	--

Person No. 2

Name and surname

--

Sex Male 1
Female 2

Date of birth
Day Month Year

--	--	--

18 Health Insurance

Do you have **private** health insurance?

Do not count cover provided by States Insurance Authority.
Do not count holiday health insurance.

No 1
Yes, tick cover provided
General Practitioner only (Family doctor) 2
Specialist only (Surgeon, Obstetrician, Specialist Physician, etc.) 3
Both General and Specialist 4

No 1
Yes, tick cover provided
General Practitioner only (Family doctor) 2
Specialist only (Surgeon, Obstetrician, Specialist Physician, etc.) 3
Both General and Specialist 4

19 GCE/CSE/GCSE

Does the person possess CSE, GCE or GCSE school certificates or equivalent? If so, tick all relevant boxes. Equivalent includes school certificates, higher certificate, matriculation, etc., which preceded the GCE examinations.

No 1
CSE 2
GCSE 3
GCE O Level 4
GCE A Level 5
Other, please explain

No 1
CSE 2
GCSE 3
GCE O Level 4
GCE A Level 5
Other, please explain

20 Degrees professional and vocational qualifications

Has the person obtained any qualifications such as:

- degrees, diplomas, HNC, HND, BTECH
- nursing qualifications
- teaching qualifications
- graduate or corporate membership of professional institutions,
- other professional, educational or vocational qualifications, such as City and Guilds, RSA, Pitman?

Do not count qualifications normally obtained at school such as GCE, CSE, GCSE, SCE and school certificates.

If box 2 is ticked write in all qualifications even if they are not relevant to the person's present job or if the person is not working.

Please list the qualifications in the order in which they were obtained.

For persons with **school teaching qualifications** give the full title of the qualification, such as 'Certificate of Education' and the subject(s) which the person is qualified to teach. The subject 'education' should then only be shown if the course had no other subject specialisation.

If more than three, please enter in a spare column and link with an arrow.

NO - no such qualification 1
YES - give details 2

Title	
Subject(s)	
Year	
Institution	

Title	
Subject(s)	
Year	
Institution	

Title	
Subject(s)	
Year	
Institution	

NO - no such qualification 1
YES - give details 2

Title	
Subject(s)	
Year	
Institution	

Title	
Subject(s)	
Year	
Institution	

Title	
Subject(s)	
Year	
Institution	

Person No. 3

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

No 1
Yes, tick cover provided
General Practitioner only (Family doctor) 2
Specialist only (Surgeon Obstetrician, Specialist Physician, etc.) 3
Both General and Specialist 4

No 1
CSE 2
GCSE 3
GCE O Level 4
GCE A Level 5
Other, please explain

Empty form area for other qualifications

NO - no such qualification 1
YES - give details 2

Title
Subject(s)
Year
Institution

Title
Subject(s)
Year
Institution

Title
Subject(s)
Year
Institution

Person No. 4

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

No 1
Yes, tick cover provided
General Practitioner only (Family doctor) 2
Specialist only (Surgeon Obstetrician, Specialist Physician, etc.) 3
Both General and Specialist 4

No 1
CSE 2
GCSE 3
GCE O Level 4
GCE A Level 5
Other, please explain

Empty form area for other qualifications

NO - no such qualification 1
YES - give details 2

Title
Subject(s)
Year
Institution

Title
Subject(s)
Year
Institution

Title
Subject(s)
Year
Institution

Person No. 5

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

No 1
Yes, tick cover provided
General Practitioner only (Family doctor) 2
Specialist only (Surgeon Obstetrician, Specialist Physician, etc.) 3
Both General and Specialist 4

