1990 No. 248

CENSUS

The Census Regulations (Northern Ireland) 1990

Made	*29th June 1990*
Coming into force . . .	*31st July 1990*

The Department of Health and Social Services, in exercise of the powers conferred by section 3(1) of the Census Act (Northern Ireland) 1969(**a**) and now vested in it(**b**), and of all other powers enabling it in that behalf, hereby makes the following Regulations:

Citation and commencement

1. These Regulations may be cited as The Census Regulations (Northern Ireland) 1990 and shall come into force on 31st July 1990.

Interpretation

2.—(1) In these Regulations—

"the Act" means the Census Act (Northern Ireland) 1969;

"the census" means the census directed to be taken by the Census Order (Northern Ireland) 1990(**c**);

"census area manager" means an officer appointed under regulation 4(1)(*a*);

"census day" means 21st April 1991;

"census district" means a district so referred to in regulation 3;

"census officer" means an officer appointed under regulation 4(1)(*b*);

"Census Order" means the Census Order (Northern Ireland) 1990;

"enumeration district" means a district so referred to in regulation 3;

"enumerator" means an officer appointed under regulation 4(1)(*c*)(i);

"officer" means a person appointed under regulation 4;

"prescribed person" means a person required by the Census Order to make a return;

(2) In these Regulations, a reference to a form, where it is followed immediately by an identifying letter, is a reference to the form of return which is identified by that letter and which is set out in Schedule 3.

(a) 1969 c. 8 (N.I.)
(b) *See* Art. 5 of and Sch. 1 to S.I. 1982/338 (N.I. 6)
(c) S.R. 1990 No. 144

Census districts and enumeration districts

3.—(1) For the purpose of the census, the Registrar General shall divide Northern Ireland into census districts and shall divide each census district into enumeration districts.

(2) The Registrar General may designate any number of adjoining census districts as a census area.

Appointment of officers

4.—(1) For the purpose of the census—

(*a*) the Registrar General may appoint a census area manager for any census area designated under regulation 3(2);

(*b*) the Registrar General or the census area manager may appoint a census officer for each census district;

(*c*) the Registrar General, the census area manager or the census officer may appoint—

(i) an enumerator for each enumeration district, and

(ii) such other persons as may be necessary for taking the census.

(2) The officers appointed under this regulation shall perform the duties assigned to them under the Act and by these Regulations.

Undertaking

5. Every officer shall complete the form of undertaking set out in Schedule 1 before he performs any of the duties assigned to him under the Act and by these Regulations.

Forms of return

6. The form of return to be made by a prescribed person mentioned in column (1) of Schedule 2, or by any person making a return on behalf of a prescribed person under Article 5(4) or (5) of the Census Order, shall be the form which has the title specified in the corresponding entry in column (2) of that Schedule, and which is set out under that title in Schedule 3; and any such person shall comply with the instructions contained in that form.

Supply of forms and other documents for enumerators

7.—(1) The Registrar General shall issue to every census officer a sufficient number of enumeration record books, forms of return and such other forms or documents as may be necessary for the purpose of the census.

(2) Every census officer shall supply to every enumerator appointed to act for an enumeration district within his census district an enumeration record book for the enumeration district for which he has been appointed, a sufficient number of forms of return and such other forms or documents as may be necessary for the purpose of the census.

Delivery of forms of return

8.—(1) The enumerator shall deliver forms of return on 12th April 1991 or as soon thereafter as is reasonably practicable, as follows—

(*a*) form H to the head or joint heads, or the person or persons for the time being acting as head or joint heads, of each private household occupying a dwelling or part of a dwelling mentioned in Group I in Schedule 1 to the Census Order or, where there is no head or acting head and there are no joint heads or acting joint heads of that household, to a member of that household who is aged 16 years or over or, where that household consists of one person, to that person;

(*b*) the number of forms L and I, which the enumerator estimates is likely to be necessary for the purpose of the census, to the manager, chief resident officer or other person for the time being in charge of any premises mentioned in Group II or III in Schedule 1 to the Census Order and to the commanding officer or other person for the time being in charge of any premises mentioned in Group IV in that Schedule.

(2) The duty assigned to the enumerator by paragraph (1) to deliver a form of return shall be satisfied—

(*a*) if he hands it to the appropriate person mentioned in paragraph (1) or to a responsible person claiming to act on behalf of that person, or

(*b*) where no appropriate or responsible person is available, if he leaves it at the dwelling or premises referred to in paragraph (1).

(3) The Registrar General shall make arrangements for the delivery of—

(*a*) forms L and I, to the commanding officer or other person for the time being in charge of any vessel mentioned in Group IV in Schedule 1 to the Census Order and to the captain, master or other person for the time being in charge of any vessel mentioned in Group V in that Schedule;

(*b*) form I to every person mentioned in Group VI in Schedule 1 to the Census Order.

(4) The person to whom forms of return are delivered under paragraph (1)(*b*) or (3)(*a*) shall deliver form I to every prescribed person on the premises or vessel who appears to him to be capable of completing the form.

(5) Where the manager or other person in charge of any premises mentioned in Group II in Schedule 1 to the Census Order has arranged for a return with respect to a person incapable of making a return to be made by a relative or other person accompanying him, he shall deliver form I to the relative or other person for that purpose.

Particulars to be obtained by enumerators

9. When the enumerator delivers form H in accordance with regulation 8(1)(*a*), he shall complete the panel on that form headed "Panel A".

Individual returns in private households

10.—(1) Any person who satisfies the conditions prescribed in Article 5(3) of the Census Order and who elects to make an individual return ("the elector") or a person acting on his behalf may ask the enumerator to provide him with a separate form of return, but if the elector cannot for any reason obtain a form from the enumerator, he or a person acting on his behalf may apply to the census officer for such a form.

(2) The enumerator or census officer, as the case may be, shall issue to the elector, or to the person acting on his behalf, the appropriate form I and an envelope in which the completed form of return may be sealed before it is collected by the enumerator.

Sealed envelopes for returns from private households

11. Any person who is required by Article 5(1) or (2) of the Census Order to make a return may ask the enumerator to provide him with an envelope in which the completed form of return may be sealed before it is collected by the enumerator, and the enumerator, if so asked, shall comply with any such request.

Information to be provided by persons in charge of premises or vessels

12.—(1) The manager, chief resident officer or other person for the time being in charge of any premises mentioned in Group II or III in Schedule 1 to the Census Order shall enter the name and address of the premises on every form of return made under Article 5(4) of the Census Order by or with respect to any person in the premises.

(2) The commanding officer or other person for the time being in charge of any premises or vessel mentioned in Group IV in Schedule 1 to the Census Order, and the captain, master or other person for the time being in charge of any vessel mentioned in Group V in that Schedule, shall enter the name and address of the premises, or as the case may be the name of the vessel, on every form of return made under Article 5(4) of the Census Order by or with respect to any person in the premises or vessel.

