

H2



29 April count me in Census2001

Wales Household Form

Census Helpline 0845 301 2001 Text Phone for the Deaf 0845 303 2001 Website www.statistics.gov.uk

Name

CD

Address

ED

Form Number

Postcode

* Form 1 of

*Multi-form households only

To the Householder, Joint Householders or members of the household aged 16 or over

The Census is a count every ten years of all people and households in the country. Census information is used by central and local government, health authorities and many other organisations to allocate resources and plan services for everyone. The Office for National Statistics conducts the Census in England and Wales.

Completing your form

Completion of the Census form is compulsory under the Census Act 1920. If you refuse to complete it, or give false information, you may be liable to a fine. This liability does not apply to question 10 on religion. The requirement for you to return a completed form will not be satisfied until such a form has been received. If you need help please contact the Census Helpline.

Confidentiality

The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes, and anyone using or disclosing Census information improperly will be liable to prosecution. Census forms will be held securely. Under the current terms of the Public Records Act 1958, the data will be treated as confidential for a period of 100 years.

Thank you for counting yourself in.



Len Cook
REGISTRAR GENERAL FOR ENGLAND AND WALES

What you have to do

- ◆ Your household should complete this form in **black or blue ink**. A household is:
 - one person living alone, or
 - a group of people (not necessarily related) living at the same address with common housekeeping - sharing either a living room or sitting room, or at least one meal a day.
- ◆ This form covers five people. If there are more than five people in your household you will need an extra form.
- ◆ Decide whether you wish to use the English or the Welsh language version of the form. You must use the same form for all members of your household.
- ◆ Identify household members in Table 1 (page 2). It will help you to complete the form if you use Table 2 to identify visitors.
- ◆ Answer the questions about your accommodation (page 3).
- ◆ Complete the relationship question (pages 4 and 5).
- ◆ Answer the remaining questions for every member of your household.
- ◆ Sign the Declaration and **post the form back** in the envelope supplied.

For help or extra forms, call the Census Helpline on 0845 301 2001 (local rate number).

Declaration

◆ To be signed after completing this form. Please check that you have not missed any pages or questions.

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

Signature/s

Date

Table 1 Household Members

- ◆ List all members of your household who usually live at this address, including yourself.
 - Start with the Householder or Joint Householders.
 - Include anyone who is temporarily away from home on the night of 29 April 2001 who usually lives at this address.
 - Include schoolchildren and students if they live at this address during the school, college or university term.
 - Also include schoolchildren and students who are away from home during the school, college or university term and for whom only basic information is required.
 - Include any baby born before 30 April 2001, even if still in hospital.
 - Include people with more than one address if they live at this address for the *majority of time*.
 - Include anyone who is staying with you who has no other usual address.
 - Remember to include a spouse or partner who works away from home, or is a member of the armed forces, and usually lives at *this address*.
- ◆ If any member of your household aged 16 or over requires a separate form for privacy reasons, please contact the Census Helpline and ✓ the relevant box in the column marked 'Individual Form'.

Person No.	First name and surname	Individual Form
Person 1		<input type="checkbox"/>
Person 2		<input type="checkbox"/>
Person 3		<input type="checkbox"/>
Person 4		<input type="checkbox"/>
Person 5		<input type="checkbox"/>
If you have more than 5 people in your household, you will need an extra form.		
Person 6		<input type="checkbox"/>
Person 7		<input type="checkbox"/>
Person 8		<input type="checkbox"/>
Person 9		<input type="checkbox"/>
Person 10		<input type="checkbox"/>

Table 2 Visitors

- ◆ To help you complete the form you may use Table 2 to list any visitors at this address, on the night of 29 April 2001, who usually live elsewhere.
- ◆ If there are only visitors at this address, please complete questions H1 to H5 on page 3. No further questions need to be answered.

First name and surname	Usual address

How to complete the remaining questions

Remember to use black or blue ink.

Put a tick in the appropriate box, like this . If you mark the wrong box, fill in the box and put a tick in the right one, like this



Where you are required to write in an answer please use CAPITAL LETTERS and leave one space between each word. Start a new line if a word will not fit.

7 What is your country of birth?

Elsewhere, please write in the present name of the country

S	O	U	T	H					
A	F	R	I	C	A				

Household Accommodation

H1 What type of accommodation does your household occupy?

A whole house or bungalow that is:

- Detached
 Semi-detached
 Terraced (including end-terrace)

A flat, maisonette, or apartment that is:

- In a purpose-built block of flats or tenement
 Part of a converted or shared house (includes bed-sits)
 In a commercial building (for example, in an office building, or hotel, or over a shop)

Mobile or temporary structure:

- A caravan or other mobile or temporary structure

H2 Is your household's accommodation self-contained?

◆ This means that *all* the rooms, including the kitchen, bathroom and toilet are behind a door that only your household can use.

- Yes, all the rooms are behind a door that only our household can use
 No

H3 How many rooms do you have for use only by your household?

