SCOTTISH STATUTORY INSTRUMENTS

2000 No. 194

CENSUS

The Census (Scotland) Amendment Regulations 2000

Made - - - - 15th June 2000
Laid before the Scottish
Parliament - - - 16th June 2000
Coming into force - 7th July 2000

The Scottish Ministers, in exercise of powers conferred upon them by section 3(1) of the Census Act 1920(1) and of all other powers enabling them in that behalf, hereby make the following Regulations:

Citation, commencement, interpretation and extent

- 1.—(1) These Regulations may be cited as the Census (Scotland) Amendment Regulations 2000 and shall come into force on 7th July 2000.
- (2) In these Regulations, the "principal Regulations" means the Census (Scotland) Regulations 2000(2).
 - (3) These Regulations extend to Scotland only.

Amendment of the principal Regulations

- **2.**—(1) The principal Regulations shall be amended in accordance with the following paragraphs.
- (2) Regulation 5 of, and Schedule 1 to, the principal Regulations are omitted.
- (3) In regulation 8 (delivery of forms of return)—
 - (a) at the end of paragraph (3)(a)(iii), the word "and" is omitted;
 - (b) at the end of paragraph (3) there is inserted:—

"; and

- (c) a Communal Establishment Form to the person appointed under regulation 4(1)(d)(ii) to enumerate persons mentioned in Group VIII in Schedule 1 to the Census Order."; and
- (c) in paragraph (4), for "(1)" there is substituted "(1)(b)".

^{(1) 1920} c. 41; by virtue of section 9(1) (substituted by S.I.1996/273, Schedule 2, paragraph 3 and amended by S.I. 1999/1820), section 3(1), in its application to Scotland, confers powers on the Secretary for Scotland. The functions of the Secretary of State were transferred to the Scotlish Ministers by virtue of section 53 of the Scotland Act 1998 (c. 46).

⁽²⁾ S.S.I. 2000/102.

- (4) In regulation 9 (particulars to be completed by census enumerators), after paragraph (3) there is inserted the following:—
 - "(4) When a Communal Establishment Form is delivered in accordance with regulation 8(3)(c), the person appointed under regulation 4(1)(d)(ii) shall complete the section titled "This section to be completed by the census enumerator" and the box titled "Persons Sleeping Rough"."
- (5) In regulation 10 (issue of individual forms of return in private households), after the words "("the elector")", there is inserted the words "or a person acting on his behalf".
- (6) In regulation 12 (return of completed forms of return), after paragraph (6) there is inserted the following:—
 - "(7) The Registrar General may make such other arrangements for the collection of the particulars prescribed by the Census Order to be stated in the returns, as he thinks fit.".
- (7) For the forms set out in Schedule 3 to the principal Regulations (forms of return for 2001 Census), there are substituted the forms set out in the Schedule to these Regulations.

St Andrew's House, Edinburgh 15th June 2000

ANGUS MACKAY
A member of the Scottish Executive

SCHEDULE

Regulation 2(7)