(3) The commanding officer or other person for the time being in charge of any vessel mentioned in Group IV in Schedule 1 to the Census Order shall enter the name of the vessel on every form of return made under Article 5(6) of the Census Order.

Collection of returns

13.—(1) Where under regulation 8(4) forms I have been delivered to persons mentioned in Article 5(4) of the Census Order, the person responsible for delivering the forms, or any person who has taken his place, shall collect the completed forms on the day after census day or as soon thereafter as is reasonably practicable.

(2) On the day after census day, or as soon thereafter as is reasonably practicable, the enumerator shall collect all forms of return delivered by him and all separate forms of return issued in accordance with regulation 10 to persons within his enumeration district.

(3) Subject to paragraphs (4) and (5), the enumerator shall examine each form of return which he has collected and satisfy himself that the entries thereon are properly and sufficiently made, and for that purpose he shall make all such inquiries of the persons concerned in completing the form, or the persons with respect to whom the returns are made, as are reasonably necessary.

(4) The enumerator may open any sealed envelope which was issued under regulation 10 to a person electing to make an individual return, unless

that person has asked the enumerator not to open it, in which case the enumerator shall pass the envelope unopened to the census officer.

(5) The enumerator shall not open any envelope which was issued under regulation 11 and which is returned to him sealed, but shall instead pass the envelope unopened to the census officer.

(6) The census officer may open any sealed envelope which has been passed to him from an enumerator in accordance with paragraph (4) or (5), and examine the form of return.

(7) If the census officer is not satisfied that the entries on a form of return are properly and sufficiently made, he may make all such inquiries of the persons concerned in completing the form, or the persons with respect to whom the returns are made, as are reasonably necessary.

(8) The Registrar General shall make arrangements for the collection of completed forms of return made by persons on vessels mentioned in Groups IV and V in Schedule 1 to the Census Order and by persons in places mentioned in Group VI in that Schedule.

Further duties of enumerators and census officers

14.—(1) As soon after census day as is reasonably practicable, the enumerator shall complete the enumeration record book and any sections which he is required to complete in the forms of return which he has collected.

(2) When directed to do so by the census officer, the enumerator shall deliver to the census officer the enumeration record book, all forms of return which he has collected, and any other written record of any nature in his possession which contains any personal information which has been acquired in connection with the census.

(3) When directed to do so by the Registrar General, the census officer shall send to the Registrar General all completed enumeration record books relating to the enumeration districts within his census district, all forms of return and other written records delivered to him by enumerators and any other written record of any nature in his possession which contains any personal information which has been acquired in connection with the census.

Giving of information

15.—(1) Every prescribed person shall give to the enumerator such information as the enumerator may reasonably require for the performance of his duties under these Regulations.

(2) Every person in respect of whom it is the duty of a prescribed person to make a return shall give to that prescribed person such information as the prescribed person may reasonably require for that purpose, and shall give to the enumerator or census officer such information as that officer may reasonably require for the performance of his duties under these Regulations.

(3) A person to whom information is given pursuant to the Census Order and these Regulations shall not without lawful authority—

(*a*) make use of that information, or

(*b*) publish it or communicate it to any other person, otherwise than for the purpose of the Act.

Safe custody of forms and documents

16. Any person having the custody, whether on his own behalf or on behalf of any other person, of any forms of return, enumeration record books or other documents containing confidential information relating to a census shall keep such forms, books and other documents in such manner as to prevent any unauthorised person having access to them.

Revocation

17. The Census Regulations (Northern Ireland) 1980(**a**) and Census (Amendment) Regulations (Northern Ireland) 1980(**b**) are hereby revoked.

Sealed with the Official Seal of the Department of Health and Social Services on 29th June 1990.

(L.S.) *R. McMurray*
Assistant Secretary

(a) S.R. 1980 No. 315
(b) S.R. 1980 No. 440

SCHEDULE 1 Regulation 5

Form of Undertaking to be given by Officers

I, ... being a person appointed in accordance with The Census Regulations (Northern Ireland) 1990 for the purpose of taking the census, hereby undertake and promise faithfully to perform the duties assigned to me under the Census Act (Northern Ireland) 1969 and by The Census Regulations (Northern Ireland) 1990 so far as applicable to me, and to fulfil all the obligations required of me under the Act and by those Regulations, and I hereby state that I have read and understood the provisions of section 7 of the Act (as amended by Articles 5(4) and 7(2) of and Schedule 3 to the Fines and Penalties (Northern Ireland) Order 1984(**a**) and the Criminal Penalties etc. (Increase) Order (Northern Ireland) 1984(**b**)), copies of which have been supplied to me.

Signed .....

In the presence of .....

(a) S.I. 1984 703 (N.I. 3)
(b) S.R. 1984 No. 253

SCHEDULE 2 Regulation 6

(1) *Prescribed persons*	(2) *Title of form*
(*a*) The head or joint heads, or the person or persons for the time being acting as head or joint heads, of every private household, or where there is no head or acting head and there are no joint heads or acting joint heads of that household, the members of that household who are aged 16 years or over, or where the private household consists of one person, that person.	The form entitled "H form for Private Households".
(*b*) Any person mentioned in column (2) in Group II, III, IV, V or VI in Schedule 1 to the Census Order.	The form entitled "I form for making an individual return".
(*c*) Any person making an individual return in accordance with regulation 10.	The form entitled "I form for making an individual return".
(*d*) The manager, chief resident officer or other person for the time being in charge of any premises mentioned in Group II or III in Schedule 1 to the Census Order; the commanding officer or other person for the time being in charge of any premises or vessel mentioned in Group IV in that Schedule; and the captain, master or other person for the time being in charge of any vessel mentioned in Group V in that Schedule.	The form entitled "L form for Communal Establishments, HM Ships or other vessels".

Forms of Return for 1991 Census

1991 Census

H form for Private Households

To the Head or Joint Heads or members of the Household aged 16 or over

Please complete this form for all members of the household, including children, and have it ready for collection on Monday 22nd April. Your census enumerator will call to collect it then or soon afterwards and will help you with the form if you have any difficulties. The enclosed leaflet explains why the Census is necessary and how the information is used.

Completion of the form is compulsory under the Census Act (Northern Ireland) 1969. If you refuse to complete it, or give false information, you may have to pay a fine of up to £400. There is no penalty for refusing to state religious denomination as this is a voluntary question.

Your answers will be treated in strict confidence and used only to produce statistics. No names and addresses will be put into the computer; only the postcode will be entered. The forms will be kept securely and treated as **confidential. No information about named individuals will be passed by the Census Office to any other Government Department or to any other authority or person.**

Anyone using or disclosing Census information improperly will be liable to prosecution. For example, it would be improper for you to pass on to someone else information which you have been given in confidence by a visitor to enable you to complete the Census Form.

