

NOTE: Answer whichever of Questions 4 and 5 apply, then each of Questions 6, 7, and 8.

4. TYPE OF PRIVATE DWELLING(*):

- The typical private dwelling is a house, flat, or apartment. Other private accommodation (such as bed-sitting room) constitutes a separate private dwelling if self-contained at least in respect of sleeping, cooking, and dining facilities.
- An outbuilding or caravan on the same section as a private dwelling is a separate dwelling if self-contained in respect of sleeping, cooking, and dining facilities. If such a dwelling is occupied on Census night, then a separate Dwelling Questionnaire should be completed for it.

(A) TICK THE BOX WHICH BEST DESCRIBES THE DWELLING YOU OCCUPY ON CENSUS NIGHT:

Separate house (one household) not attached to any other dwelling <input type="checkbox"/> 1	House or flat attached to shop, offices, hotel, or other business premises <input type="checkbox"/> 2	House or flat whose cooking facilities are shared by 2 or more households who otherwise live separately in the house or flat <input type="checkbox"/> 3
House (one household) with 1 or more flats or other private dwellings attached <input type="checkbox"/> 4 †	Self-contained flat or apartment <input type="checkbox"/> 5 †	Town house, row house, villa unit <input type="checkbox"/> 6 †
Bach, crib, or hut (not in work-camp) <input type="checkbox"/> 7	Moveable home (e.g. caravan, houseboat) <input type="checkbox"/> 8	Other, including temporary or improvised (e.g. shed, tent) <input type="checkbox"/> 9

(B) IF YOU TICKED A BOX ABOVE WITH † ATTACHED, PLEASE ANSWER PARTS (i) AND (ii) BELOW:

(i) How many other houses, flats, or apartments are attached to or linked to this dwelling? *Tick box which applies:*

None 0 One 1 Two 2 Three or more 3

(ii) How many storeys are there in the building that contains this dwelling? *Tick box which applies:*

One 1 Two 2 Three or more 3

5. TYPE OF DWELLING IF OTHER THAN A PRIVATE DWELLING:

- Examples of the types of dwelling to which this question refers are hotels, motels, hospitals, school hostels, camps, boarding houses, ships and trains.
- Houses and self-contained flats situated in the grounds of an institution or permanent camp are to be regarded as separate private dwellings, and not as part of the institution or camp.

(A) TYPE OF DWELLING. Tick box which applies:

Hotel, motel, motor inn, private hotel, guest house <input type="checkbox"/> 10	Boarding house, rooming house <input type="checkbox"/> 11	Educational institution, or hostel attached to such <input type="checkbox"/> 12	Religious institution <input type="checkbox"/> 13
Hospital (public or private), convalescent home <input type="checkbox"/> 14	Home for the elderly <input type="checkbox"/> 15	Work-camp, construction camp <input type="checkbox"/> 17	Motor camp <input type="checkbox"/> 18
Other <input type="checkbox"/> → SPECIFY:	(e.g. Armed Forces camp or station, ship, shearers quarters, nurses home)		

(B) NAME OF INSTITUTION, CAMP, SHIP, HOTEL, MOTEL, ETC.: (If none, write NIL.)

6. PRINCIPAL MEANS OF COOKING: TICK BOX WHICH APPLIES:

Electric 1 Gas (mains) 2 Wood, coke, or coal 3 Other or nil → SPECIFY: (e.g. oil-fired, NIL)

7. TYPE OF HOT WATER SUPPLY(*): TICK BOX OR BOXES WHICH APPLY:

Electric 1 Gas (mains) 2 Wood, coke, or coal 3 Solar 5 Other or nil → SPECIFY: (e.g. oil-fired, NIL)

8. HEATING OF DWELLING:

TICK BOXES WHICH APPLY TO THE HEATING APPLIANCES USED TO HEAT THIS DWELLING DURING THE LAST TWELVE MONTHS:

ELECTRIC HEATER:	Portable bar, fan, etc., type <input type="checkbox"/> 10	Non-portable bar, fan, etc., type <input type="checkbox"/> 11	Wall-mounted panel or strip <input type="checkbox"/> 12	Off-peak or night-storage <input type="checkbox"/> 13	In-floor cables or wires <input type="checkbox"/> 14
GAS HEATER:	Portable type using bottled gas or mains gas <input type="checkbox"/> 20	Non-portable radiator or open type <input type="checkbox"/> 21	Non-portable console or convector type <input type="checkbox"/> 22	Under-floor furnace using vents or ducts <input type="checkbox"/> 23	
WOOD, COKE, OR COAL FIRE:	Open <input type="checkbox"/> 30		Slow combustion <input type="checkbox"/> 31	Wood or coal range <input type="checkbox"/> 32	
KEROSENE-BURNING OR OIL-FIRED HEATER:	Portable kerosene type <input type="checkbox"/> 40	Oil console or convector type <input type="checkbox"/> 41		Other oil-fired heating system using vents, ducts, or hot-water pipes <input type="checkbox"/> 42	
OTHER HEATING APPLIANCE: <input type="checkbox"/> → SPECIFY:	(e.g., thermal bore radiator, solar heat)				
NO HEATING APPLIANCE USED IN THE LAST TWELVE MONTHS: <input type="checkbox"/> 0					

Continue on next page if this questionnaire refers to a private dwelling. If other than a private dwelling, no further questions need to be answered, but this questionnaire must be signed in the space provided on Page Four.

(*) See Census Guide.

NOTE: Answer Question 9, Question 10(A, B, and C) if applicable, then each of Questions 11, 12, 13, 14(A) and 14(B).

9. TENURE OF DWELLING:

- This question refers to whether the household that lives in this dwelling owns it, rents or leases it, or is provided it free. Do not include the tenure of the land on which the dwelling is situated.

TICK BOX WHICH APPLIES:

Owned with mortgage	<input type="checkbox"/> 1	Rented or leased, but NOT from employer of tenant	<input type="checkbox"/> 3	Provided free, but NOT with job	<input type="checkbox"/> 5
Owned without mortgage	<input type="checkbox"/> 2	Rented or leased from employer of tenant	<input type="checkbox"/> 4	Provided free with job	<input type="checkbox"/> 6

10. RENT:

- If this dwelling is rented or leased, answer (A), (B), and (C) below. Otherwise, omit this question.
- In part (A) below, give weekly rent paid. Where rent is paid on other than a weekly basis, give the weekly equivalent of rent paid.

(A) WEEKLY RENT PAYABLE \$.....:c PER WEEK. If this amount includes lease payments for an attached farm or business, tick box:

(B) BASIS ON WHICH THIS DWELLING IS RENTED OR LEASED. Tick box which applies:

Unfurnished	<input type="checkbox"/> 1	Partly or fully furnished	<input type="checkbox"/> 2
-------------	----------------------------	---------------------------	----------------------------

(C) FROM WHOM IS THIS DWELLING RENTED OR LEASED. Tick box which applies:

Housing Corporation	<input type="checkbox"/> 1	Other department, corporation, or agency of government (see note below)	<input type="checkbox"/> 2	Individual person, company, partnership, solicitor land agency	<input type="checkbox"/> 4
Local authority (see note below)	<input type="checkbox"/> 3	Other	<input type="checkbox"/>	SPECIFY:	

- "Other department, corporation, or agency of government" includes hospital boards and education boards. "Local authority" includes a city council, borough council, county council, electric power board, and harbour board.

11. ROOF MATERIAL: TICK BOX WHICH APPLIES TO THE EXTERIOR ROOF MATERIAL OF THIS DWELLING:

Not applicable (another storey above)	<input type="checkbox"/> 0	Galvanised iron, or "tin"	<input type="checkbox"/> 1	Aluminium	<input type="checkbox"/> 2	Pressed metal tiles with protective coating	<input type="checkbox"/> 3	Tiles (clay or concrete)	<input type="checkbox"/> 4
Asbestos cement or other asbestos material	<input type="checkbox"/> 5	Other	<input type="checkbox"/>	SPECIFY:					

12. MATERIAL OF OUTER WALLS(*):

- Give surface materials, but not materials used in the framing of the walls or in gables or foundations.

