



2001 Census

29 April

Bailiwick of Guernsey

Including Alderney and Herm

For enumerator use only Form H

Parish District

Dwelling Household

Present Code

Postcode **G** **Y**

* Form of * multi-form households only

Census Helpline 710050

Website www.gov.gg/census

Dear Householder, Joint Householder or members of the household aged 16 or over,

A Census of the Bailiwick of Guernsey is to be held on 29 April, 2001, and a return is required from each household (including absent or empty households).

Why have a Census?

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

Confidentiality

There is a legal obligation to complete this form and your answers will be treated in the **strictest confidence** and will only be used for statistical purposes. No information on identified individuals or households will be passed on to anyone outside the census organisation.

If any member of the household who is aged 16 or over does not wish you or other household members to see their personal information, please ask the enumerator for a separate personal form and an envelope. The enumerator will explain how it should be completed.

For help or extra forms, call the Census Helpline on 710050.

Thank you for your assistance,

George W Marsh
Chief Registrar

John W Dickson
Census Supervisor

What you need to do

This form should be completed by a responsible householder on behalf of all members of your household

A household comprises either:-

- (a) one person living alone
- (b) a group of persons (not necessarily related) living at the same address with common housekeeping, sharing at least one meal a day, and/or sharing a living room or sitting room.

If there is more than one household in this dwelling, answer for your household only, and notify the enumerator of the presence of other households.

Answer each question by ticking the appropriate box or writing in the space provided.

Please use black or blue ink.

This form covers six people. If there are more than six people in your household, ask your enumerator for an extra form.

Ensure that you answer all the questions for every member of your household.

Sign the declaration on the back of the form when you are sure you have answered all the questions.

The form will be collected by your enumerator.

Please list in Table A the names of all members of the household who usually live at this address. The householder completing the form should be entered as Person No. 1. All questions in this form must be answered for persons listed in Table A.

Please include:

- all persons who usually live at this address
- any other persons who are usually members of the household but on census night are absent elsewhere on the Island, are on holiday, at school, college, or are absent for any other reason, even if you know they are being included on another census form elsewhere.
- any newly born baby born before 30 April 2001, even if still in hospital. If not yet given a name write BABY and the last name.
- Visitors working or intending to work more than 10 days
- Visitors on holiday, staying more than 1 month
- Anyone who is staying with you who has no other usual address

Person No.	First name(s)	Last name
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		
Person 6		
Person 7		
Person 8		
Person 9		
Person 10		
Person 11		
Person 12		

Table B Visitors (persons staying temporarily with the household on census night).

Please list all visitors present at this address on the night of 29/30 April. A visitor is a person who:

- does not work or live in the Bailiwick of Guernsey, and does not fulfil the rules for being in Table A (see above)
- a person who normally lives in the Bailiwick, but who is staying temporarily with the household on census night

Name	Usual Bailiwick address (if applicable)

Household Accommodation

When answering the following questions, please tick the appropriate box, or write in the spaces provided.

H1 Household Type

Indicate the type of accommodation that this household occupies.

A whole house or bungalow that is : Detached 1

Semi-detached 2

Terraced (includes end of terrace) 3

The whole of a purpose built flat or maisonette that is :

in a commercial building (e.g. an office building, hotel or above a shop) 4

in a block of flats or tenement 5

Part of a converted or shared house or flat with a:

separate entrance into the building 6

shared entrance into the building 7

A tent, caravan, other mobile or temporary structure 8

H2 Tenure

Which best describes how you and your household occupy your accommodation. If you are renting from a landlord, please indicate the amount of rent paid weekly.

As an owner-occupier:
owning the property outright (no loan) 1

Buying a property through a:

States loan 2

other loan 3

both 4

By renting, rent free or by lease:

Rent (last week)
to nearest £

from the States 5

from a private landlord furnished 6

from a private landlord unfurnished 7

Other (please specify): 8

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" (boxes 5 - 7)

H3 Rooms

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

Number of rooms:

Count : living rooms
bedrooms
kitchens at least 2 metres (6 feet 6 inches) wide
conservatories
studies
converted garages
all other rooms in your accommodation

Do not count: small kitchens under 2 metres (6' 6") wide
bathrooms, toilets and en-suite facilities.