NEW FORMS OF RETURN TO BE SUBSTITUTED IN SCHEDULE 3 TO THE PRINCIPAL REGULATIONS

How to complete this form	
Remember to use black or blue ink.	
◆ Put a tick in the appropriate box like this <a>I . If you mark the	e wrong box, fill in the box like this and the correct one.
1 Nature of Establishment	3 Type of Management
Please tick the box that best describes your establishment.	Who is responsible for the management of your establishment? • • one box only
♦ ✓ one box only	National Health Service
Medical and Care Establishments	Council (Local Authority)
General Hospital	Housing Association
Psychiatric Hospital/Home	Charity/Voluntary Organisation
Other Hospital	Sole Proprietor/Partnership/Private Company
Nursing Home	Other
Residential Care Home	4 Type of Resident
Children's Home (including secure units)	Which of the following client groups does your establishment cater for?
Other Medical and Care Home	
If you have ticked a box under 'Medical and Care Establishments' then	A: Age group of clients
Other Establishments	☐ Elderly
Defence Establishment (including ships)	Adults
Prison and Young Offenders' Institutions	Children
Educational Establishment (including Halls of Residence)	B: Characteristics of clients
Hotel, Boarding House, Guest House	Physical Disability
Hostels (including youth hostels, hostels for the homeless)	Learning Disability
Civilian Ship, Boat or Barge	Mental Health Problems
Other	Convalescent or Post-Operative Care
	☐ Drug/Alcohol Problems
If you have ticked a box under 'Other Establishments' then Go to 4	☐ Terminal Illness/Respite Care
	Chronic Illness Care
2 Registration Status	Acute Illness Care
Is your establishment registered with a Health Board or Council?	☐ Elderly
Board of Council?	☐ Students
♦ ✓ one box only	Prisoners including Young Offenders
Yes, with the Health Board	Nurses
Yes, with the Council (Local Authority)	Armed Forces Personnel
Yes, with both the Health Board and the Council (Local	Homeless
Authority) No	Other
	Enumerator use only
	Persons Sleeping Rough

Page 2

CE	tland's NSUS PRIL 2001 count me in
Name	
	CD
Address	ED
	Form Number
	Postcode * Form 1 of
	*Multi-form households only
To the Householder or Joint Household	•
Dear Householder	What you have to do
The Census is a count every ten years of all people and households in the country. This is the first to be carried out for the Scottish Parliament, and will be used to improve the economic and social condition of Scotland. Central and local government, health authorities and many other organisations use Census information to allocate resources and plan services for everyone. Your legal obligation Completion of the Census form is compulsory, and the Scottish Parliament has approved the questions to be asked. If you refuse to complete the form, or give false information, you may be liable to a	 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. Any other household at your address should complete its own form. In Table 1 on page 2 list the household members living at the above address on the night of 29/30 April 2001. It may help if you use Table 2 to list visitors. Answer the questions about your accommodation on page 3. Complete the Relationship Section on pages 4 and 5. Ensure that a Person Section (three pages) is completed for each
fine. Questions 13 and 14 about religion are voluntary.	household member listed in Table 1. When you have finished, please sign the Declaration at the foot
Confidentiality	of this page.
The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes. Anyone using or disclosing Census information improperly will be liable to prosecution. The information on your Census form will be treated as confidential for a period of 100 years.	Post the form back (with any other forms for the household) in the reply-paid envelope as soon as possible after 29 April 2001. Census Helpline For extra forms or help in answering questions: Phone 0845 602 2001 (local rate number) Text phone for the Deaf 0845 303 2001 (local rate number) Website www.qro-scotland.gov.uk
Thank you for your co-operation.	
J.w. Randall	Declaration This form is completed to the best of my (our) knowledge and belief.
J.W. Kyron	Signature(s) Date
J N Randall REGISTRAR GENERAL FOR SCOTLAND Edinburgh	

Table 1	Household Member	rs				
 Using black or blue ink, 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 29/30 April 2001 and who usually lives at this address. Include any baby born before 30 April 2001, even if he or she is still in hospital. 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 if this is their normal vacation address. (Only basic information is required in the Person Section.) Include a spouse or partner who works away from home for part of the time, or is a member of the armed forces if this is the family home. Include other people with more than one address if they live at this address for the majority of time. Include anyone who is staying with you if he or she has no other usual address. An Individual Form is available with an envelope for anyone who wishes not to disclose information to others in the household. Please leave blank the three-page Person Section on this form (or any Continuation Form) for anyone 						
	npleted an Individual Form and	the box for the person in the column marked 'Individual				
Person No.	First name and surname of household	member	Individual Form			
Person 1						
Person 2						
Person 3						
Person 4						
Person 5						
	eed one or more Continuation Forms if	there are more than 5 household members				
Person 6						
Person 7						
Person 8						
Person 9						
Person 10						
Table 2						
	ou to complete the form you may oril, who usually live elsewhere.	use the Table below to list any visitors at this address, on t	he night of			
		must be included on a Census form at their usual address				
		t this address, please answer questions H1 to H5 on Pa the front page. No further information is required.	ge 3.			
First name	and surname of visitor	Usual address				
Please as	nswer the questions about househo	old accommodation on Page 3 opposite.				

