

In strict confidence

1981 Census

I Form for making an Individual Return

Please complete this census form and have it ready for collection as early as possible on the morning of Monday 6 April 1981.

This census is being held in accordance with a decision made by Parliament. Completion of this form is compulsory under the Census Act 1920. If you refuse to complete it, or if you give false information, you may have to pay a fine of up to £50.

Your replies will be treated in STRICT CONFIDENCE. They will be used to produce statistics but your name and address will NOT be fed into the census computer. After the census, the forms will be locked away for 100 years before they are passed to the Public Record Office.

When you have completed the form please sign the declaration on the

A R THATCHER Registrar General

Office of Population Censuses and Surveys PO Box 200 Portsmouth PO2 8HH

Telephone: 0329-42511

| Census District | d by the Enumerator | _ | |
|--------------------------------------|--|----------------------|------------------|
| | Enumeration District | Form Number | Serial Number |
| To be completed or other person i | by the Manager, Chief R n charge of the Establish | lesident Officer, Co | mmanding Officer |
| varrie or establishme | Of Or Vescal | | |
| Name of establishme | nt or vessel | | |

| | 9 | |
|--|---|---|
| Where boxes are provided please answer by putting a tick against the answer which applies. For example, if the answer to the marital status question is 'Single', tick box 1 thus: | Name Write surname and forename(s) (BLOCK CAPITALS please) For a baby who has not yet been given a name write 'BABY' and the surname. | Name and surname |
| 1 🗸 Single | · | |
| Please use ink or | | |
| ballpoint pen. | 2 Sex | Sex |
| Overseas visitor | Please tick the appropriate box. | Male Female |
| If you are an overseas | 3 Date of birth | Date of birth |
| visitor, that is; if you normally reside overseas, | Write the day, month and year of birth. | Day Month Year |
| are not working or | 4 Marital status | Marital status |
| seeking work in England, Scotland or Wales and | Please tick the box showing the present marital status. | 1 Single |
| are visiting this country for less than 1 month, | If separated but not divorced please tick 'Married (1st marriage)' or 'Re-married' as appropriate. | 2 Married (1st marriage) 3 Re-married 4 Divorced |
| you need only answer questions 1 to 13. | | 5 Widowed |
| (4acstrons 1 to 1c. | 5 Position in establishment | |
| | Please write in your position in this establishment. | |
| | For example write 'Guest', 'Patient', 'Inmate', 'Staff', 'Student', 'Boarder', 'Crew', 'Passenger'. | |
| | If you are completing the form in a private household, your relationship to the person making the return for the rest of the household should be stated. | |
| | 6 Whereabouts on night of 5-6 April 1981 | Not applicable to this form. |
| | 7 Usual address If you usually live here please tick 'This address'. If not, tick 'Elsewhere' and write in your usual address. If you are a student or a schoolchild away from home during term time your home address should be taken as your usual address. | This address Elsewhere – write your usual address and postcode Address (BLOCK CAPITALS please) including Postcode |
| | 8 Usual address one year ago | Same as at Question 7 |
| | If your usual address one year ago, on 5 April 1980, was the same as that given in answer to question 7 please tick 'Same'. If not, please tick 'Differen' and write in your usual address. | Different – write your address and postcode on 5 April 1980 |
| | For a child born since 5 April 1980 write 'UNDER ONE'. | Address (BLOCK CAPITALS please) |
| | | |
| | | |
| | • | including Postcode |
| | 9 Country of birth Please tick the appropriate box. | Country of birth 1 |
| | If box θ is ticked please write in the present name of the country in which the birthplace is now situated. | Elsewhere. Please write the present name of the country. |

Answers to remaining questions are not required for persons under 16 years of age (born after 5 April 1965)