If any member of the household aged 16 or over does not wish you, or another member of the household, to see their information, please ask the enumerator for an individual form with an envelope.

After completing the form, please sign the declaration on the last page.
Thank you for your co-operation.

R McMurray
Registrar General

Please read these instructions before filling in this form

A Household:

A household comprises either one person living alone or a group of people (not necessarily related) living at the same address with common housekeeping - that is, sharing at least one meal a day or sharing a living room or sitting room.

People staying temporarily with the household are included.

- If there is more than one household in this building, answer for your household only.
- First check **Panel A** and then answer questions **H1** on **this page** and **H2** to **H5** on the **back page.**
- When you have answered the household questions, answer the questions on the **inside pages** about each member of your household.
- If a member of the household is completing an Individual form please enter their name and answer questions 5 and 6 on this form.
- Then complete **Panel B** and **Panel C** on the back page.
- *Answer each question by ticking the appropriate box or boxes* ☑ *where they are provided.*
- *Please use ink or ballpoint pen.*

Enquiries to:-

Census Office
Department of Health and Social Services
Castle Buildings
Stormont
BELFAST BT4 3RA
Telephone Belfast 63939

FOR OFFICE USE ONLY

E.D.No.	1	Form No.	Grid Reference	Males	Females

District Council	Ward	Townland

Town or Village	BUA Code	Family Type
Street etc. with No. or name of house		
Postcode B T		
Name of head of household		

Panel A

To be completed by the Enumerator and amended, if necessary, by the person(s) signing this form

Tick one box to show the type of accommodation which this household occupies.

- **A caravan or other mobile or temporary structure** ☐ 1
- **A whole house or bungalow that is**
  - detached ☐ 2
  - semi-detached ☐ 3
  - terraced (include end-of-terrace) ☐ 4
- **The whole of a purpose built flat or maisonette**
  - in commercial building (for example in an office building or hotel or over a shop) ☐ 5
  - in a block of flats ☐ 6
- **Part of a converted or shared house, bungalow or flat**
  - separate entrance into the building ☐ 7
  - shared entrance into the building ☐ 8

H1 Accommodation

If box 7 or box 8 in Panel A is ticked, tick one box below to show the type of accommodation which your household occupies

- **A one roomed flatlet** with private bath or shower, WC and kitchen facilities. ☐ 1
- **One room or bedsit, not self-contained** (to move from your room to bathroom, WC or kitchen facility you have to use a hall, landing or stairway open to other households). ☐ 2
- **A self-contained flat or accommodation with 2 or more rooms,** having bath or shower, WC and kitchen facilities all behind its own private door. ☐ 3
- **2 or more rooms, not self-contained** (to move between rooms or to bathroom, WC, or kitchen facilities you have to use a hall, landing or stairway open to other households). ☐ 4

Please turn to the back page and answer questions H2 to H5 →

1-3 Name, sex and date of birth of people to be included

Important-please read the notes before answering the questions.

In answering the rest of the questions please include:

- every person who spends census night (21-22 April) in this household, **including anyone staying temporarily.**
- any other people who are usually members of the household but on census night are absent on holiday, at school or college, or for any other reason, even if you know they are being included on another census form elsewhere
- any baby born before 22 April even if still in hospital. If not yet given a name write 'BABY' and the surname.
- anyone who arrives here on Monday 22nd April who was in Northern Ireland on Sunday 21st April and who has not been included as present on another census form
- **Write the names in BLOCK CAPITALS starting with the head or a joint head of household.**

	Person No. 1 — 21	Person No. 2 — 22
Name and surname		
Sex	Male ☐ 1 / Female ☐ 2	Male ☐ 1 / Female ☐ 2
Date of birth	Day Month Year	Day Month Year

4 Marital status

On the 21st April what is the person's marital status?

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

	Person No. 1	Person No. 2
Single (never married)	☐ 1	☐ 1
Married (first marriage)	☐ 2	☐ 2
Re-married	☐ 3	☐ 3
Divorced (decree absolute)	☐ 4	☐ 4
Widowed	☐ 5	☐ 5

5 Relationship in household

Tick the box which indicates the relationship of each person to the person in the first column.

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

Write in relationship of 'Other relative' - for example, father, daughter-in-law, niece, uncle, cousin. Write in position in household of an 'Unrelated' person - for example, boarder, housekeeper, friend, flatmate, foster child.

	Person No. 1	Person No. 2
		Relationship to Person No.1
Husband or wife		☐ 1
Living together as a couple		☐ 2
Son or daughter		☐ 3
Other relative *please specify*		☐ 4
Unrelated *please specify*		☐ 5

6 Whereabouts on night of 21-22 April 1991

Please tick the appropriate box to indicate where the person was on the night of 21-22 April 1991

	Person No. 1	Person No. 2
At this address, out on night work or travelling to this address	☐ 1	☐ 1
Elsewhere in Northern Ireland	☐ 2	☐ 2
Outside Northern Ireland	☐ 3	☐ 3

7 All married, widowed, separated and divorced women

All married, widowed, separated and divorced women in the household.
a - enter in Box 1 the total number of children born alive to her.
b - enter in Box 2 how many of these children were born alive after 21st April 1990.

	Person No. 1	Person No. 2
a Number of children	1	1
b Number of children	2	2

8 Usual address

If the person usually lives here please tick 'This address'. If not, tick 'Elsewhere' and write in the person's usual address.

For students and children away from home during term time, the home address should be taken as the usual address.

For any person who lives away from home for part of the week, the home address should be taken as the usual address.

Any person who is not a permanent member of the household should be asked what he or she considers to be his or her usual address.

	Person No. 1	Person No. 2
This address	☐ 1	☐ 1
Elsewhere	☐ 2	☐ 2
If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS		
Postcode		

9 Term time address of students and school children

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

For a student or schoolchild who lives here during term time, tick 'This address'

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

	Person No. 1	Person No. 2
Not a student or schoolchild	☐ 1	☐ 1
This address	☐ 2	☐ 2
Elsewhere	☐ 3	☐ 3
If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS		
Postcode		