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H	low to Complete the	Re	emaining Questions		
R Pi lii b tl	emember to use black or blue ink. ut a tick in the appropriate box, ke this . If you mark the wrong ox, fill in the box and put a tick in ae right one, like this	If y like on Wh ans lea Sta See	ou tick a box with an instruction Go to H11, you should move to the question indicated. were you are required to write in an were please use CAPITAL LETTERS and we one space between each word. It a new line if a word will not fit. example on right.		What is your country of birth? Elsewhere, please write in the present name of the country SOUTH AFRICA
-	lousehold Accommod	ıat	ion		
Н1	What type of accommodation does your household occupy? A whole house or bungalow that is: Detached	Н4	Do you have a bath/shower and toilet for use only by your household?	H8 +	Does your household own or rent the accommodation? ✓ one box only. Owns outright Go to H11
	Semi-detached Terraced (including end-terrace) A flat, maisonette, or apartment that is:	Н5	What is the lowest floor level of your household's living accommodation?		Owns with a mortgage or loan Go to H11
	In a purpose-built block of flats or tenement Part of a converted or shared house (includes bed-sits) In a commercial building (for		Ground floor (street level) First floor (floor above street level) Second floor		Pays part rent and part mortgage (shared ownership) Go to H11
	example, in an office building, or hotel, or over a shop) Mobile or temporary structure: A caravan or other mobile or	Н6	Third or fourth floor Fifth floor or higher Does your accommodation		Rents Go to H9 Lives here rent free Go to H9
H2	temporary structure Is your household's	٠	have central heating? If you have central heating available, ✓ 'Yes' whether or	Н9	Who is your landlord?
*	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	•	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		Council (Local Authority) Scottish Homes Housing Association Housing Co-operative Charitable Trust Non-profit housing company Private landlord or letting agency Employer of a household member
H3	How many rooms do you have for use only by your household? Do not count bathrooms, toilets,	H7	How many cars or vans are owned, or available for use, by one or more members of your household?		Relative or friend of a household member Other
*	halls or landings, or rooms that can only be used for storage such as cupboards. <u>Do count</u> all other rooms, for	*	Include any company car or van if available for private use. None One	H10	Is the accommodation provided furnished or unfurnished? Furnished
	example kitchens, living rooms, bedrooms, utility rooms and studies. If two rooms have been converted		Two		Unfurnished
	into one, count them as one room. Number of rooms		Three Four or more, please write in number	H11	Please turn the page.