H4 Bedrooms

How many bedrooms do you have? 1

How many rooms are normally slept in? 2

How many of these rooms are shared by:

Adults only 3

Adults and Children 4

Children only 5

H5 Bathrooms

How many bathrooms are there in the household?

H6 Open or Local Market

Is the dwelling? Open market 1

Local Market 2

H7 Home Computing

Does this household have a home computer? (tick one box only)

No computer at home 1

Computer at home, without access to the internet 2

Computer at home, with access to the internet 3

Personal Information

1 Names of persons who should be included

Those listed in Table A on page 2 only

Person No. 1

Last name:

First name:

Person No. 2

Last name:

First name:

2 Sex

Male 1

Female 2

Male 1

Female 2

3 Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Country of birth

Tick one box only

Guernsey, Herm, Jethou 1

Alderney 2

Sark 3

Jersey 4

U.K. 5

Republic of Ireland 6

Portugal 7

Other, please specify below

Office use only

Guernsey, Herm, Jethou 1

Alderney 2

Sark 3

Jersey 4

U.K. 5

Republic of Ireland 6

Portugal 7

Other, please specify below

Office use only

5 Year current period of Island residence began

If resident since birth, put year of birth, otherwise, put year of last arrival. Ignore periods of absence of less than 6 months. Being away in full time education counts as continuing to be resident on the Island

Year
<input type="text"/>

Year
<input type="text"/>

6 Whereabouts on census night

Was the person present or absent from this address on Census night?

At this address, out on night work or travelling to this address 1

Elsewhere in the Island 2

Outside the Island 3

At this address, out on night work or travelling to this address 1

Elsewhere in the Island 2

Outside the Island 3

7 Relationship in household

Tick the box which indicates the relationship of each person to Person no. 1.

For husband or wife, the duration is time of legal marriage.

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

Relationship to Person No 1

Husband or wife 1

Duration (years)

Living as a couple 2

Duration (years)

Son or daughter 3

Father or mother 4

Brother or sister 5

Grandchild 6

Grandparent 7

Other Related 8

Unrelated 9

Person No. 3

Last name:

First name:

Male 1
Female 2

Day	Month	Year

Person No. 4

Last name:

First name:

Male 1
Female 2

Day	Month	Year

Person No. 5

Last name:

First name:

Male 1
Female 2

Day	Month	Year

Person No. 6

Last name:

First name:

Male 1
Female 2

Day	Month	Year

Guernsey, Herm, Jethou 1
 Alderney 2
 Sark 3
 Jersey 4
 U.K. 5
 Republic of Ireland 6
 Portugal 7

Other, please specify below

Office use only

Guernsey, Herm, Jethou 1
 Alderney 2
 Sark 3
 Jersey 4
 U.K. 5
 Republic of Ireland 6
 Portugal 7

Other, please specify below

Office use only

Guernsey, Herm, Jethou 1
 Alderney 2
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 Portugal 7

Other, please specify below

Office use only

Guernsey, Herm, Jethou 1
 Alderney 2
 Sark 3
 Jersey 4
 U.K. 5
 Republic of Ireland 6
 Portugal 7