Single (never married) 1 Married (first marriage) 2 Re-married 3 Divorced (decree absolute) 4 Widowed 5	Single (never married) 1 Married (first marriage) 2 Re-married 3 Divorced (decree absolute) 4 Widowed 5	Single (never married) 1 Married (first marriage) 2 Re-married 3 Divorced (decree absolute) 4 Widowed 5	Single (never married) 1 Married (first marriage) 2 Re-married 3 Divorced (decree absolute) 4 Widowed 5
Relationship to Person No.1 Husband or wife 1 Living together as a couple 2 Son or daughter 3 Other relative 4 *please specify* Unrelated 5 *please specify*	**Relationship to Person No.1** Husband or wife 1 Living together as a couple 2 Son or daughter 3 Other relative 4 *please specify* Unrelated 5 *please specify*	**Relationship to Person No.1** Husband or wife 1 Living together as a couple 2 Son or daughter 3 Other relative 4 *please specify* Unrelated 5 *please specify*	**Relationship to Person No.1** Husband or wife 1 Living together as a couple 2 Son or daughter 3 Other relative 4 *please specify* Unrelated 5 *please specify*
At this address, out on night work or travelling to this address 1 Elsewhere in Northern Ireland 2 Outside Northern Ireland 3	At this address, out on night work or travelling to this address 1 Elsewhere in Northern Ireland 2 Outside Northern Ireland 3	At this address, out on night work or travelling to this address 1 Elsewhere in Northern Ireland 2 Outside Northern Ireland 3	At this address, out on night work or travelling to this address 1 Elsewhere in Northern Ireland 2 Outside Northern Ireland 3
a Number of children 1 b Number of children 2	a Number of children 1 b Number of children 2	a Number of children 1 b Number of children 2	a Number of children 1 b Number of children 2
This address 1 Elsewhere 2 If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS Postcode	This address 1 Elsewhere 2 If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS Postcode	This address 1 Elsewhere 2 If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS Postcode	This address 1 Elsewhere 2 If 'Elsewhere', please write the person's usual address and postcode below in BLOCK CAPITALS Postcode
Not a student or schoolchild 1 This address 2 Elsewhere 3 If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS Postcode	Not a student or schoolchild 1 This address 2 Elsewhere 3 If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS Postcode	Not a student or schoolchild 1 This address 2 Elsewhere 3 If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS Postcode	Not a student or schoolchild 1 This address 2 Elsewhere 3 If 'Elsewhere', please write the term time address and postcode below in BLOCK CAPITALS Postcode

Please turn over →

10 Usual address one year ago

If the person's usual address one year ago (on the 21st April 1990) was the same as his or her current usual address (given in answer to question 8), please tick 'Same'. If not tick 'Different' and write in the usual address one year ago.

If everyone on the form has moved from the same address, please write the address in full for the first person and indicate with an arrow that this applies to the other people on the form.

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

31	32
Same as Question 8 ☐ 1	Same as Question 8 ☐ 1
Different ☐ 2	Different ☐ 2
Child under one ☐ 3	Child under one ☐ 3
If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS	If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS
Postcode	Postcode

11 Country of birth

Please tick the appropriate box.

Northern Ireland ☐ 1	Northern Ireland ☐ 1
England ☐ 2	England ☐ 2
Scotland ☐ 3	Scotland ☐ 3
Wales ☐ 4	Wales ☐ 4
Republic of Ireland ☐ 5	Republic of Ireland ☐ 5
Elsewhere ☐ 6	Elsewhere ☐ 6
If 'Elsewhere', please write in the present name of the country	If 'Elsewhere', please write in the present name of the country

12 Religion

Please state the Religion, Religious Denomination or Body to which the person belongs. The general term 'Protestant' should not be used alone and the denomination should be given as precisely as possible.

If none write NONE.

Religion	Religion

13 Long term illness

Does the person have any long term illness, health problem or handicap which limits his/her daily activities or the work he/she can do?

Include problems which are due to old age.

Yes, has a health problem which limits activities ☐ 1	Yes, has a health problem which limits activities ☐ 1
Has no such health problem ☐ 2	Has no such health problem ☐ 2

33	34	35	36
Same as Question 8 ☐ 1 Different ☐ 2 Child under one ☐ 3	Same as Question 8 ☐ 1 Different ☐ 2 Child under one ☐ 3	Same as Question 8 ☐ 1 Different ☐ 2 Child under one ☐ 3	Same as Question 8 ☐ 1 Different ☐ 2 Child under one ☐ 3
If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS Postcode	If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS Postcode	If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS Postcode	If 'Different', please write the person's address and postcode on the 21st April 1990 below in BLOCK CAPITALS Postcode
Northern Ireland ☐ 1 England ☐ 2 Scotland ☐ 3 Wales ☐ 4 Republic of Ireland ☐ 5 Elsewhere ☐ 6 If 'Elsewhere', please write in the present name of the country	Northern Ireland ☐ 1 England ☐ 2 Scotland ☐ 3 Wales ☐ 4 Republic of Ireland ☐ 5 Elsewhere ☐ 6 If 'Elsewhere', please write in the present name of the country	Northern Ireland ☐ 1 England ☐ 2 Scotland ☐ 3 Wales ☐ 4 Republic of Ireland ☐ 5 Elsewhere ☐ 6 If 'Elsewhere', please write in the present name of the country	Northern Ireland ☐ 1 England ☐ 2 Scotland ☐ 3 Wales ☐ 4 Republic of Ireland ☐ 5 Elsewhere ☐ 6 If 'Elsewhere', please write in the present name of the country
Religion	Religion	Religion	Religion
Yes, has a health problem which limits activities ☐ 1 Has no such health problem ☐ 2	Yes, has a health problem which limits activities ☐ 1 Has no such health problem ☐ 2	Yes, has a health problem which limits activities ☐ 1 Has no such health problem ☐ 2	Yes, has a health problem which limits activities ☐ 1 Has no such health problem ☐ 2

Please turn over →

This question is for all persons aged 3 or over (born before 22nd April 1988)

14 Irish language

Can the person speak, read or write Irish?

Please tick the appropriate box(es).

	41	42
Can speak Irish	☐ 1	☐ 1
Can read Irish	☐ 2	☐ 2
Can write Irish	☐ 4	☐ 4
Does not know Irish	☐ 0	☐ 0

Answers to the remaining questions are not required for any person under 16 years of age (born after 21st April 1975)

15 Whether working, retired, looking after the home etc. last week

Which of the following things was the person doing **last week?**

Please read carefully right through the list. If the person did more than one of the things listed last week, **tick all the descriptions that apply.**

Casual or temporary work should be counted at boxes 1, 2, 3 or 4. Also tick boxes 1, 2, 3 or 4 if the person had a job last week but was off sick, on holiday, temporarily laid off or on strike. Working for an employer is **part time** if the hours worked, excluding any overtime and meal breaks, are usually 30 hours or less a week (box 2).

Unpaid work in a family business including a shop or farm.

Include for example ACE Scheme, Youth Training Programme and Job Training Programme.

Include any person wanting a job but prevented by holiday or temporary sickness from looking for one.

Do not count training given or paid for by an employer.

Include voluntary work and any other activity.