his wife (Mary) and their t	three children (Allson, Steven	and James).	'	
In this example Steven's (brother.	Person 4) relationship to Pers	on 1 is son,	to Person 2 is son and	d to Person 3 is
ame of Person 1	Name of Person 2		Name of Person 3	
JOHN	First name MARY Surname CMTTL		First name ALISON	
SMITH	Relationship of		Relationship of	
	Person 2 to Person →	1	Person 3 to Person	→ 1 2
ENTER NAME	Husband or wife	Z	Husband or wife	
OF PERSON 1 ABOVE	Partner		Partner	
ABOVE	Son or daughter		Son or daughter	
	Step-child		Step-child	
	Brother or sister		Brother or sister	
 a box to show the rela 	tionship of each person to ot	her membe	rs of your household.	
	lationships for all household r		•	using an
Provide information on re Individual Form for privac	lationships for all household r		•	
Provide information on re ndividual Form for privac ne of Person 1	lationships for all household i y reasons.		hether or not they are	
Provide information on re Individual Form for privac The of Person 1	lationships for all household i y reasons. Name of Person 2		hether or not they are Name of Person	
Provide information on re	lationships for all household in y reasons. Name of Person 2	members wi	Name of Person	3
Provide information on re Individual Form for privac The of Person 1	lationships for all household in y reasons. Name of Person 2 First name Surname Relationship of	members wi	Name of Person First name Surname Relationship of	3
Provide information on re individual Form for privac ne of Person 1	lationships for all household by reasons. Name of Person 2 First name Surname Relationship of Person 2 to Person	members wi	Name of Person First name Surname Relationship of Person 3 to Perso	3
Provide information on reindividual Form for privacine of Person 1 mane me ENTER NAME	Name of Person 2 First name Surname Relationship of Person 2 to Person Husband or wife	members wi	Name of Person First name Surname Relationship of Person 3 to Perso Husband or wife	3
Provide information on reindividual Form for privacine of Person 1 mame ENTER NAME OF PERSON 1	lationships for all household by reasons. Name of Person 2 First name Surname Relationship of Person 2 to Person Husband or wife Partner	→ 1	Name of Person First name Surname Relationship of Person 3 to Perso Husband or wife Partner	3
Provide information on reindividual Form for privacine of Person 1 mame ENTER NAME OF PERSON 1	lationships for all household in y reasons. Name of Person 2 First name Surname Relationship of Person 2 to Person Husband or wife Partner Son or daughter	→ 1	Name of Person First name Surname Relationship of Person 3 to Person Husband or wife Partner Son or daughter	3
Provide information on reindividual Form for privacine of Person 1 mame ENTER NAME OF PERSON 1	Relationship of Person 2 First name Surname Relationship of Person 2 to Person Husband or wife Partner Son or daughter Step-child	→ 1	Name of Person First name Surname Relationship of Person 3 to Person Husband or wife Partner Son or daughter Step-child	3
Provide information on reindividual Form for privacine of Person 1 mame ENTER NAME OF PERSON 1	lationships for all household in y reasons. Name of Person 2 First name Surname Relationship of Person 2 to Person Husband or wife Partner Son or daughter Step-child Brother or sister	→ 1	Name of Person First name Surname Relationship of Person 3 to Perso Husband or wife Partner Son or daughter Step-child Brother or sister	3
Provide information on reindividual Form for privacine of Person 1 mame ENTER NAME OF PERSON 1	Relationship of Person 2 First name Surname Relationship of Person 2 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father	→ 1	Name of Person First name Surname Relationship of Person 3 to Perso Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father	3
Provide information on reindividual Form for privacine of Person 1 mame ENTER NAME OF PERSON 1	Relationship of Person 2 First name Surname Relationship of Person 2 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-fa	1	Name of Person First name Surname Relationship of Person 3 to Person 4 to Person 4 to Person 5 to Person 5 to Person 7 daughter Step-child Brother or sister Mother or father Step-mother or step	3
Provide information on reindividual Form for privacine of Person 1 mame ENTER NAME OF PERSON 1	Relationship of Person 2 First name Surname Relationship of Person 2 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-fa Grandchild	1	Name of Person First name Surname Relationship of Person 3 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step Grandchild	3