No 1
CSE 2
GCSE 3
GCE O Level 4
GCE A Level 5
Other, please explain

Empty form area for other qualifications

NO - no such qualification 1
YES - give details 2

Title
Subject(s)
Year
Institution

Title
Subject(s)
Year
Institution

Title
Subject(s)
Year
Institution

Person No. 6

Name and surname

Sex Male 1
Female 2

Date of birth
Day Month Year

No 1
Yes, tick cover provided
General Practitioner only (Family doctor) 2
Specialist only (Surgeon Obstetrician, Specialist Physician, etc.) 3
Both General and Specialist 4

No 1
CSE 2
GCSE 3
GCE O Level 4
GCE A Level 5
Other, please explain

Empty form area for other qualifications

NO - no such qualification 1
YES - give details 2

Title
Subject(s)
Year
Institution

Title
Subject(s)
Year
Institution

Title
Subject(s)
Year
Institution

H3 Tenure

Tick the box which best describes how you and your household occupy your accommodation.

If buying by stages from a Housing Association (under shared ownership, co-ownership or equity sharing scheme) answer as an owner-occupier.

As an owner-occupier:

- owning the property outright (no loan) 1
- buying a property through a
 - States Loan 2
 - Other Loan 3
 - Both 4

If your accommodation is occupied by lease originally granted for, or extended to more than 21 years, answer as an owner occupier. For shorter leases answer 'By renting'.

By renting, rent free or by lease:

- from States of Guernsey 5
- from a private landlord furnished 6
- from a private landlord unfurnished 7

In some other way:

- please give details 8

Private Landlords may be persons or companies or other organisations apart from those mentioned at 5, 6 or 7 above.

H4 Open or Local Market

Is the dwelling inscribed on the Housing Register (i.e. Open Market)?

- Yes (open market) 1
- No (local market) 2

H5 Amenities

Does your household – that is, you and any persons who usually live here with you – have the use of:

- a. A bath or shower?
- Yes – for use only by this household 1
 - Yes – for use also by another household 2
 - No – no bath or shower available 3

- b. A flush toilet (WC) with entrance inside the building?
- Yes – for use only by this household 1
 - Yes – for use also by another household 2
 - No – flush toilet with outside entrance only 3
 - No – no flush toilet indoors or outdoors 4

- c. Central heating in living rooms and bedrooms (including night storage heaters, warm air or under-floor heating) whether actually used or not?
- Yes – all living rooms and bedrooms centrally heated 1
 - Yes – some (not all) living rooms and bedrooms centrally heated 2
 - No – no living rooms or bedrooms centrally heated 3

H6 Cars and vans

Please tick the appropriate box to indicate the number of cars and vans normally available for use by you and members of your household (other than visitors).

- Include any car or van provided by employers if normally available for use by you or members of your household, but exclude vans used only for carrying goods
- None 0
- One 1
- Two 2
- Three or more 3

H7 Sewage Arrangements

Is your accommodation connected to a public sewer, a cesspit, a septic tank, or is there some other sewage arrangement?

- Public Sewer (connected after 1975)
- Public Sewer (connected prior to or during 1975)
- Communal Cesspit
- Individual Cesspit
- Communal Septic Tank
- Individual Septic Tank
- None of the above

Panel C

Was there anyone else (such as a visitor) here on the night of 21st April whom you have not included because there was no room on the form?

- No
- Yes

If yes ticked, please ask the Enumerator for another form

Have you left anyone out because you were not sure whether they should be included on the form?

- No
- Yes

If yes ticked, please give their name and address and the reason why you were not sure about including them

Name

Reason

Name

Reason

For office use only

Panel D

Before you sign the form will you please check

- that all questions which should have been answered have been answered for every member of your household
- that you have included everyone who spent the night of 21-22 April in your household
- that you have included everyone who usually lives here but was away from home on the night of 21-22 April
- that no visitors, boarders or newly born children, even if still in hospital, have been missed.

May the Enumerator telephone you if we have a query on your form? If so, please write your telephone number here

Telephone number

Declaration

This form is correctly completed to the best of my knowledge and belief.

Signatures (s)

Date

April 1991