Was working for an employer full time (more than 30 hours a week)	☐ 1	☐ 1
Was working for an employer part time (one hour or more a week)	☐ 2	☐ 2
Was self-employed, employing other people	☐ 3	☐ 3
Was self-employed, not employing other people	☐ 4	☐ 4
Unpaid work	☐ 5	☐ 5
Was on a government employment or training scheme	☐ 6	☐ 6
Was waiting to start a job he/she had already accepted	☐ 7	☐ 7
Was unemployed and looking for a job	☐ 8	☐ 8
Was at school or in other full time education	☐ 9	☐ 9
Was unable to work because of long term sickness or disability	☐ 10	☐ 10
Was retired from paid work	☐ 11	☐ 11
Was looking after the home or family	☐ 12	☐ 12
Other *please specify*	☐ 13	☐ 13

This question is for all persons aged 3 or over (born before 22nd April 1988)

43	44	45	46
Can speak Irish ☐ 1	Can speak Irish ☐ 1	Can speak Irish ☐ 1	Can speak Irish ☐ 1
Can read Irish ☐ 2	Can read Irish ☐ 2	Can read Irish ☐ 2	Can read Irish ☐ 2
Can write Irish ☐ 4	Can write Irish ☐ 4	Can write Irish ☐ 4	Can write Irish ☐ 4
Does not know Irish ☐ 0	Does not know Irish ☐ 0	Does not know Irish ☐ 0	Does not know Irish ☐ 0

Answers to the remaining questions are not required for any person under 16 years of age (born after 21st April 1975)

Was working for an employer full time (more than 30 hours a week) ☐ 1	Was working for an employer full-time (more than 30 hours a week) ☐ 1	Was working for an employer full time (more than 30 hours a week) ☐ 1	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 working for an employer part time (one hour or more a week) ☐ 2	Was working for an employer part time (one hour or more a week) ☐ 2	Was working for an employer part time (one hour or more a week) ☐ 2
Was self-employed, employing other people ☐ 3	Was self-employed, employing other people ☐ 3	Was self-employed, employing other people ☐ 3	Was self-employed, employing other people ☐ 3
Was self-employed, not employing other people ☐ 4	Was self-employed, not employing other people ☐ 4	Was self-employed, not employing other people ☐ 4	Was self-employed, not employing other people ☐ 4
Unpaid work ☐ 5	Unpaid work ☐ 5	Unpaid work ☐ 5	Unpaid work ☐ 5
Was on a government employment or training scheme ☐ 6	Was on a government employment or training scheme ☐ 6	Was on a government employment or training scheme ☐ 6	Was on a government employment or training scheme ☐ 6
Was waiting to start a job he/she had already accepted ☐ 7	Was waiting to start a job he/she had already accepted ☐ 7	Was waiting to start a job he/she had already accepted ☐ 7	Was waiting to start a job he/she had already accepted ☐ 7
Was unemployed and looking for a job ☐ 8	Was unemployed and looking for a job ☐ 8	Was unemployed and looking for a job ☐ 8	Was unemployed and looking for a job ☐ 8
Was at school or in other full time education ☐ 9	Was at school or in other full time education ☐ 9	Was at school or in other full time education ☐ 9	Was at school or in other full time education ☐ 9
Was unable to work because of long term sickness or disability ☐ 10	Was unable to work because of long term sickness or disability ☐ 10	Was unable to work because of long term sickness or disability ☐ 10	Was unable to work because of long term sickness or disability ☐ 10
Was retired from paid work ☐ 11	Was retired from paid work ☐ 11	Was retired from paid work ☐ 11	Was retired from paid work ☐ 11
Was looking after the home or family ☐ 12	Was looking after the home or family ☐ 12	Was looking after the home or family ☐ 12	Was looking after the home or family ☐ 12
Other ☐ 13 *please specify*	Other ☐ 13 *please specify*	Other ☐ 13 *please specify*	Other ☐ 13 *please specify*

Please turn over →

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 for each person.

A Did the person have a paid job last week or do unpaid work in a family business, including a shop or farm (any of the boxes 1, 2, 3, 4 or 5 ticked at question 15)?	YES ☐ Answer questions 16,17, 18,19 and 20 about the **main** job last week, then go on to question 21 — 51 NO ☐ Answer B	YES ☐ Answer questions 16,17, 18,19 and 20 about the **main** job last week, then go on to question 21 — 52 NO ☐ Answer B
B Has the person had a paid job within the last 10 years?	YES ☐ Answer questions 16,17 and 18 about the most recent job, then go on to question 21 NO ☐ Go on to question 21	YES ☐ Answer questions 16,17 and 18 about the most recent job, then go on to question 21 NO ☐ Go on to question 21
16 Hours worked a week How many hours a week does or did the person usually work in his or her main job? **Do not count overtime or meal breaks.**	Number of hours worked a week	Number of hours worked a week
17 Occupation Please give the full title of the person's present or last job and describe the main things he/she does 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 the person has one. **At b**, write down the main things the person actually does or did in the job. If possible ask him/her to say what these things are and write them down. **Armed Forces** - enter 'commissioned officer' or 'other rank' as appropriate at **a**, and leave **b** blank. **Civil Servants** - give grade at **a**, and at **b** state discipline or specialism, for example: 'electrical engineer'; 'accountant'; 'chemist'; 'administrator'. **Other Public Officials** - give rank or grade at **a** and description of duties at **b**.	**a** Full job title **b** Main things done in job	**a** Full job title **b** Main things done in job
18 Name and business of employer (if self-employed give the name and nature of person's business) **At a**, please give the name of the employer. Give the trading name if one is used. Do not use abbreviations. **At b**, describe clearly what the employer (or the person 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**. **Other Public Officials** - give name of employing authority at **a** and department in which employed at **b**	**a** Name of employer **b** Description of employer's business	**a** Name of employer **b** Description of employer's business

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 for each person.

YES ☐ Answer questions 16,17, 18,19 and 20 about the **main** job last week, then go on to question 21 — 53	YES ☐ Answer questions 16,17, 18,19 and 20 about the **main** job last week, then go on to question 21 — 54	YES ☐ Answer questions 16,17, 18,19 and 20 about the **main** job last week, then go on to question 21 — 55	YES ☐ Answer questions 16,17, 18,19 and 20 about the **main** job last week, then go on to question 21 — 56
NO ☐ Answer B	NO ☐ Answer B	NO ☐ Answer B	NO ☐ Answer B
YES ☐ Answer questions 16,17 and 18 about the most recent job, then go on to question 21	YES ☐ Answer questions 16,17 and 18 about the most recent job, then go on to question 21	YES ☐ Answer questions 16,17 and 18 about the most recent job, then go on to question 21	YES ☐ Answer questions 16,17 and 18 about the most recent job, then go on to question 21
NO ☐ Go on to question 21	NO ☐ Go on to question 21	NO ☐ Go on to question 21	NO ☐ Go on to question 21
Number of hours worked a week	Number of hours worked a week	Number of hours worked a week	Number of hours worked a week
a Full job title	a Full job title	a Full job title	a Full job title
b Main things done in job	b Main things done in job	b Main things done in job	b Main things done in job
a Name of employer	a Name of employer	a Name of employer	a Name of employer
b Description of employer's business	b Description of employer's business	b Description of employer's business	b Description of employer's business

Please turn over →

19 Address of place of work

Please give the full address of the person's place of work.