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Name of Person 4		Name of Person 5		
STEVEN SMITH		Surname JAME:		
Relationship of Person 4 to Person →	1 2 3	Relationship of Person 5 to Person	→ 1 2 3 4	
Husband or wife □		Husband or wife		
Partner		Partner		
Son or daughter	Z Z 🗆	Son or daughter		
Step-child		Step-child		
Brother or sister		Brother or sister		
Name of Person 4		Name of Persor	n 5	
Name of Person 4		Name of Persor	n 5	
			n 5	
First name	. 1 2			3 4
First name Surname Relationship of	. 1 2 :	First name Surname Relationship of		3 4
First name Surname Relationship of Person 4 to Person →	. 1 2 :	First name Surname Relationship of Person 5 to Person		3 4
First name Surname Relationship of Person 4 to Person Husband or wife	1 2 :	First name Surname Relationship of Person 5 to Person Husband or wife		3 4
First name Surname Relationship of Person 4 to Person Husband or wife Partner	1 2 :	First name Surname Relationship of Person 5 to Person Husband or wife Partner		3 4
First name Surname Relationship of Person 4 to Person Husband or wife Partner Son or daughter	1 2 :	First name Surname Relationship of Person 5 to Person Husband or wife Partner Son or daughter		3 4
First name Surname Relationship of Person 4 to Person Husband or wife Partner Son or daughter Step-child	1 2 :	First name Surname Relationship of Person 5 to Person Husband or wife Partner Son or daughter Step-child		3 4
First name Surname Relationship of Person 4 to Person Husband or wife Partner Son or daughter Step-child Brother or sister		Relationship of Person 5 to Person 6 to Partner Son or daughter 5 tep-child 8 prother or sister	on → 1 2	3 4
First name Surname Relationship of Person 4 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father		Relationship of Person 5 to Person 6 to Partner Son or daughter Step-child Brother or sister Mother or father	on → 1 2	3 4
First name Surname Relationship of Person 4 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father		Relationship of Person 5 to Person 6 to Person 6 to Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or steep-mother 6 to Person 7	on → 1 2	3 4
First name Surname Relationship of Person 4 to Person Husband or wife Partner Son or daughter Step-child Brother or sister Mother or father Step-mother or step-father Grandchild		Relationship of Person 5 to Person 6 to Person 7 to Pe	on → 1 2	3 4

P	Person 1		
+		er or amend answers to questions. Please use black or blue ink.	
1	What is your name? (Person 1 in	Table 1)	
	First name and surname		
2	What is your sex?	9 What was your usual address one year ago?	
	Male Female	If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university to	
3	What is your date of birth?	♦ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.	
	Day Month Year	The address shown on the front of the form	
		No usual address one year ago	
4	What is your marital status (on 29 April 2001)?	Elsewhere, please write in below	
	Single (never married)		
	Married (first marriage)		
	Re-married		
	Separated (but still legally married)	Postcode	
	Divorced		
	☐ Widowed	10 What address do you toward to few your main into an accuracy of state	, also
_		10 What address do you travel to for your main job or course of stu (including school)?	lay
5	Are you a schoolchild or student in full-time education?	Answer for the place where you spend most time for work or study.	
	Yes Go to 6	If you report to a depot, write in depot address. Not currently working or studying Go to 12	
	No ► Go to 7		
6	Do you live at the address		
	shown on the front of this form during the school, college or	No fixed place	
	university term?	Work on offshore installation, please use the address panel below to in where you travel offshore from, for example "ABERDEEN"	write
*	Only answer this question if you have answered 'Yes' to Question 5.	The address below, please write in	
	Yes, I live at this address during the school/college/university term		
	Go to 7		
	No, I live elsewhere during the school/college/university term		
	Go to 35	Postcode	
7	Over the last twelve months		
	would you say your health has on the whole been:	11 How do you usually travel to your main place of work or study	
	Good? Fairly good?	(including school)?	
	Not good?	 ♦ one box only. ♦ the box for the longest part, by distance, of your usual journey to work or st 	udv
		Underground, tube, metro or light rail Passenger in a car or van	
8	Do you have any long-term illness, health problem or	☐ Train ☐ Motor cycle, scooter or mo	oped
	disability which limits your daily activities or the work you can do?	Bus, minibus or coach (public or private) Bicycle	
٠	Include problems which are due to		
	old age.	Taxi or minicab On foot	
	Yes No	Driving a car or van Other	

