



1991 Census Wales

Iw form for making an individual return

Please complete this form and have it ready for collection on Monday 22nd April.

Completion of the form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may have to pay a fine of up to 400.

Your answers will be treated in strict confidence and used only to produce statistics. Names and addresses will not be put into the computer; only the postcode will be entered. The forms will be kept securely within my Office and treated as confidential for 100 years.

Anyone using or disclosing Census information improperly will be liable to prosecution.

After completing the form, please sign the declaration on the last page.

Thank you for your co-operation.

P J Wormald
Registrar General

Office of Population
Censuses and Surveys
PO Box 100
Fareham PO16 0AL

Telephone 0329 844444

This form is available in English and Welsh. If you have not received the version you require please telephone 0329 844444
Mae'r ffurflen hon ar gael ya Gymraeg ac yn Saesneg. Os na chawsoch y fersiwn y mae ei eisiau arnoch, ffoniwch 0329 844444

To be completed by the Enumerator

Census District

Enumeration District

Form Number

Serial Number

To be completed by the Manager, Commanding Officer, Chief Resident Officer, or other person in charge of the establishment or vessel.

Name of Establishment

Address

Postcode

To be completed by or for the Individual

Please answer question by ticking the appropriate box or boxes where they are provided.

Please use ink or ballpoint pen.

1 Name

Please write in your name and surname (BLOCK CAPITALS). For a baby who has not yet been given a name, write 'BABY' and the surname.

2 Sex

Please tick the appropriate box.

Male 1

Female 2

3 Date of birth

Please write in the day, month and year of birth.

Day Month Year

4 Marital status

On the 21st April what is your marital status?

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

Please tick one box.

Single (never married) 1

Married (first marriage) 2

Re-married 3

Divorced (decree absolute) 4

Widowed 5

5 Position in establishment

Please write in your position in this establishment. For example, write 'Guest', 'Patient', 'Inmate', 'Staff', 'Student', 'Boarder'.

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 21-22 April 1991

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.

This address 1

Elsewhere

If you are a student or a schoolchild away from home during term time, your home address should be taken as your usual address.

If you live away from home for part of the week, your home address should be taken as your usual address.

If elsewhere, please write your usual address and postcode below in BLOCK CAPITALS

Postcode

Please turn over ▶

8 Term time address of students and schoolchildren

If not a student or schoolchild, please tick first box.

If you are a student or schoolchild and you live here during term time, tick 'This address'.

If you do not live here during term time, tick 'Elsewhere' and write in the current or most recent term time address.

9 Usual address one year ago

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

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

10 Country of birth

Please tick the appropriate box.

If the 'Elsewhere' box is ticked, please write in the present name of the country in which your birthplace is now situated.

11 Ethnic group

Please tick the appropriate box.

If you are descended from more than one ethnic or racial group, please tick the group to which you consider you belong, or tick the 'Any other ethnic group' box and describe your ancestry in the space provided.

12 Long-term illness

Do you have any long-term illness, health problem or handicap which limits your daily activities or the work you can do?

Include problems which are due to old age.

Not a student or schoolchild <input type="checkbox"/>	
This address <input type="checkbox"/>	
Elsewhere <input type="checkbox"/>	
If elsewhere, please write your term time address and postcode below in BLOCK CAPITALS	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode <input type="text"/>	
Same as Question 7 <input type="checkbox"/>	
Different <input type="checkbox"/>	
Child under one <input type="checkbox"/>	
If different, please write your address and postcode on the 21st April 1990 below in BLOCK CAPITALS	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode <input type="text"/>	
England <input type="checkbox"/>	
Scotland <input type="checkbox"/>	
Wales <input type="checkbox"/>	
Northern Ireland <input type="checkbox"/>	
Irish Republic <input type="checkbox"/>	
Elsewhere <input type="checkbox"/>	
If elsewhere, please write in the present name of the country	
<input type="text"/>	
White <input type="checkbox"/>	
Black-Caribbean <input type="checkbox"/>	
Black-African <input type="checkbox"/>	
Black-Other <input type="checkbox"/>	
<i>please describe</i>	
<input type="text"/>	
<input type="text"/>	
Indian <input type="checkbox"/>	
Pakistani <input type="checkbox"/>	
Bangladeshi <input type="checkbox"/>	
Chinese <input type="checkbox"/>	
Any other ethnic group <input type="checkbox"/>	
<i>please describe</i>	
<input type="text"/>	
<input type="text"/>	
Yes, I have a health problem which limits activities <input type="checkbox"/>	
I have no such health problem <input type="checkbox"/>	

13 Whether working, retired, looking after the home etc last week

Which of these things were you doing **last week**?