EITHER (A) IF ALL EXTERNAL WALLS ARE OF THE SAME MATERIAL, TICK BOX WHICH APPLIES:

Timber or wood (not particle board or other sheet wallboard)	<input type="checkbox"/> 0	Brick (clay)	<input type="checkbox"/> 1	Concrete block	<input type="checkbox"/> 5	Poured concrete	<input type="checkbox"/> 3
Exterior wallboard (wood or asbestos sheet), with or without decorative brick or stone blocks attached	<input type="checkbox"/> 4	Artificial stone block	<input type="checkbox"/> 5	Galvanised iron	<input type="checkbox"/> 6	Aluminium	<input type="checkbox"/> 7
Other	<input type="checkbox"/>	SPECIFY (e.g. natural stone):					

OR (B) IF ALL EXTERNAL WALLS ARE NOT OF THE SAME MATERIAL, SPECIFY ALL MATERIALS, GIVING MAIN TYPE FIRST:

.....
(e.g. concrete and brick)

13. NUMBER OF ROOMS(*):

SPECIFY NUMBER OF EACH ROOM TYPE IN DWELLING. (If none of a particular type, write '0' on relevant line.)

Number of bedrooms (including spare bedrooms):	Number of lounges or living rooms:	Number of dining rooms:	Number of kitchens:
Sum total of pantries, bathrooms, laundries, separate shower rooms, separate toilets:	Sum total of any other rooms not already counted:	SPECIFY TYPES:	
(e.g. rumpus room, pool room, study)			

14. HEAT INSULATION(*):

(A) DOES ANY PART OF THE CEILING CONTAIN SPECIAL HEAT-INSULATION MATERIAL? Tick box which applies:

Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 2	Not known	<input type="checkbox"/> 3	Not applicable (another storey above)	<input type="checkbox"/> 0
-----	----------------------------	----	----------------------------	-----------	----------------------------	---------------------------------------	----------------------------

(B) DO ANY OF THE OUTER WALLS CONTAIN SPECIAL HEAT-INSULATION MATERIAL? Tick box which applies:

Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 2	Not known	<input type="checkbox"/> 3
-----	----------------------------	----	----------------------------	-----------	----------------------------

(* See Census Guide.

NOTE: Answer each of Questions 15, 16, 17(A) and 17(B), and Question 18 if it applies.

15. AMENITIES PRESENT IN DWELLING(*): TICK BOX OR BOXES WHICH APPLY:

Telephone	<input type="checkbox"/> 1	Electric clothes dryer	<input type="checkbox"/> 2	Fully automatic clothes washing machine	<input type="checkbox"/> 3	Clothes washing machine (not fully automatic)	<input type="checkbox"/> 4
Colour television	<input type="checkbox"/> 5	Black and white television	<input type="checkbox"/> 6	Deep-freeze of 56 litres (2 cu.ft) or greater capacity	<input type="checkbox"/> 7	None of the 7 amenities mentioned	<input type="checkbox"/> 0

16. HOLIDAY RESIDENCE:

DO ANY OF THE PERSONS WHO USUALLY RESIDE IN THIS DWELLING OWN OR PARTLY OWN A HOLIDAY RESIDENCE? Tick box which applies:

Yes → SPECIFY LOCATION OF HOLIDAY RESIDENCE: { (i) Name of street, road, etc.:
(ii) Name of city, town, or rural locality:
(iii) If in a rural locality, give name of county:

No

17. NUMBER OF VEHICLES, CARAVANS, AND BOATS(*):

- Specify the numbers of vehicles, caravans, and boats that are in the care of household members (i.e. persons in this dwelling on Census night) and available for use.
- Include vehicles, caravans, and boats owned by household members, no matter where they are being kept on Census night, unless they are in the care of someone else on that night. For example, include an owned boat moored at a lake or marina, but do not include an owned caravan that has been loaned to someone else and is in the care of that person on Census night.
- Include vehicles, caravans, and boats in the care of household members and which have been hired (e.g. rental car), borrowed (e.g. company car, business van, borrowed caravan), or leased by them for private or business use.

(A) SPECIFY: (If none of a particular type of vehicle, write '0' on relevant line)

Total number of privately owned cars, station wagons, vans:	Total number of cars, station wagons, or vans owned by company, business, firm, etc.:	Number of motor cycles or motor scooters:	Number of bicycles or power cycles:	Number of caravans or camper-trailers:
---	---	---	---	--

(B) IF THERE ARE NO PLEASURE BOATS IN THE CARE OF HOUSEHOLD MEMBERS, TICK BOX: OTHERWISE SPECIFY:

Number of jet-powered pleasure boats:	Number of other inboard-motor-powered pleasure boats (including motor-sailers):	Number of outboard-motor-powered pleasure boats:	Number of sail-powered pleasure boats:	Number of human-powered pleasure boats:
---	---	--	--	---

18. PERSONS ABSENT ON CENSUS NIGHT:

- List below details of any persons who are temporarily absent on Census night but who usually reside here.
- Include mother and baby in maternity home, children away at boarding school, child living as a student in hostel, persons away on business, persons temporarily overseas, etc.
- Persons listed below should not be counted in your reply to Question 3 of this questionnaire.