Other, please specify below

Office use only **Year**

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Year

--	--	--	--

Year

--	--	--	--

Year

--	--	--	--

At this address, out on night work or travelling to this address 1Elsewhere in the Island 2Outside the Island 3At this address, out on night work or travelling to this address 1Elsewhere in the Island 2Outside the Island 3At this address, out on night work or travelling to this address 1Elsewhere in the Island 2Outside the Island 3At this address, out on night work or travelling to this address 1Elsewhere in the Island 2Outside the Island 3**Relationship to Person No 1**Husband or wife 1Duration (years) Living as a couple 2Duration (years) Son or daughter 3Father or mother 4Brother or sister 5Grandchild 6Grandparent 7Other Related 8Unrelated 9**Relationship to Person No 1**Husband or wife 1Duration (years) Living as a couple 2Duration (years) Son or daughter 3Father or mother 4Brother or sister 5Grandchild 6Grandparent 7Other Related 8Unrelated 9**Relationship to Person No 1**Husband or wife 1Duration (years) Living as a couple 2Duration (years) Son or daughter 3Father or mother 4Brother or sister 5Grandchild 6Grandparent 7Other Related 8Unrelated 9**Relationship to Person No 1**Husband or wife 1Duration (years) Living as a couple 2Duration (years) Son or daughter 3Father or mother 4Brother or sister 5Grandchild 6Grandparent 7Other Related 8Unrelated 9

Person No. 1

Person No. 2

Last name:

Last name:

First name:

First name:

8 Residential Qualification

Residentially qualified means able to live in local market accommodation in your own right.

If in possession of a housing licence, the period of time is to be calculated from the date of issue to the given date of expiry, NOT the period of time that has thus far elapsed.

In the event of doubt, please contact the Housing Authority for advice, tel 715790

- Residentially qualified in own right 1
- Housing licence for work, valid for:
 - (a) up to 1 year 2
 - (b) 1 to 3 years 3
 - (c) 4 to 5 years 4
 - (d) 6 to 15 years 5
- Other Housing licence 6
- By association i.e. family member of 1 to 6 above 7
- Open market household member 8

-
-
-
-
-
-
-
-

9 Legal Marital Status

Tick one box only

- Single (never married) 1
- Married 2
- Number of times married
- Legally Separated 3
- Divorced 4
- Widowed 5

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10 Activity Last Week

What was the person doing last week? **Please tick only one box.**

Casual, temporary, apprentices, or States scheme 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. →

Include children/adults in full time education, not part time. Do not count training given or paid for by an employer. →

If the person is normally at studies **off** the Island, tick box 6 →

If working for a sheltered workshop, tick box 8 →

- Was working for an employer full time or part time (one hour or more per week) 1
- Was self employed, and employing others 2
- Was self employed not employing others 3
- Was unemployed and looking for work 4
- Was at school or in full time education **in** the Island 5
- Was at school or in full time education **off** the Island 6
- Was retired from paid work 7
- Was unable to work because of long term continuous sickness or disability lasting over six months 8
- None of the above, (Was otherwise at home, e.g. looking after the home or family) 9
- Other, please specify 10

- Was working for an employer full time or part time (one hour or more per week) 1
- Was self employed, and employing others 2
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- None of the above, (Was otherwise at home, e.g. looking after the home or family) 9
- Other, please specify 10

Person No. 3

Last name:

First name:

Person No. 4

Last name:

First name:

Person No. 5

Last name:

First name:

Person No. 6

Last name:

First name:

- Residentially qualified in own right 1
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- Single (never married) 1
- Married 2
- Number of times married
- Legally Separated 3
- Divorced 4
- Widowed 5

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- Married 2
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- None of the above, (Was otherwise at home, e.g. looking after the home or family) 9
- Other, please specify 10
-
-

Person No. 1

Person No. 2

Last name:

Last name:

First name:

First name:

11 Occupation

Give the full title of the main present or last job (even if unemployed or retired).

In part (a) give the full title by which the job is known, for example :-

packing machinist, flower packer, fund administrator, typist, accounts clerk, chef, fisherman, car mechanic - **rather than** general titles like machinist, process worker, supervisor or clerk.

If the person is a manager, please indicate type of management work done

If your job is not self explanatory please describe the main things done in the job in part (b).

(a) Job title

Form for job title with 'Office use only' label and grid.

(a) Job title

Form for job title with 'Office use only' label and grid.

(b) Description of job

Form for description of job.

(b) Description of job

Form for description of job.