| | 10 Whether working | | |
|--|--|---|---|
| | Please tick all hoves appropri | retired, housewife, etc last wee | k |
| | A ioh /hox 1 and have at | | |
| | A job (box 1 and box 2) means any type of work for pay or profit b not unpaid work. It includes: casual or temporary work work on your own account work in a family business part-time work even if only for a few hours A part-time job (box 2) is a job in which the hours worked, excluding any overtime, are usually 30 hours or less per week. Tick box 1 or box 2, as appropriate, if you had a job but were not at work or all or part of the week because you were: on holiday | | 2 In a part-time job at any time last week |
| | | | a Waiting to take |
| | | | job already accepted |
| | | | 4 Seeking work |
| | | | Prevented by temporary |
| | | | Permanently sick or |
| | | | disabled |
| | temporarily laid off on strike | | 7 Housewife |
| | on strike sick If you are a full-time student tick box 9 as well as any other appropriate boxes. Do not count yourself as a full-time student, if you are in a paid occupat in which training is also given, such as a student nurse, an apprentice o management traines. | | 8 Wholly retired from |
| | | | At school or a full-time |
| | | | 9 student at an educational establishment not provided by an employer |
| | | | Other, please specify |
| | Questions about preser | nt or previous employment | |
| | If you were in a job last week | please answer questions 11-1 during the week. | 15 in respect of the main ich |
| | If you were wholly retired |) | in and main job |
| | If you were out of work last week | 1 | |
| | If you were provented | please answer questions 11-1 | 3 in respect of the most |
| | from working because of permanent sickness or disablement | recent full-time job, if any. Lea blank. | ve questions 14 and 15 |
| Notes for Armed Forces, civil servants and local | If you are not in any of the categories above or have not had a previous job | please write 'Not applicable' a questions 12-15 blank. | t question 11 and leave |
| government officers | 11 Name and business of a | employer (if self-employed the | |
| Armed Forces | name and nature of the | person's business | |
| If you are a member of the Armed Forces — write 'ARMED FORCES' at 11a; if you are a member of the Armed Forces of a country other than the UK — add the name of the country. | one is used and avoid using ab | employer. Give the trading name if | a Name of employer |
| At 12a give your rank or rating only. | Please describe clearly what your employer (or you if self-employed) makes or does. | | b Nature of hour |
| Questions 11b, 12b and 13 should not be answered. | If you are employed in private of 'Domestic Service'. | domestic service write | b Nature of business |
| Civil servants | | l | |
| If you are a civil servant – give the name of your Department at 11a, write 'GOVERNMENT' DEPARTMENT' at 11b and 'CIVIL SERVANT' at 12 | 12.0 | | |
| - 11 Jan 12 B. | 12 Occupation | - | |
| At 12b for a non-industrial civil servant – give your rank or grade only. | dotal give full and precise dotal | ils of your occupation. | a Occupation |
| At 12b for an industrial civil servant – give your job title only. | If your job is known in the trade or industry by a special name use that name. Precise terms should be used, for example, 'radio-mechanic', 'jiig and tool fitter', 'tool room foreman' rather than general terms such as 'mechanic', 'fitter', 'foreman'. | | |
| Local government officers | such as 'mechanic', 'fitter', 'foren | nan'. | 1 |
| If you are a local government officer or other public official – give the name of the local authority or public body at 11a and the branch in which you are employed at 11b. | b Please describe the actual work d | lone. | b Description of work |
| At 12a give your rank or grade and complete 12b. | | | • |

| 13 Employment status Please tick the appropriate box. Box 3 should be ticked if you have management or supervisory responsibility for other employees. Box 2 should be ticked if you are employed as a quality control inspector and concerned only with the technical quality of a product. 14 Address of place of work Please give the full address of your place of work. If you are employed on a site for a long period give the address of the site. If you do not work regularly at one place and report daily to a depot or other fived address of what address and report daily to a depot or other fived address of what address. | Apprentice or articled trainee Employee not supervising other employees Employee supervising other employees Self-employed not employing others Significantly and postcode of workplace Address (BLOCK CAPITALS please) | |
|--|---|--|
| other fixed address, give that address. If you do not report daily to a fixed address tick box 1. If you work mainly at home tick box 2. | including Postcode 1 No fixed place 2 Mainly at home | |
| 15 Daily journey to work Please tick the appropriate box to show how the longest part, by distance, of your daily journey to work is normally made. If you use different means of transport on different days show the means most often used. Car or van includes three-wheeled cars and motor caravans. | 1 British Rail train 2 Underground, tube, metro, etc 3 Bus, minibus or coach (public or private) 4 Motor cycle, scooter, moped 5 Car or van — pool, sharing driving 6 Car or van — driver 7 Car or van — passenger 8 Pedal cycle 9 On foot 0 Other (please specify) | |
| Have you obtained any qualifications after the age of 18 such as: Degrees, Diplomas, HNC, HND, Nursing qualifications, Teaching qualifications, Graduate or corporate membership of professional institutions, Other professional, educational or vocational qualifications? Exclude qualifications normally obtained at school, such as GCE, CSE and School Certificates. If box 2 is ticked write in all qualifications even if they are not relevant to your present job or if you are not working. Please list the qualifications in the order in which they were obtained. Write for each qualification: the title the major subject or subjects the year obtained and the awarding institution If more than four, please enter in the space top right. | 1 NO — none of these 2 YES — give details Title Subject(s) Year Institution Title Subject(s) Year Institution | Title Subject(s) Year Institution Title Subject(s) Year Institution |
| Declaration This form is correctly completed to the best of my knowledge and belief. Signature | | |
| | Date | |