	PERSON 1	PERSON 2	PERSON 3	PERSON 4
(i) Surname or Family Name:
(ii) Christian or First Names:
(iii) Sex:
(iv) Age (in years):
(v) Marital status:
(vi) Relationship to occupier:
(vii) Address or location (if known)

→ **SIGNATURE:** I CERTIFY THAT THE ABOVE PARTICULARS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Signature of occupier or person in charge

AFTER COMPLETING THIS QUESTIONNAIRE

- Please check that all relevant questions have been answered, and that the questionnaire has been signed.
- Collect the Personal Questionnaires of all occupants of this dwelling, including any Personal Questionnaires in sealed envelopes. Please note that a sealed envelope containing a Personal Questionnaire must not be opened by the occupier or person in charge of the dwelling (see note at bottom of Page Four of Personal Questionnaire).
- Check that all relevant questions have been answered on each Personal Questionnaire not in a sealed envelope. If any relevant questions have not been answered, please arrange for the missing information to be entered. Failure to answer all relevant questions will result in further inquiries being made by the Sub-enumerator or other Census officers.
- Place the completed Personal Questionnaires, and any sealed envelopes containing Personal Questionnaires, inside this Dwelling Questionnaire.
- Hold all questionnaires in safe custody ready for collection by the Sub-enumerator. The questionnaires will be collected as soon as possible after Census night, but this may not happen for several days in some cases.
- If any completed questionnaires are still in your possession on 10 April 1981, please contact the Postmaster or Postmistress at your local Post Office so that arrangements can be made for their collection. Thank you for your co-operation.

(* See Census Guide



District No.	Sub-district No.	Mesh-block No.	Questionnaire No.	For Office Use Only
--------------	------------------	----------------	-------------------	---------------------

DEPARTMENT OF STATISTICS

NEW ZEALAND CENSUS OF POPULATION AND DWELLINGS

Tuesday, 24 March 1981

**SPECIMEN
ONLY**

PERSONAL QUESTIONNAIRE ONLY

This Census is taken under the authority of section 23 (1) of the Statistics Act 1975.

Under this Act, a Personal Questionnaire must be completed by or for **EVERY** man, woman, and child (including baby) who is alive and is in New Zealand at midnight on the night of Tuesday, 24 March 1981.

It is an offence under section 43 (1) of the Statistics Act 1975, to neglect or refuse to supply Census information, or to make false statements on this questionnaire or to Census officers.

CONFIDENTIALITY

It is recognised that much of the information in the completed questionnaire is private. The confidentiality of the information you supply is safeguarded both by legislation and by Census procedures.

No information given in this questionnaire will be made available by the Department of Statistics to any organisation (including any other government department), or to any person (other than an employee of the Department of Statistics), in any form which would allow identification with the individual.

J.H. DARWIN
Government Statistician

INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE

A tick or other appropriate answer must be made in:

- every question from 1 to 12 (inclusive) for every person, and in
- every question from 13 to 29 (inclusive) if this questionnaire refers to a person aged 15 years or over (except in the case of certain visitors to New Zealand—see note following Question 12).

1. FULL NAME(*):
Surname or Family Name Christian or First Names (Write 'Baby' for a child not yet named.)

2. SEX: TICK BOX WHICH APPLIES: Male 1 Female 2

3. DATE OF BIRTHDAY: Day of Month Month of Year

4. YEAR BORN, OR AGE LAST BIRTHDAY:
 SPECIFY EITHER YEAR BORN: OR AGE LAST BIRTHDAY: (years).

5. RELATIONSHIP TO OCCUPIER OR TO PERSON IN CHARGE OF DWELLING ON CENSUS NIGHT(*):
EITHER (A) IF IN A PRIVATE DWELLING (e.g. house, flat) ON CENSUS NIGHT, TICK BOX WHICH APPLIES:

Occupier <input type="checkbox"/> 1	Spouse (husband or wife) of occupier <input type="checkbox"/> 2	Daughter or son (including adopted or step) of occupier <input type="checkbox"/> 3	Flatmate <input type="checkbox"/> 12	Guest or visitor <input type="checkbox"/> 13
Boarder <input type="checkbox"/> 14	Grandchild of occupier <input type="checkbox"/> 7	Father, mother, father-in-law, or mother-in-law of occupier <input type="checkbox"/> 5	Brother or sister of occupier <input type="checkbox"/> 8	Nephew, niece or cousin of occupier <input type="checkbox"/> 10
Other <input type="checkbox"/>	→ SPECIFY (e.g. son-in-law, lodger, foster-child):			

OR (B) IF IN A NON-PRIVATE DWELLING (e.g., hotel, motel, hospital, hostel, camp, ship) ON CENSUS NIGHT, TICK BOX WHICH APPLIES:

Person in charge of a non-private dwelling <input type="checkbox"/> 19	Member of family of, or non-paying guest of, person in charge <input type="checkbox"/> 20	Resident staff in non-private dwelling <input type="checkbox"/> 21	Paying guest, patient, other resident or inmate of a non-private dwelling <input type="checkbox"/> 22
--	---	--	---

6. FULL ADDRESS ON CENSUS NIGHT: (DO NOT GIVE P.O. BOX OR RURAL DELIVERY NUMBERS.)

Number in street, and name of street, road, etc. Name of suburb or rural locality (if any) Name of city, town, or county

7. USUAL RESIDENTIAL ADDRESS(*): TICK BOX WHICH APPLIES:

Same as address given in Question 6 above <input type="checkbox"/>	N.Z. resident with no fixed residential address in N.Z. <input type="checkbox"/>	Usually resident overseas (see Census Guide) <input type="checkbox"/> → <small>Name of Country</small>
Other fixed residential address in N.Z. <input type="checkbox"/> → SPECIFY:	(i) Number in street, and name of street, road, etc.:	
	(ii) Name of suburb or rural locality (if any):	
	(iii) Name of city, town, or county:	

* SEE CENSUS GUIDE

Continue overleaf

8. USUAL RESIDENTIAL ADDRESS ONE YEAR AGO (24 MARCH 1980): TICK BOX WHICH APPLIES:

Same as address in Question 7 on Page One Not applicable (born since 24 March 1980) Living in an overseas country on 24 March 1980 → Name of Country

Other → SPECIFY: (i) Number in street, and name of street, road, etc.:
 (ii) Name of suburb or rural locality (if any):
 (iii) Name of city, town, or county:

9. USUAL RESIDENTIAL ADDRESS AT PREVIOUS CENSUS (23 MARCH 1976): TICK BOX WHICH APPLIES:

Same as address in Question 7 on Page One Same as address written in Question 8 above Not applicable (born since 23 March 1976) Living in an overseas country on 23 March 1976 → Name of Country

Other → SPECIFY: (i) Number in street, and name of street, road, etc.:
 (ii) Name of suburb or rural locality (if any):
 (iii) Name of city, town, or county:

10. COUNTRY OF BIRTH(*): TICK BOX WHICH APPLIES:

New Zealand Other country → SPECIFY: (A) Present name of country AND (B) Number of years in N.Z.:
 (If under 1 year, write '0')

11. RELIGIOUS DENOMINATION(*):

SPECIFY: There is a statutory right to object to stating religious denomination, providing the word "OBJECT" is entered.

12. ETHNIC ORIGIN(*):

EITHER (A) IF OF ONLY ONE (FULL) ORIGIN, TICK BOX WHICH APPLIES:

Full European, or full Caucasian Full N.Z. Maori Full Samoan Full Cook Is. Maori Full Chinese Full Indian
 Full Niuean Full Tongan Other full origin → SPECIFY:
 (e.g. Tokelauan, Japanese, Vietnamese)

OR (B) IF OF MORE THAN ONE ORIGIN, GIVE PARTICULARS:

.....
 (e.g. $\frac{7}{8}$ European + $\frac{1}{8}$ N.Z. Maori; $\frac{3}{4}$ N.Z. Maori + $\frac{1}{4}$ Niuean; $\frac{1}{2}$ Chinese + $\frac{1}{4}$ European + $\frac{1}{4}$ Samoan)

CONTINUE BELOW if this questionnaire refers to a person who is aged 15 years or over and is either (a) a resident of New Zealand, or (b) a visitor to New Zealand who is, has been, or will be working while visiting New Zealand, or (c) a member of the family of an overseas resident who is working while visiting New Zealand.