12 Name and business of main employer

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

If self-employed, write 'self' in part (a) and type of business in part (b).

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

If a non-Island based employer, please specify country of employer in part (a) and nature of business in part (b). If here on contract work please specify occupation and put contract work in brackets.

(a) Name of employer

Form for name of employer with 'Office use only' label and grid.

(a) Name of employer

Form for name of employer with 'Office use only' label and grid.

(b) Employer's business

Form for employer's business.

(b) Employer's business

Form for employer's business.

13 Hours worked in main job

How many hours does the person currently usually work per week (including overtime)?

If in doubt, put the number of hours worked last week.

Hours:

Input box for hours.

Hours:

Input box for hours.

14 Schooling

Was the person at school in the Island on or near their 15th birthday ?

Yes 1

No 2

Person currently under 15 3

Yes 1

No 2

Person currently under 15 3

Person No. 3

Last name:

First name:

Person No. 4

Last name:

First name:

Person No. 5

Last name:

First name:

Person No. 6

Last name:

First name:

(a) Job title

Office use only
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

(b) Description of job

(a) Job title

Office use only
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

(b) Description of job

(a) Job title

Office use only
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

(b) Description of job

(a) Job title

Office use only
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

(b) Description of job

(a) Name of employer

Office use only
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

(b) Employer's business

(a) Name of employer

Office use only
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

(b) Employer's business

(a) Name of employer

Office use only
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

(b) Employer's business

(a) Name of employer

Office use only
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

(b) Employer's business

Hours:

Hours:

Hours:

Hours:

Yes 1

No 2

Person currently under 15 3

Yes 1

No 2

Person currently under 15 3

Yes 1

No 2

Person currently under 15 3

Yes 1

No 2

Person currently under 15 3

Person No. 1**Person No. 2**

Last name:

Last name:

First name:

First name:

15 Educational qualifications

Which of these educational qualifications does the person have ?

Tick all the boxes that apply.

NVQ Level 2, Intermediate level (GNVQ 2), 5 or more GCSE grades A to C, O Levels or equivalent. 1

NVQ Level 2, Intermediate level (GNVQ 2), 5 or more GCSE grades A to C, O Levels or equivalent. 1

NVQ Level 3, Advanced GNVQ, A Levels, National Diploma, further education certificate - City & Guilds Certificate, RSA Certificate and Diploma, ONC, OND, BTEC Diploma, or equivalent up to NVQ Level 3. 2

NVQ Level 3, Advanced GNVQ, A Levels, National Diploma, further education certificate - City & Guilds Certificate, RSA Certificate and Diploma, ONC, OND, BTEC Diploma, or equivalent up to NVQ Level 3. 2

NVQ Level 4, First Degree, HNC, HND. 3

NVQ Level 4, First Degree, HNC, HND. 3

NVQ Level 5, Professional qualification (e.g. accountancy, engineering or other recognised vocational qualification), Higher Degree, Master, Phd. 4

NVQ Level 5, Professional qualification (e.g. accountancy, engineering or other recognised vocational qualification), Higher Degree, Master, Phd. 4

16 Training

Does the person's current employment / occupation require them to undertake continued vocational training?

If Yes, please state how many days per year.

Yes 1No 2Days: Yes 1No 2Days: **17 Completing full time education**

In which year did the person complete full time education for the last time e.g. year of leaving school, date of last recognised educational attainment. Ignore any full time education currently being undertaken.

Year			

Year			

18 Pensions

Tick all the boxes that apply.

Is the person a member of an occupational pension scheme (i.e. an employer's pension scheme) ?

Yes No

If yes, does the person contribute to that scheme ?

Yes No

Does the person contribute to a personal pension plan or to a retirement annuity contract ?

Yes No

Is the person a member of an occupational pension scheme (i.e. an employer's pension scheme) ?

Yes No

If yes, does the person contribute to that scheme ?

Yes No

Does the person contribute to a personal pension plan or to a retirement annuity contract ?