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P	er	son 1 - continued					
12	Wh	at is your country of birth?	15	Wha	t is your ethnic group?	16	Can you understand, speak,
		Scotland	*		se ONE section from A to E, then appropriate box to indicate	•	read, or write Scottish Gaelic?
		England			cultural background.		Understand spoken Gaelic
		Wales	^		e Scottish		Speak Gaelic
		Northern Ireland			Other British		Read Gaelic
		Republic of Ireland			Irish		☐ Write Gaelic
		Elsewhere, please write in the			Any other White background,		None of these
	F	present name of the country			please write in		None of triese
						17	Do you look after, or give any help or support to family
							members, friends, neighbours or others because of:
13		at religion, religious	R	Mixe	d	٠	long-term physical or mental ill-health or disability, or
		nomination or body do you ong to?	٦	_	Any Mixed background,	•	problems related to old age?
		None			please write in	٠	Do not count anything you do as part of your paid employment.
		Church of Scotland				٠	✓ time spent in a typical week.
		Roman Catholic					□ No
		Other Christian, please write in	c	Asiar	n, Asian Scottish or Asian		Yes, 1-19 hours a week
			-	Britis			Yes, 20-49 hours a week
					Indian		Yes, 50+ hours a week
		Buddhist			Pakistani	18	If you are aged 16 to 74
	П	Hindu Jewish			Bangladeshi		► Go to 19
		Muslim Sikh			Chinese		If you are aged 15 and under, or 75 and over
		Another Religion, <i>please write in</i>			Any other Asian background, please write in		Go to 35
	F					19	Last week, were you doing any
							work: as an employee,
14		at religion, religious					as self-employed/freelance,
		nomination or body were you ought up in?	D	Black Britis	r, Black Scottish or Black h		in your own/family business, or
		None			Caribbean	ľ	on a Government sponsored training scheme?
		Church of Scotland			African	٠	√ 'Yes' if you were away from work ill, on maternity leave, on holiday or
		Roman Catholic			Any other Black background,		temporarily laid off. ✓ 'Yes' for any paid work, including
		Other Christian, please write in			please write in	*	casual or temporary work, even if only
						٠	for one hour. √ 'Yes' if you worked, paid or
							unpaid, in your own/family business.
		Buddhist	E	Othe	r ethnic background		Yes Go to 25
		Hindu Jewish			Any other background, please write in		No Go to 20
		Muslim Sikh				20	Were you actively looking for any
		Another Religion, please write in					kind of paid work during the last 4 weeks?
							Yes No
							Please turn over

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P	erson 1 - continued	1	
21	If a job had been available last	29	
	week, could you have started it within 2 weeks?	•	work in your main job? Give average for last four weeks. Number of hours
	☐ Yes ☐ No	20	worked a week
22	Last week, were you waiting to	3 ∪	What is (was) the full title of your <i>main</i> job? For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION
22	start a job already obtained?		SERVICE ENGINEER, BENEFITS ASSISTANT.
	Yes No	*	Civil Servants, Local Government Officers - give job title not grade or pay band.
23	Last week, were you any of the		
٠	following? ✓ all the boxes that apply.		
	Retired Student	31	Describe what you do (did) in your main job.
	Looking after home/family	٠,	Describe what you do (alay in your main job)
	Permanently sick/disabled		
	None of the above		
24		22	What is the full name of the organisation you work (worked) for in your
24	Have you ever worked? Yes, please write in the year you	32	main job?
	last worked	*	Please write in or one box below as appropriate. If you have your own business, write in the name.
	Go to 25	ľ	
	No, have never worked		
	Go to 34		
25	Answer the remaining questions		Self-employed/freelance Work (worked) for a private individual
	for the <i>main</i> job you were doing last week, or if not working last	33	What is (was) the business of the organisation which you named
٠	week, your last <i>main</i> job. Your <i>main</i> job is the job in which	Г	above at Question 32?
	you usually work the most hours.	*	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION. Civil Servants, Local Government Officers - please specify your Department.
26	Do (did) you work as an employee or are (were) you		
	self-employed?		
	Employee		
	Self-employed with employees	34	Which of these qualifications do you have?
	Self-employed/freelance without employees	٠	✓ all boxes that apply.
27	Do (did) you supervise any		'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent
2,	other employees?		Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level,
٠	A supervisor or foreman is responsible for overseeing the work of other		Advanced Senior Certificate or equivalent GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First
	employees on a day-to-day basis.		Diploma, City and Guilds Craft, RSA Diploma or equivalent
	Yes No		GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent
28	How many people work (worked) for your employer at		HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent
	the place where you work (worked)?		First Degree, Higher Degree
٠	If you are (were) self-employed,		Professional Qualifications (for example, teaching, accountancy)
	to show how many people you <i>employ</i> (<i>employed</i>) including		None of these
	yourself. 1-9	35	If there is only 1 household member please sign the Declaration on
	25-499		front page leaving the rest of the form blank. Otherwise go to guestions for Person 2.
	25-455		questions for religion E.