If this questionnaire refers to a visitor to New Zealand who will not have worked in New Zealand between his or her date of arrival and date of departure, and he or she is not a member of the family of an overseas resident who is, has been, or will be working while visiting New Zealand, then no further questions need be answered, but this questionnaire must be signed in the space provided on Page Four.

For those under 15 years of age (i.e. those born on or since 25 March 1966), no further questions need be answered, but this questionnaire must be signed in the space provided on Page Four. A parent or guardian should sign the questionnaire of a young child.

13. CIGARETTE SMOKING: TICK THE BOX WHICH BEST DESCRIBES YOUR CURRENT CIGARETTE SMOKING:

Never smoked cigarettes at all, or never smoked them regularly 0 Do not smoke cigarettes now, but used to smoke them regularly (1 or more per day) 1 Currently smoke cigarettes regularly (1 or more per day) 2 → Specify number smoked yesterday: cigarettes
 (If none write '0')

14. PRESENT MARITAL STATUS: (A) TICK BOX WHICH APPLIES:

Never married 1 Married 2 Married but permanently separated 3 Widowed 4 Divorced 5

(B) IF LIVING IN A DE FACTO RELATIONSHIP (as husband/wife), TICK BOX:

15. NUMBER OF CHILDREN BORN:

IF A FEMALE, SPECIFY NUMBER OF CHILDREN BORN ALIVE TO YOU, INCLUDING ANY WHO HAVE SINCE DIED, BUT DO NOT INCLUDE STEP-CHILDREN OR ADOPTED CHILDREN:
 (If none, write '0')

IF A MALE, TICK BOX:

16. HOURS WORKED PER WEEK(*):

- This question refers to usual hours at present worked for wages, salary, other financial reward, or as an unpaid relative assisting in business (farm, shop, etc.), including part-time and overtime hours.
- Except for hours worked as an unpaid relative assisting in business (farm, shop, etc.), **no hours worked in unpaid jobs are to be included in your answer(s) to this question.**

SPECIFY: (A) Number of hours worked PER WEEK in main job: OR IF NONE (i.e. not working),
 (B) Number of hours worked PER WEEK in second job (if any): TICK BOX:
 (C) Number of hours worked PER WEEK in any other jobs:
 (D) TOTAL NUMBER OF HOURS WORKED PER WEEK IN ALL JOBS:

17. EMPLOYMENT STATUS(*):

IF YOUR ANSWER TO QUESTION 16(D) WAS 20 HOURS OR MORE, TICK BOX WHICH APPLIES TO YOUR (MAIN) JOB:

Employer of labour in own business or profession 0 Working on own account and not employing labour 1 Working for wages or salary 2 Relative assisting in business (farm, shop, etc.) and NOT receiving wages 4

OTHERWISE, TICK BOX WHICH APPLIES:

Unemployed and seeking work 5 Retired 6 Full-time student 7 Household duties (unpaid) 8

Other 9 → SPECIFY: (e.g. invalid).....

18. OCCUPATION(*)

Job, profession, trade or type of work in which you now work full-time or part-time for financial reward, or as an unpaid relative assisting. State fully, e.g. sheep farmer, auto-electrician, builder's labourer, dental nurse, wages clerk. If unemployed, state previous occupation. Otherwise, write NIL.

19. NAME OF EMPLOYING ORGANISATION(*): (If Unemployed give name of previous employer.)

SPECIFY: OR IF NOT APPLICABLE, TICK BOX:

20. ADDRESS OF WORKPLACE(*):

EITHER (A) SPECIFY: (i) Number in street, and name of street, road, etc.:
 (ii) Name of suburb or rural locality (if any):
 (iii) Name of city, town or county:

OR (B) IF NOT APPLICABLE, TICK BOX:

21. TYPE OF WORK CARRIED OUT BY EMPLOYING ORGANISATION(*): (If unemployed give type of work of previous employer.)

SPECIFY: OR IF NOT APPLICABLE, TICK BOX:

22. MAIN MEANS OF TRAVEL TO WORK(*): TICK BOX WHICH APPLIES:

Public bus 0 Train 1 Passenger in car, truck, van, or firm's bus 2 Drive car, truck, or van 3 Motor cycle, power cycle 4
 Bicycle 5 Walk 6 Other means 7 Work at home 8 Not applicable 9

23. SOCIAL SECURITY BENEFITS (including National Superannuation, Family Benefit, and War Pensions)(*):

- Indicate below the types of Social Security benefit and war pension received during the year ending 31 March 1981, including benefits and war pensions received for only part of that year.
- Benefits received by one family member on behalf of other family members (e.g. mother receiving Family Benefit, husband receiving benefit for couple and children) should be reported on one questionnaire only, that of the recipient.

TICK BOX OR BOXES WHICH APPLY:

None Family Benefit National Superannuation Unemployment Benefit Sickness Benefit
 Domestic Purposes Benefit Widows Benefit Invalids Benefit War Pension Miners Benefit
 Orphans Benefit Other benefit → SPECIFY:

24. INCOME FROM SOCIAL SECURITY BENEFITS (including National Superannuation, Family Benefit, and War Pensions):

- Tick the box below which represents your estimated income, for the year ending 31 March 1981, from ALL Social Security benefits and war pensions (including any benefit that was received for only part of that year).
- If receiving a benefit which is taxed before you get it, include the before-tax amount in your estimate.
- Benefit income received by one family member on behalf of other family members (e.g. mother receiving Family Benefit, husband receiving benefit for couple and children) should be reported on one questionnaire only, that of the recipient.

TICK BOX WHICH APPLIES:

Nil 0 \$1 to \$499 1 \$500 to \$999 2 \$1,000 to \$1,999 3 \$2,000 to \$2,999 4
 \$3,000 to \$3,999 5 \$4,000 to \$4,999 6 \$5,000 to \$5,999 7 \$6,000 or over 8

25. INCOME FROM OTHER SOURCES(*):

- Tick the box below which represents your estimated gross income, for the year ending 31 March 1981, from all sources EXCEPT Social Security benefits and war pensions.
- Include interest, wages, salary, piecework income, dividends, Accident Compensation weekly payments, Standard Tertiary Bursary income (including any supplement), and net income before tax from own business (including farming), rents, commissions, etc.
- Include the assessed value of housing, board, and goods or services where supplied free by an employer.

TICK BOX WHICH APPLIES:

Nil or loss <input type="checkbox"/> 0	\$1 to \$249 <input type="checkbox"/> 1	\$250 to \$499 <input type="checkbox"/> 2	\$500 to \$999 <input type="checkbox"/> 3	\$1,000 to \$1,999 <input type="checkbox"/> 4	\$2,000 to \$3,499 <input type="checkbox"/> 5	\$3,500 to \$4,999 <input type="checkbox"/> 6	\$5,000 to \$6,499 <input type="checkbox"/> 7
\$6,500 to \$7,999 <input type="checkbox"/> 8	\$8,000 to \$9,999 <input type="checkbox"/> 9	\$10,000 to \$11,999 <input type="checkbox"/> 10	\$12,000 to \$13,999 <input type="checkbox"/> 11	\$14,000 to \$15,999 <input type="checkbox"/> 12	\$16,000 to \$17,999 <input type="checkbox"/> 13	\$18,000 to \$19,999 <input type="checkbox"/> 14	\$20,000 to \$22,499 <input type="checkbox"/> 15
\$22,500 to \$24,999 <input type="checkbox"/> 16	\$25,000 to \$27,499 <input type="checkbox"/> 17	\$27,500 to \$29,999 <input type="checkbox"/> 18	\$30,000 to \$34,999 <input type="checkbox"/> 19	\$35,000 to \$39,999 <input type="checkbox"/> 20	\$40,000 to \$49,999 <input type="checkbox"/> 21	\$50,000 to \$59,999 <input type="checkbox"/> 22	\$60,000 or over <input type="checkbox"/> 23