For a person employed on a site for a long period give the address of the site.

For a person not working regularly at one place who reports daily to a depot or other fixed address, give that address.

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

For a person working mainly at home, tick box 2.

Armed Forces - leave blank.

Please write full address and postcode of workplace below in BLOCK CAPITALS 61	Please write full address and postcode of workplace below in BLOCK CAPITALS 62
Postcode	Postcode
No fixed place ☐ 1 Mainly at home ☐ 2	No fixed place ☐ 1 Mainly at home ☐ 2

20 Daily journey to work

Please tick the appropriate box to show how the longest part, by distance, of the person's daily journey to work is normally made.

For a person using different means of transport on different days, show the means most often used.

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

Train	1
Public service bus	2
Employer's bus	3
Motor cycle, moped, scooter	4
Car or van-pool, sharing driving	5
Driving a car or van	6
Passenger in a car or van	7
Pedal cycle	8
On foot	9
Other	10
please specify	
Works mainly at home	11

21 Academic, professional and vocational qualifications

A. Please tick the appropriate boxes if the person has obtained any of the qualifications listed aside.

Degree level or higher	1
BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND	2
GCE 'A' Level, Advanced Senior Certificate	3
BTEC (National), TEC (National), BEC (National), ONC, OND	4
GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General)	5
CSE (other than Grade 1)	6
No formal qualifications as above	7

B. Has the person obtained professional or vocational qualifications such as nursing or teaching qualifications?
If yes, please state qualifications held

Person No. 3	23	Person No. 4	24	Person No. 5	25	Person No. 6	26
Name and surname		Name and surname		Name and surname		Name and surname	
Sex Male ☐ 1 Female ☐ 2		Sex Male ☐ 1 Female ☐ 2		Sex Male ☐ 1 Female ☐ 2		Sex Male ☐ 1 Female ☐ 2	
Date of birth Day Month Year		Date of birth Day Month Year		Date of birth Day Month Year		Date of birth Day Month Year	
Please write full address and postcode of workplace below in BLOCK CAPITALS	63	Please write full address and postcode of workplace below in BLOCK CAPITALS	64	Please write full address and postcode of workplace below in BLOCK CAPITALS	65	Please write full address and postcode of workplace below in BLOCK CAPITALS	66
Postcode		Postcode		Postcode		Postcode	
No fixed place ☐ 1 Mainly at home ☐ 2		No fixed place ☐ 1 Mainly at home ☐ 2		No fixed place ☐ 1 Mainly at home ☐ 2		No fixed place ☐ 1 Mainly at home ☐ 2	
Train ☐ 1		Train ☐ 1		Train ☐ 1		Train ☐ 1	
Public service bus ☐ 2		Public service bus ☐ 2		Public service bus ☐ 2		Public service bus ☐ 2	
Employer's bus ☐ 3		Employer's bus ☐ 3		Employer's bus ☐ 3		Employer's bus ☐ 3	
Motor cycle, moped, scooter ☐ 4		Motor cycle, moped, scooter ☐ 4		Motor cycle, moped, scooter ☐ 4		Motor cycle, moped, scooter ☐ 4	
Car or van-pool, sharing driving ☐ 5		Car or van-pool, sharing driving ☐ 5		Car or van-pool, sharing driving ☐ 5		Car or van-pool, sharing driving ☐ 5	
Driving a car or van ☐ 6		Driving a car or van ☐ 6		Driving a car or van ☐ 6		Driving a car or van ☐ 6	
Passenger in a car or van ☐ 7		Passenger in a car or van ☐ 7		Passenger in a car or van ☐ 7		Passenger in a car or van ☐ 7	
Pedal cycle ☐ 8		Pedal cycle ☐ 8		Pedal cycle ☐ 8		Pedal cycle ☐ 8	
On foot ☐ 9		On foot ☐ 9		On foot ☐ 9		On foot ☐ 9	
Other ☐ 10		Other ☐ 10		Other ☐ 10		Other ☐ 10	
please specify		*please specify*		*please specify*		*please specify*	
Works mainly at home ☐ 11		Works mainly at home ☐ 11		Works mainly at home ☐ 11		Works mainly at home ☐ 11	
Degree level or higher ☐ 1		Degree level or higher ☐ 1		Degree level or higher ☐ 1		Degree level or higher ☐ 1	
BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND ☐ 2		BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND ☐ 2		BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND ☐ 2		BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND ☐ 2	
GCE 'A' Level, Advanced Senior Certificate ☐ 3		GCE 'A' Level, Advanced Senior Certificate ☐ 3		GCE 'A' Level, Advanced Senior Certificate ☐ 3		GCE 'A' Level, Advanced Senior Certificate ☐ 3	
BTEC (National), TEC (National), BEC (National), ONC, OND ☐ 4		BTEC (National), TEC (National), BEC (National), ONC, OND ☐ 4		BTEC (National), TEC (National), BEC (National), ONC, OND ☐ 4		BTEC (National), TEC (National), BEC (National), ONC, OND ☐ 4	
GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) ☐ 5		GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) ☐ 5		GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) ☐ 5		GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) ☐ 5	
CSE (other than Grade 1) ☐ 6		CSE (other than Grade 1) ☐ 6		CSE (other than Grade 1) ☐ 6		CSE (other than Grade 1) ☐ 6	
No formal qualifications as above ☐ 7		No formal qualifications as above ☐ 7		No formal qualifications as above ☐ 7		No formal qualifications as above ☐ 7	

Please turn over and complete panels B and C →

Please answer questions H2-H5 about your household's accommodation

H 2 Rooms

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

Do not count: small kitchens under 2 metres (6 feet 6 inches) wide
bathrooms
toilets

Do count: living room
bedrooms
kitchens at least 2 metres (6 feet 6 inches) wide
all other rooms in your accommodation

Total number of rooms is ☐

H 3 Tenure

Please tick the box which best describes how you and your household occupy your accommodation.

As an owner occupier:

through mortgage or loan ☐ 1
owning the property outright ☐ 2

By renting, rent free or by lease:

from a public authority (for example NI Housing Executive) ☐ 3
from a housing association or charitable trust ☐ 4
unfurnished from a private landlord, company or other organisation ☐ 5
furnished from a private landlord, company or other organisation ☐ 6

In some other way: Please give details below ☐ 7

H 4 Amenities

Does your household - that is you and any people who usually live here with you- **have the use of:**

- A fixed bath or shower permanently connected to a water supply and waste pipe ?

Yes - for use only by this household ☐ 1
Yes - for use also by another household ☐ 2
No - no bath or shower available ☐ 3

- A flush toilet (WC) with entrance **inside** the building ?

Yes - for use only by this household ☐ 0
Yes - for use also by another household ☐ 1
No - flush toilet with outside entrance only ☐ 2
No - no flush toilet indoors or outdoors ☐ 3

- Central heating in living rooms and bedrooms (including night storage heaters, warm air or under-floor heating) whether actually used or not ?