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P	erson 2																										
•	See top of page 3 for how to ent	er c	r am	ien	d a	nsı	we	rs t	0 0	ue	sti	on	s.	Ρle	eas	e u	ıse	ы	ack	0	r b	ue	in	k.			
1	What is your name? (Person 2 in	Tab	le 1)																								
	First name and surname																										
		L																									
2	What is your sex?	9	What If yo			-									-						WO	25	200		ivo	+ho	
	Male Female	*	addı	res	s at	wh	ich	you	ı w	rere	liv	/ing	g d	lur	ing	, th	e s	cho	ol/	col	leg	e/L	ıniv	er:	sity	ter	
3	What is your date of birth?	*	For															al a	ıdd	res	S O	ne	yea	r a	go'		
-	Day Month Year				e ad									ot t	ne	ton.	m —										
				No	usu	ıal a	addı	ess	one	e ye	ara	ago)			١	Ш	S	ame	e as	Pe	rso	n 1				
4	What is your marital status (on 29 April 2001)?			Els	ewh	ere,	, pl	ease	e w	rite	in	be	lo	w													_
	Single (never married)																										_
	Married (first marriage)																										
	Re-married																										
	Separated (but still legally married)																		osto								
	Divorced																										7
	Widowed																										
		10	What (inc							tra	IVE	el t	0	toı	y	our	m	air	ı jo	b	or	coı	arse	e o	t st	tud	у
5	Are you a schoolchild or student in full-time education?	٠	Ansı																e fo	r v	/or	k o	r st	ud	y.		
	☐ Yes ► Go to 6	*	If yo												ot												
	No ► Go to 7			No	t cu	rrer	ntly	wor	kin	g or	st	udy	ring	g			- 0	io 1	0	1	2						
6	Do you live at the address			W	ork o	or st	tudy	/ ma	inl	y at	or	fro	m	hor	me		- 0	io 1	0	1	2						
U	shown on the front of this form			No	fixe	ed p	lace	2																			
	during the school, college or university term?				ork o																				v to) WI	rite
٠	Only answer this question if you have answered 'Yes' to Question 5.				e ad											101	EX		pie	_	IDE	nD	LLI	v			
	Yes, I live at this address during the school/college/university term																										
	Go to 7																										
	No, I live elsewhere during the school/college/university term																										
	Go to 35																	P	osto	ode	9						- 1
7	Over the last twelve months																										_
Г	would you say your health has on the whole been:	11	Hov							trav	/el	to	y	ou	r n	nai	n p	la	ce o	of v	wo	rk	or	stı	ıdy		
	Good? Fairly good?	Γ.	(inc		_			ol)?	,																		
	Not good?	*	√ o						aes	t na	rt.	bv	dis	tar	nce	of v		r us	ual	iou		v to	0 1//		or	stud	dv.
					derg																				van		,
8	Do you have any long-term illness, health problem or disability which limits your daily			Tra	_	,	,				,	9								_						nope	ed
	activities or the work you can do?			Bus	s, mir	nibu	sor	coac	h (p	ublic	or	priv	ate	e)				В	icyc	le							
*	Include problems which are due to old age.			Tax	i or	mir	nica	b										0	n fo	oot							
	Yes No			Dri	ving	ac	ar c	or va	ın							i	\neg	0	the	r							
			_														_					Ρlε	as	e t	urn	ov	er