26. HIGHEST LEVEL ATTENDED AT SCHOOL(*): TICK BOX WHICH APPLIES:

No Primary or Secondary Schooling <input type="checkbox"/> 1	Primary or Intermediate School (Standard 6 or below) <input type="checkbox"/> 2	SECONDARY SCHOOL: Form 3 <input type="checkbox"/> 3	Form 4 <input type="checkbox"/> 4	Form 5 <input type="checkbox"/> 5	Form 6 <input type="checkbox"/> 6	Form 7 <input type="checkbox"/> 7
--	---	---	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------

27. HIGHEST SCHOOL QUALIFICATION GAINED(*):

IF YOU HAVE TICKED ONE OF THE BOXES NUMBERED 1 TO 4 IN QUESTION 26 ABOVE, TICK BOX: THEN GO TO QUESTION 28. OTHERWISE, TICK BOX BELOW WHICH APPLIES:—

No school qualification <input type="checkbox"/> 0	University Scholarship or 'A' or 'B' Bursary <input type="checkbox"/> 1	Higher School Certificate, Higher Leaving Certificate <input type="checkbox"/> 2	University Entrance, Matriculation <input type="checkbox"/> 3	Endorsed School Certificate, Sixth Form Certificate in 4 or more subjects <input type="checkbox"/> 4	Sixth Form Certificate in 1, 2 or 3 subjects <input type="checkbox"/> 5
School Certificate or 3 or more subject passes in School Cert. <input type="checkbox"/> 6	1 or 2 subject passes in School Certificate <input type="checkbox"/> 7	Other <input type="checkbox"/> → SPECIFY:			

28. OTHER PLACES OF EDUCATION ATTENDED OR AT WHICH ENROLLED(*):

IF STILL ATTENDING PRIMARY OR SECONDARY SCHOOL, TICK BOX THEN GO TO QUESTION 29.

OTHERWISE ANSWER PARTS (A) and (B) BELOW BY TICKING BOX OR BOXES WHICH APPLY:

(A) Past Attendance:—	None <input type="checkbox"/>	University <input type="checkbox"/>	Teachers College <input type="checkbox"/>	Polytechnic or Technical Institute <input type="checkbox"/>	Other <input type="checkbox"/> → SPECIFY: (e.g. Business College, Nursing School)
(B) Current Attendance:—	None <input type="checkbox"/>	University <input type="checkbox"/>	Teachers College <input type="checkbox"/>	Polytechnic or Technical Institute <input type="checkbox"/>	Other <input type="checkbox"/> → SPECIFY: (e.g. Pharmacy School, Community College)

29. ACADEMIC, VOCATIONAL, OR PROFESSIONAL QUALIFICATIONS GAINED SINCE LEAVING SCHOOL(*):

EITHER (A) TICK BOX WHICH APPLIES: No qualifications, or no relevant qualifications Still at school

- OR (B)
- Specify academic, vocational, or professional qualifications gained through prescribed courses of study since leaving school, starting with the most recently gained. If more than one qualification in a particular field or subject, give only the highest qualification in that field or subject.
 - Also give field or subject associated with each qualification, and year qualification gained.
 - Do not use abbreviations, and do not give recreational qualifications, qualifications not yet fully gained, or courses of study which did not produce a qualification.

	NAME OF QUALIFICATION	FIELD OR SUBJECT	YEAR GAINED
Qualification 1:
Qualification 2:
Qualification 3:
Qualification 4:

→ **SIGNATURE:** I CERTIFY THAT THE ABOVE PARTICULARS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Signature

When you have completed this questionnaire, please check that all relevant questions have been answered, and that the questionnaire has been signed. Please note that failure to answer all relevant questions will result in further inquiries being made by the Sub-enumerator or other Census officers.

Give the questionnaire to the occupier or person in charge of the dwelling. Where additional privacy is desired, you may hand the completed questionnaire in a sealed envelope to the occupier or person in charge, provided you write on the outside of the envelope your name and the District, Sub-district, Mesh-block, and Questionnaire Numbers shown at the top of the front page of this questionnaire.

It is illegal for an envelope so sealed and endorsed to be opened by the occupier, person in charge, or Sub-enumerator. However, the use of an envelope does not release you from your responsibilities under the Statistics Act 1975. Any omissions will result in further inquiries being made by Census officers.

Additional information is contained in the accompanying Census Guide. If you have any queries, please contact your Enumerator, whose telephone number has been advertised in your local newspaper, or is obtainable from your local Post Office.

Thank you for your co-operation.

* SEE CENSUS GUIDE