Yes - all living rooms and bedrooms centrally heated ☐ 1
Yes - some (not all) living rooms and bedrooms centrally heated ☐ 2
No - no living rooms or bedrooms centrally heated ☐ 3

- Water supply ?

Public supply piped into the house ☐ 1
Public supply at a standpipe ☐ 2
Other ☐ 3

- Domestic sewage disposal ?

Public Sewer ☐ 1
Septic tank/cesspit for use only by this household ☐ 2
Septic tank/cesspit for use also by another household ☐ 3
Dry closet/chemical toilet ☐ 4

H 5 Cars and vans

Please tick the appropriate box to indicate the number of cars and vans normally available for use by you or members of your household (other than visitors).

Include any car or van provided by employers if normally available for use by you or members of your household, but **exclude** vans used only for carrying goods.

None ☐ 0
One ☐ 1
Two ☐ 2
Three or more ☐ 3

Please turn to the first inside page

Panel B

Was there anyone else (such as a visitor) here on the night of 21 - 22 April whom you have not included because there was no room on the form ? No ☐ Yes ☐

If **yes** ticked, please ask the Enumerator for another form.

Have you left anyone out because you were not sure whether they should be included on the form ? No ☐ Yes ☐

If **yes** ticked, please give their names and the reason why you were not sure about including them.

Name
Reason

Name
Reason

Name
Reason

Panel C

Before you sign the form will you please check:

- that all questions which should have been answered have been answered for every member of your household
- that you have included everyone who spent the night of 21 - 22 April in your household
- that you have included everyone who usually lives here but was away from home on the night of 21 - 22 April
- that no visitors, boarders or newly born children, even if still in hospital, have been missed.

It would help the Enumerator to be able to telephone you if there is a query on, or an omission from, your form.

If you have no objection, please write your telephone number here.

Telephone number

Declaration

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

Signature(s)

Date **April 1991**

1991 Census

Northern Ireland

I 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 (Northern Ireland) 1969. If you refuse to complete it, or give false information, you may have to pay a fine of up to £400.

There is no penalty for refusing to state religious denomination as this is a voluntary question.

Your answers will be treated in strict confidence and used only to produce statistics. No names and addresses will be put into the computer: only the postcode will be entered. The forms will be kept securely and treated as **confidential**.

No information about named individuals will be passed by the Census Office to any other Government Department or to any other authority or person. 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.

R McMurray
Registrar General.

Enquiries to:

Census Office
Department of
Health and Social Services
Castle Buildings
Stormont
BELFAST BT4 3RA
Telephone: Belfast 63939

To be completed by the Enumerator

E.D. No.

Form No.

Format No. 9

Person No.

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

Name of Establishment or Vessel

Address

Postcode

To be completed by or for the Individual

Please answer questions 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 Married, widowed, separated and divorced women

a - enter in Box 1 the total number of children born alive to you.
b - enter in Box 2 how many of these children were born alive to you after 21st April 1990.

a Number of children ☐ 1
b Number of children ☐ 2

8 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.

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

This address ☐ 1
Elsewhere ☐ 2

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

Post-code

Please turn over →

9 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.

Not a student or schoolchild ☐ 1
This address ☐ 2
Elsewhere ☐ 3

If 'Elsewhere' please write your term time address and postcode below in BLOCK CAPITALS

Postcode

10 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 8), 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.

Same as Question 8 ☐ 1
Different ☐ 2
Child under one ☐ 3

If 'Different', please write your address and postcode on the 21st April 1990 below in BLOCK CAPITALS

Postcode

11 Country of birth

Please tick the appropriate box.

Northern Ireland ☐ 1
England ☐ 2
Scotland ☐ 3
Wales ☐ 4
Republic of Ireland ☐ 5
Elsewhere ☐ 6

If 'Elsewhere', please write in the present name of the country

12 Religion

Please state the Religion, Religious Denomination or Body to which you belong. The general term 'Protestant' should not be used alone and the denomination should be given as precisely as possible.

If none write NONE.

Religion

13 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.

Yes, I have a health problem which limits activities ☐ 1
I have no such health problem ☐ 2

This question is for all persons aged 3 or over (born before 22 April 1988)

14 Irish language

Can you speak, read or write Irish?
Please tick the appropriate box(es).

Can speak Irish ☐ 1
Can read Irish ☐ 2
Can write Irish ☐ 1
Do not know Irish ☐ 0

Answers to the remaining questions are not required for anyone under 16 years of age (born after 21st April 1975)

15 Whether working, retired, looking after the home etc. last week

Which of the following things were you doing **last week ?**
Please read carefully right through the list. If you did more than one of the things listed last week, **tick all the descriptions that apply.**

Casual or temporary work should be counted at boxes 1, 2, 3 or 4. Also tick boxes 1, 2, 3 or 4 if you had a job last week but were off sick, on holiday, temporarily laid off or on strike.
Working for an employer is **part time** if the hours worked, excluding any overtime and meal breaks, are usually 30 hours or less a week.(box 2).

Unpaid work in a family business including a shop or farm. →

Include for example ACE Scheme, Youth Training Programme and Job Training Programme. →

Includes wanting a job but prevented by holiday or temporary sickness from looking for one. →

Do not count training given or paid for by an employer. →

Include voluntary work and any other activity. →

- 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
- Unpaid work ☐ 5
- Was on a government employment or training scheme ☐ 6
- Was waiting to start a job already accepted ☐ 7
- Was unemployed and looking for a job ☐ 8
- Was at school or in other full time education ☐ 9
- Was unable to work because of long term sickness or disability ☐ 10
- Was retired from paid work ☐ 11
- Was looking after the home or family ☐ 12
- Other ☐ 13
  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 or do unpaid work in a family business, including a shop or farm (any of boxes 1,2,3,4 or 5 ticked at question 15)?
Yes ☐ No ☐
If **yes** ticked, answer questions 16, 17, 18, 19 and 20 about the main job last week, then go on to question 21.
If **no** ticked, answer **B.**

B Have you had a paid job within the last 10 years?
Yes ☐ No ☐
If **yes** ticked, answer questions 16,17 and 18 about the most recent job, then go on to question 21.
If **no** ticked, go on to question 21.

16 Hours worked a week

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

Do not count overtime or meal breaks.

Number of hours worked a week

17 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 at **b** state discipline or specialism, for example: 'electrical engineer', 'accountant', 'chemist' 'administrator'.

Other Public Officials - give rank or grade at **a** and description of duties at **b**.

a Full job title

b Main things done in job

Please turn over →

18 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 your 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**.

Other Public Officials—give name of employing authority at **a** and department in which employed at **b**.

a Name of employer

b Description of employer's business

19 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

No fixed place ☐ 1

Mainly at home ☐ 2

20 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.