Yes No

Person No. 3

Last name:

First name:

Person No. 4

Last name:

First name:

Person No. 5

Last name:

First name:

Person No. 6

Last name:

First name:

NVQ Level 2, Intermediate level (GNVQ 2), 5 or more GCSE grades A to C, O Levels or equivalent. 1

NVQ Level 3, Advanced GNVQ, A Levels, National Diploma, further education certificate - City & Guilds Certificate, RSA Certificate and Diploma, ONC, OND, BTEC Diploma, or equivalent up to NVQ Level 3. 2

NVQ Level 4, First Degree, HNC, HND. 3

NVQ Level 5, Professional qualification (e.g. accountancy, engineering or other recognised vocational qualification), Higher Degree, Master, Phd. 4

NVQ Level 2, Intermediate level (GNVQ 2), 5 or more GCSE grades A to C, O Levels or equivalent. 1

NVQ Level 3, Advanced GNVQ, A Levels, National Diploma, further education certificate - City & Guilds Certificate, RSA Certificate and Diploma, ONC, OND, BTEC Diploma, or equivalent up to NVQ Level 3. 2

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NVQ Level 4, First Degree, HNC, HND. 3

NVQ Level 5, Professional qualification (e.g. accountancy, engineering or other recognised vocational qualification), Higher Degree, Master, Phd. 4

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NVQ Level 4, First Degree, HNC, HND. 3

NVQ Level 5, Professional qualification (e.g. accountancy, engineering or other recognised vocational qualification), Higher Degree, Master, Phd. 4

Yes 1No 2Days: Yes 1No 2Days: Yes 1No 2Days: Yes 1No 2Days:

Year

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Year

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Year

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Year

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Is the person a member of an occupational pension scheme (i.e. an employer's pension scheme)?

Yes No

If yes, does the person contribute to that scheme?

Yes No

Does the person contribute to a personal pension plan or to a retirement annuity contract?

Yes No

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Yes No

If yes, does the person contribute to that scheme?

Yes No

Does the person contribute to a personal pension plan or to a retirement annuity contract?

Yes No

Is the person a member of an occupational pension scheme (i.e. an employer's pension scheme)?

Yes No

If yes, does the person contribute to that scheme?

Yes No

Does the person contribute to a personal pension plan or to a retirement annuity contract?

Yes No

Is the person a member of an occupational pension scheme (i.e. an employer's pension scheme)?

Yes No

If yes, does the person contribute to that scheme?

Yes No

Does the person contribute to a personal pension plan or to a retirement annuity contract?

Yes No

Person No. 1

Person No. 2

Last name:

Last name:

First name:

First name:

19 Guernsey Norman-French

Tick all the boxes that apply.

Does the person speak Guernsey Norman-French?

Fluently 1

A little 2

Not at all 3

Does the person understand Guernsey Norman-French?

Fully 4

A little 5

Not at all 6

Does the person speak Guernsey Norman-French?

Fluently 1

A little 2

Not at all 3

Does the person understand Guernsey Norman-French?

Fully 4

A little 5

Not at all 6

20 Giving Care

Tick all the boxes that apply.

Does the person **provide** unpaid informal care for a relative (including spouse or partner) or a friend ?

Yes No

If 'Yes', what is the age of that friend or relative? Years old

For how many years has the person been providing this care? Years

How many hours per week does the person provide this care ? Hours

Does the person **provide** unpaid informal care for a relative (including spouse or partner) or a friend ?

Yes No

If 'Yes', what is the age of that friend or relative? Years old

For how many years has the person been providing this care? Years

How many hours per week does the person provide this care ? Hours

21 Receiving care

Tick all the boxes that apply.

Does the person **receive** unpaid informal care for a relative (including spouse or partner) or a friend ?

Yes No

If 'Yes', what is the age of that friend or relative ? Years old

For how many years has the person been receiving this care? Years

How many hours per week does the person receive this care ? Hours

Does the person being cared for receive visits from Community Nurses, Home Helps or Home Carers?