Please read carefully right through the list and **tick all the descriptions that apply**.

* Casual or temporary work should be counted at boxes 1, 2, 3 and 4. Also tick boxes 1, 2, 3 and 4 if you had a job last week but were off sick, on holiday, temporarily laid off or on strike.

Boxes 1, 2, 3 and 4 refer to work for pay or profit but not to unpaid work except in a family business.

Working for an employer is **part time** (box 2) if the hours worked, excluding any overtime and mealbreaks, are usually 30 hours or less per week.

† Includes 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 (more than 30 hours a week) 1
 - * Was working for an employer part time (one hour or more a week) 2
 - * Was self employed, employing other people 3
 - * Was self employed, not employing other people 4
 - Was on a government employment or training scheme 5
 - Was waiting to start a job already accepted 6
 - † Was unemployed and looking for a job 7
 - \$ Was at school or in other full time education 8
 - Was unable to work because of long term sickness or disability 9
 - Was retired from paid work 10
 - Was looking after the home or family 11
 - Other
- please specify*

Please read **A** below, tick the box that applies and follow the instruction by the box ticked. This will tell you which questions to answer.

A Did you have a paid job last week (any of the boxes 1, 2, 3 or 4 ticked at question 13)? Yes No
 If **yes** ticked, answer questions **14, 15, 16, 17 and 18** about the main job last week, then go on to question **19**.
 If **no** ticked, answer **B**.

B Have you had a paid job within the last 10 years? Yes No
 If **yes** ticked, answer questions **14, 15 and 16** about the most recent job, then go on to question **19**.
 If **no** ticked, go on to question **19**.

14 Hours worked per week

How many hours per week do or did you usually work in your main job?

Do not count overtime or meal breaks.

Number of hours worked per week

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15 Occupation

Please give the full title of your present or last job and describe the main things you do or did in the job.

At **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'. Give rank or grade if you have one.

At **b**, write down the main things you actually do or did in the job.

Armed Forces - enter 'commissioned officer', or 'other rank' as appropriate at **a** and leave **b** blank.

Civil Servants - give grade at **a** and discipline or specialism, for example: 'electrical engineer'; 'accountant'; 'chemist'; 'administrator' at **b**.

a Full job title

b Main things done in job

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

At **a**, please give the name of your employer. Give the trading name if one is used. Do not use abbreviations.

At **b**, describe clearly what you employer (or yourself if self-employed) makes or does (or did).

Armed Forces - write 'Armed Forces' at **a** and leave **b** blank. For a member of the Armed Forces of a country other than the UK - add the name of the country.

Civil Servants - give name of Department at **a** and write 'Government Department' at **b**.

Local Government Officer - give name of employing authority at **a** and department in which employed at **b**.

a Name of employer

b Description of employer's business

17 Address of place of work

Please give the full address of your place of work.

If employed on a site for a long period, give the address of the site.

If not working regularly at one place but reporting daily to a depot or other fixed address, give that address.

If not reporting daily to a fixed address, tick box 1.

If working mainly at home, tick box 2.

Armed Forces - leave blank.

Please write full address and postcode of workplace below in BLOCK CAPITALS

Postcode

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No fixed place 1

Mainly at home 2

18 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 using different means of transport on different days, show the means most often used.

Car or van includes three-wheeled cars and motor caravans.

- British Rail train 1
 - Underground, tube, metro 2
 - Bus, minibus or coach (public or private) 3
 - Motor cycle, scooter, moped 4
 - Driving a car or van 5
 - Passenger in car or van 6
 - Pedal cycle 7
 - On foot 8
 - Other 9
- please specify*

19 Degrees, professional and vocational qualifications

Have you obtained any qualifications after reaching the age of 18 such as:

- degrees, diplomas HNC, HND, nursing qualifications.
- teaching qualifications (see * below),
- graduate or corporate membership of
- professional institutions.
- other professional, educational or vocational qualifications?

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

If box 2 is ticked, write in small qualifications even if they are not relevant to you present job or if you are not working.

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

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

Work mainly at home 0

NO - no such qualifications 1

YES - give details 2

1 Title	2 Title
Subject(s)	Subject(s)
Year	Year
Institution	Institution
3 Title	4 Title
Subject(s)	Subject(s)
Year	Year
Institution	Institution

Declaration

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

Signature

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Date

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 April 1991