Train ☐ 1
Public service bus ☐ 2
Employer's bus ☐ 3
Motor cycle, scooter, moped ☐ 4
Car or van-pool, sharing driving ☐ 5
Driving a car or van ☐ 6
Passenger in car or van ☐ 7
Pedal cycle ☐ 8
On foot ☐ 9
Other ☐ 10
please specify

Work mainly at home ☐ 11

21 Academic, professional and vocational qualifications

A. Please tick the appropriate boxes if you have obtained any of the qualifications listed aside.

Degree level or higher ☐ 1

BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND. ☐ 2

GCE 'A' Level, Advanced Senior Certificate ☐ 3

BTEC (National), TEC (National), BEC (National), ONC, OND. ☐ 4

GCSE, GCE 'O' Level (including CSE Grade 1); Senior Certificate, BTEC (General), BEC (General) ☐ 5

CSE (Other than Grade 1) ☐ 6

No formal qualifications as above ☐ –

B. Have you obtained professional or vocational qualifications such as nursing or teaching qualifications? If yes, please state qualifications held.

Declaration

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

Signature

Date April 1991

1991 Census

NORTHERN IRELAND

L form for Communal Establishments, HM Ships or other vessels

To the Manager, Chief Resident Officer, Commanding Officer or other person in charge of a communal establishment:

To the Captain, Master, Commanding Officer or other person in charge of a vessel or HM Ship:

I am seeking your help in conducting the Census. Under the Census Act (Northern Ireland) 1969 you have a legal obligation to list the names of the people in your establishment or on your vessel, to distribute forms to them and to collect the forms on completion. In a communal establishment you must also complete the 'type of establishment' panel. If you refuse to complete this form, or give false information, you may have to pay a fine of up to £400. The instructions opposite tell you what to do and should be followed carefully.

The Individual forms with which you have been supplied are for the returns to be made by or for each person who spends the night of **21-22 April** at this establishment or on board this vessel. To assist you in issuing and collecting the Individual forms, spaces have been provided overleaf for listing those people.

The answers given will be treated in strict confidence and used only to produce statistics. No names and addresses will be put into the computer; only the postcode will be entered. No information about named individuals will be passed by the Census Office to any other Government Department or to any other authority or person. **The forms will be kept securely and treated as confidential.**

Anyone using or disclosing Census information improperly will be liable to prosecution. For example, it would be improper for you to pass on to someone else information which you have been given in confidence on, or for completion of, an Individual form.

Thank you for your co-operation.

R McMurray
Registrar General

Instructions

Listing of names

List the names of all people present, as instructed overleaf.

You may start drawing up the list in advance of Census day, but before collection or despatch you must bring it up to date.

Distribution

An Individual form (I form) must be completed for each person listed. Where a person is incapable of making a return, you must arrange for a form to be completed on his or her behalf.

Before you issue each form, enter the name of the establishment or vessel in the panel at top right hand corner on the front of the Individual form (a rubber stamp may be used).

Please issue an envelope to any person who wishes to make a return under sealed cover.

For communal establishments, please give the type of establishment below.

When you have completed this form please fill in and sign the declaration overleaf.

Collection of forms

Communal Establishments

Please have all the completed forms ready for collection by the Enumerator, who will call on Monday 22nd April or soon afterwards.

Vessels other than HM Ships

Please have all of the completed forms ready for collection by the Enumerator who will call on Monday 22nd April, or return them to the Enumerator in accordance with the instructions issued at delivery.

HM Ships

Please despatch the completed forms as soon as possible after 21st April to:

Census Office
Department of Health and Social Services
Castle Buildings
Stormont
BELFAST BT4 3RA

Telephone Belfast 63939

Communal establishments: type of establishment

Please give a full description of the type of establishment and if the establishment caters for a specific group or groups, please describe; *for example, mentally ill or handicapped, physically disabled, elderly, children, students, nurses.*

Vessels or HM Ships only
To be completed by the Enumerator or Customs Officer

Name of Vessel/HM Ship			
For vessels other than HM Ships: port of registry			
Place at which the form is delivered, that is: name of town or port and of harbour, dock, wharf, mooring etc.			
Name of master or person in charge of vessel			
E.D. No.	8	Form No.	Males / Females
FOR OFFICE USE ONLY			
E.T.	Planning Code	Grid Reference	

Communal establishments only
To be completed by the Enumerator

E.D. No.	8	Form No.	Males / Females
FOR OFFICE USE ONLY		Grid Reference	
E.T.	Planning Code		
District Council		Ward	
Name of Establishment			
Townland/Street			
Town/Village			
Postcode	B T		

List the names of all people present, that is:

everyone who spends Census night **21-22 April 1991** in this establishment or on board this vessel; and everyone who arrives in this establishment or on board on **Monday 22nd April** before the forms are collected by the Enumerator (or despatched in the case of HM Ships) and who was in Great Britain on Sunday but has not been included as present on another Census form.

In communal establishments do not list the names of any non-resident personnel who happen to be on duty on the premises on Census night.

Please put a tick in the appropriate column when you issue each form and when you collect it.

Name	I form		Name	I form	
	Issued	Collected		Issued	Collected
1.			31.		
2.			32.		
3.			33.		
4.			34.		
5.			35.		
6.			36.		
7.			37.		
8.			38.		
9.			39.		
10.			40.		
11.			41.		
12.			42.		
13.			43.		
14.			44.		
15.			45.		
16.			46.		
17.			47.		
18.			48.		
19.			49.		
20.			50.		
21.			51.		
22.			52.		
23.			53.		
24.			54.		
25.			55.		
26.			56.		
27.			57.		
28.			58.		
29.			59.		
30.			60.		

Enter the number of **Individual** forms collected on this L form. ☐

Declaration - If more than one 'L' form is used, only complete this panel on the first form

Enter the total number of **'L'** forms completed for this establishment/vessel. ☐

Enter the total number of **Individual** forms collected (sum of all L forms). ☐

Signature

Date April 1991

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations provide for the detailed arrangements necessary for the conduct of the census directed to be taken by the Census Order (Northern Ireland) 1990.

Regulations 3 and 4 provide for the division of Northern Ireland into census districts and enumeration districts, and for the appointment of officers to carry out the duties assigned to them for taking the census.

Regulation 5 provides for all officers to sign the undertaking, set out in Schedule 1, to fulfil all the obligations required of them under the Census Act (Northern Ireland) 1969 and by these Regulations.

Regulation 6 provides that the forms of return to be completed in accordance with the Census Order (Northern Ireland) 1990 are those which apply as set out in Schedule 2 and which are set out in full in Schedule 3.

Regulations 7 to 14 provide detailed arrangements for the delivery, completion and collection of the forms of return.

Regulation 15 makes provision relating to the giving of information, the use and publication or communication of information obtained for the purpose of the census.

Regulation 16 provides for the safe custody of forms and documents containing confidential information relating to censuses.