- ◆ *Do not count* bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards.
 ◆ *Do count* all other rooms, for example kitchens, living rooms, bedrooms, utility rooms and studies.
 ◆ If two rooms have been converted into one, count them as one room.

Number of rooms

H4 Do you have a bath/shower and toilet for use only by your household?

- Yes
 No

H5 What is the lowest floor level of your household's living accommodation?

- Basement or semi-basement
 Ground floor (street level)
 First floor (floor above street level)
 Second floor
 Third or fourth floor
 Fifth floor or higher

H6 Does your accommodation have central heating?

◆ If you have central heating available, ✓ 'Yes' whether or not you use it.

◆ Central heating includes:

- gas, oil or solid fuel central heating
- night storage heaters
- warm air heating
- underfloor heating

- Yes, in some or all rooms
 No

H7 How many cars or vans are owned, or available for use, by one or more members of your household?

◆ Include any company car or van if available for private use.

- None
 One
 Two
 Three
 Four or more, please write in number

H8 Does your household own or rent the accommodation?

◆ ✓ *one box only.*

- Owns outright
 ► Go to **H10**
- Owns with a mortgage or loan
 ► Go to **H10**
- Pays part rent and part mortgage (shared ownership)
 ► Go to **H10**
- Rents
 ► Go to **H9**
- Lives here rent free
 ► Go to **H9**

H9 Who is your landlord?

- Council (Local Authority)
 Housing Association
 Housing Co-operative
 Charitable Trust
 Registered Social Landlord
- Private landlord or letting agency
 Employer of a household member
 Relative or friend of a household member
 Other

H10 Please turn the page.

Household Members and their Relationships within the Household

- ◆ The example below shows how to provide the relationship information for John Smith, his wife (Mary) and their three children (Alison, Steven and James).
- ◆ In this example Steven's (Person 4) relationship to Person 1 is son, to Person 2 is son and to Person 3 is brother.

Name of Person 1	Name of Person 2	Name of Person 3
First name JOHN	First name MARY	First name ALISON
Surname SMITH	Surname SMITH	Surname SMITH
<p>ENTER NAME OF PERSON 1 ABOVE</p>	Relationship of Person 2 to Person → 1 Husband or wife <input checked="" type="checkbox"/> Partner <input type="checkbox"/> Son or daughter <input type="checkbox"/> Step-child <input type="checkbox"/> Brother or sister <input type="checkbox"/>	Relationship of Person 3 to Person → 1 2 Husband or wife <input type="checkbox"/> <input type="checkbox"/> Partner <input type="checkbox"/> <input type="checkbox"/> Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Step-child <input type="checkbox"/> <input type="checkbox"/> Brother or sister <input type="checkbox"/> <input type="checkbox"/>

- ◆ Use the same order and person numbers as in Table 1 (page 2), starting with Person 1.
- ◆ Print the name of each household member in the space at the top of each column.
- ◆ ✓ a box to show the relationship of each person to each of the other members of your household.
- ◆ Include relationship information for household members who require an Individual Form for privacy reasons. Questions on the following pages should be left blank for these people.

Name of Person 1	Name of Person 2	Name of Person 3
First name	First name	First name
Surname	Surname	Surname
<p>ENTER NAME OF PERSON 1 ABOVE</p>	Relationship of Person 2 to Person → 1 Husband or wife <input type="checkbox"/> Partner <input type="checkbox"/> Son or daughter <input type="checkbox"/> Step-child <input type="checkbox"/> Brother or sister <input type="checkbox"/> Mother or father <input type="checkbox"/> Step-mother or step-father <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Other related <input type="checkbox"/> Unrelated <input type="checkbox"/>	Relationship of Person 3 to Person → 1 2 Husband or wife <input type="checkbox"/> <input type="checkbox"/> Partner <input type="checkbox"/> <input type="checkbox"/> Son or daughter <input type="checkbox"/> <input type="checkbox"/> Step-child <input type="checkbox"/> <input type="checkbox"/> Brother or sister <input type="checkbox"/> <input type="checkbox"/> Mother or father <input type="checkbox"/> <input type="checkbox"/> Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/> Grandchild <input type="checkbox"/> <input type="checkbox"/> Grandparent <input type="checkbox"/> <input type="checkbox"/> Other related <input type="checkbox"/> <input type="checkbox"/> Unrelated <input type="checkbox"/> <input type="checkbox"/>

Name of Person 4

First name	STEVEN
Surname	SMITH

Relationship of**Person 4 to Person** → 1 2 3

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 5

First name	JAMES
Surname	SMITH

Relationship of**Person 5 to Person** → 1 2 3 4

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person 4

First name	
Surname	

Relationship of**Person 4 to Person** → 1 2 3

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person 5

First name	
Surname	

Relationship of**Person 5 to Person** → 1 2 3 4

Husband or wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother or step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remaining questions should be answered by each member of your household in the same order as Table 1 on page 2 of this form. Where a household member is completing an Individual Form for privacy reasons, the remaining questions for this person should be left blank.