Yes No

Does the person **receive** unpaid informal care for a relative (including spouse or partner) or a friend ?

Yes No

If 'Yes', what is the age of that friend or relative ? Years old

For how many years has the person been receiving this care? Years

How many hours per week does the person receive this care ? Hours

Does the person being cared for receive visits from Community Nurses, Home Helps or Home Carers?

Yes No

Person No. 3

Last name:

First name:

Does the person speak Guernsey Norman-French?

- Fluently 1
 A little 2
 Not at all 3

Does the person understand Guernsey-Norman French?

- Fully 4
 A little 5
 Not at all 6

Person No. 4

Last name:

First name:

Does the person speak Guernsey Norman-French?

- Fluently 1
 A little 2
 Not at all 3

Does the person understand Guernsey-Norman French?

- Fully 4
 A little 5
 Not at all 6

Person No. 5

Last name:

First name:

Does the person speak Guernsey Norman-French?

- Fluently 1
 A little 2
 Not at all 3

Does the person understand Guernsey-Norman French?

- Fully 4
 A little 5
 Not at all 6

Person No. 6

Last name:

First name:

Does the person speak Guernsey Norman-French?

- Fluently 1
 A little 2
 Not at all 3

Does the person understand Guernsey-Norman French?

- Fully 4
 A little 5
 Not at all 6

Does the person **provide** unpaid informal care for a relative (including spouse or partner) or a friend ?Yes No If 'Yes', what is the age of that friend or relative? Years oldFor how many years has the person been providing this care? YearsHow many hours per week does the person provide this care ? HoursDoes the person **provide** unpaid informal care for a relative (including spouse or partner) or a friend ?Yes No If 'Yes', what is the age of that friend or relative? Years oldFor how many years has the person been providing this care? YearsHow many hours per week does the person provide this care ? HoursDoes the person **provide** unpaid informal care for a relative (including spouse or partner) or a friend ?Yes No If 'Yes', what is the age of that friend or relative? Years oldFor how many years has the person been providing this care? YearsHow many hours per week does the person provide this care ? HoursDoes the person **provide** unpaid informal care for a relative (including spouse or partner) or a friend ?Yes No If 'Yes', what is the age of that friend or relative? Years oldFor how many years has the person been providing this care? YearsHow many hours per week does the person provide this care ? HoursDoes the person **receive** unpaid informal care for a relative (including spouse or partner) or a friend ?Yes No If 'Yes', what is the age of that friend or relative ? Years oldFor how many years has the person been receiving this care? YearsHow many hours per week does the person receive this care ? Hours

Does the person being cared for receive visits from Community Nurses, Home Helps or Home Carers?

Yes No Does the person **receive** unpaid informal care for a relative (including spouse or partner) or a friend ?Yes No If 'Yes', what is the age of that friend or relative ? Years oldFor how many years has the person been receiving this care? YearsHow many hours per week does the person receive this care ? Hours

Does the person being cared for receive visits from Community Nurses, Home Helps or Home Carers?

Yes No Does the person **receive** unpaid informal care for a relative (including spouse or partner) or a friend ?Yes No If 'Yes', what is the age of that friend or relative ? Years oldFor how many years has the person been receiving this care? YearsHow many hours per week does the person receive this care ? Hours

Does the person being cared for receive visits from Community Nurses, Home Helps or Home Carers?

Yes No Does the person **receive** unpaid informal care for a relative (including spouse or partner) or a friend ?Yes No If 'Yes', what is the age of that friend or relative ? Years oldFor how many years has the person been receiving this care? YearsHow many hours per week does the person receive this care ? Hours

Does the person being cared for receive visits from Community Nurses, Home Helps or Home Carers?

Yes No

Person No. 1

Person No. 2

Last name:

Last name:

First name:

First name:

22 Incapacity and Disability

Tick all the boxes that apply.

Does the person have any long-term illness or health problem which over a period of 12 months or more has restricted their ability to:

maintain their personal hygiene without assistance from another person, including washing and going to the toilet?

Yes No 1

Yes No 1

dress and undress unaided ?

Yes No 2

Yes No 2

walk unaided from one room to another on the same level within the normal place of residence?

Yes No 3

Yes No 3

feed themselves, albeit that food/drink may have been prepared by another person ?

Yes No 4

Yes No 4

Does the person have an ongoing problem with memory loss, concentration or confusion that has lasted for over 12 months and which requires them to be continually supervised or cared for by another person?

Yes No 5

Yes No 5

23 Daily journey to work or school

Please tick the appropriate box to show how the longest part, by distance, of the person's journey to work or 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

Motorcycle, Scooter or Moped 4

Driving a car or van 5

Passenger in a car or van 6

Bicycle 7

On Foot 8

Aircraft 9

Boat 10

Works mainly at home 11

Other (please specify below)

Public Service Bus 1

School Bus 2

Private Hire Bus, Minibus or Taxi 3

Motorcycle, Scooter or Moped 4

Driving a car or van 5

Passenger in a car or van 6

Bicycle 7

On Foot 8

Aircraft 9

Boat 10

Works mainly at home 11

Other (please specify below)

24 Year of becoming a householder

A householder is defined as the owner, joint-owner, tenant or joint-tenant. If you became a householder for the first time during 1996-2001 please put the year, otherwise leave blank .

Year			

Year			

Person No. 3

Last name:

First name:

Person No. 4

Last name:

First name:

Person No. 5

Last name:

First name:

Person No. 6

Last name:

First name:

Yes No 1

Yes No 2

Yes No 3

Yes No 4

Yes No 5

Yes No 1

Yes No 2

Yes No 3

Yes No 4

Yes No 5

Yes No 1

Yes No 2

Yes No 3

Yes No 4

Yes No 5

Yes No 1

Yes No 2

Yes No 3

Yes No 4

Yes No 5

Public Service Bus 1

School Bus 2

Private Hire Bus,
Minibus or Taxi 3

Motorcycle, Scooter
or Moped 4

Driving a car or van 5

Passenger in a
car or van 6

Bicycle 7

On Foot 8

Aircraft 9

Boat 10

Works mainly
at home 11

Other (please specify below)

Public Service Bus 1

School Bus 2

Private Hire Bus,
Minibus or Taxi 3

Motorcycle, Scooter
or Moped 4

Driving a car or van 5

Passenger in a
car or van 6

Bicycle 7

On Foot 8

Aircraft 9

Boat 10

Works mainly
at home 11

Other (please specify below)

Public Service Bus 1

School Bus 2

Private Hire Bus,
Minibus or Taxi 3

Motorcycle, Scooter
or Moped 4

Driving a car or van 5

Passenger in a
car or van 6

Bicycle 7

On Foot 8

Aircraft 9

Boat 10

Works mainly
at home 11

Other (please specify below)

Public Service Bus 1

School Bus 2

Private Hire Bus,
Minibus or Taxi 3

Motorcycle, Scooter
or Moped 4

Driving a car or van 5

Passenger in a
car or van 6

Bicycle 7

On Foot 8

Aircraft 9

Boat 10

Works mainly
at home 11

Other (please specify below)

Year

--	--	--	--

Year

--	--	--	--

Year

--	--	--	--

Year

--	--	--	--

Additional persons not included on this form

Was there anyone else here on the night of 29 / 30 April, whom you have not included because there was no room on the form?

Yes No

If yes is ticked, please ask your enumerator for another form or call the Census Helpline on 710050.

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

Yes No

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

Name	Address	Reason for omission

Declaration (to be signed after completing the form)

Before you sign the form, please check:

- that you have included everyone who spent the night of April 29 / 30 in your household.
- that you have included everyone who usually lives here, but was away from home on the night of April 29 / 30.
- that no visitors, boarders, or newly born children, even if still in hospital have been missed.
- that all questions on this form have been answered.

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

Signature/s

Date

Daytime telephone number
(in the event of a query)