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Person 2 - continued				
12 What is your country of birth? Scotland England Wales Northern Ireland Republic of Ireland Elsewhere, please write in the present name of the country	٠	What is your ethnic group? Choose ONE section from A to E, then ✓ the appropriate box to indicate your cultural background. White Scottish Other British Irish Any other White background, please write in	16	Can you understand, speak, read, or write Scottish Gaelic? ✓ all the boxes that apply. □ Understand spoken Gaelic □ Speak Gaelic □ Read Gaelic □ Write Gaelic □ None of these
13 What religion, religious denomination or body do you belong to? None Church of Scotland Roman Catholic Other Christian, please write in	В	Mixed Any Mixed background, please write in Asian, Asian Scottish or Asian		Do you look after, or give any help or support to family members, friends, neighbours or others because of: long-term physical or mental ill-health or disability, or problems related to old age? Do not count anything you do as part of your paid employment. ✓ time spent in a typical week. No Yes, 1-19 hours a week Yes, 20-49 hours a week
Buddhist Hindu Jewish Muslim Sikh Another Religion, please write in		British Indian Pakistani Bangladeshi Chinese Any other Asian background, please write in		Yes, 50+ hours a week If you are aged 16 to 74 Go to 19 If you are aged 15 and under, or 75 and over Go to 35 Last week, were you doing any work:
14 What religion, religious denomination or body were you brought up in? None Church of Scotland Roman Catholic Other Christian, please write in Buddhist	D	Black, Black Scottish or Black British Caribbean African Any other Black background, please write in Other ethnic background	:	as an employee, as self-employed/freelance, in your own/family business, or on a Government sponsored training scheme? ✓ 'Yes' if you were away from work ill, on maternity leave, on holiday or temporarily laid off. ✓ Yes' for any paid work, including casual or temporary work, even if only for one hour. ✓ 'Yes' if you worked, paid or unpaid, in your own/family business. Yes Go to 25
☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Another Religion, please write in		Any other background, please write in	20	Were you actively looking for any kind of paid work during the last 4 weeks?

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P	erson 2 - continued	1	
21	If a job had been available last week, could you have started it within 2 weeks?	29 •	How many hours (to the nearest full hour) a week do (did) you usually work in your main job? Give average for last four weeks. Number of hours
	Yes No	30	What is (was) the full title of your <i>main</i> job?
23	Last week, were you waiting to start a job already obtained? Yes No Last week, were you any of the following? ✓ all the boxes that apply. Retired Student Looking after home/family Permanently sick/disabled None of the above Have you ever worked? Yes, please write in the yearyou last worked Go to 25		For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. Civil Servants, Local Government Officers - give job title not grade or pay band. Describe what you do (did) in your main job. What is the full name of the organisation you work (worked) for in your main job? Please write in or one box below as appropriate. If you have your own business, write in the name.
٠	No, have never worked Go to 34 Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job. Your main job is the job in which you usually work the most hours. Do (did) you work as an	33	Self-employed/freelance Work (worked) for a private individual What is (was) the business of the organisation which you named above at Question 32? For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION. Civil Servants, Local Government Officers - please specify your Department.
	employee or are (were) you self-employed? Employee Self-employed with employees Self-employed/freelance without employees	34	Which of these qualifications do you have? ✓ all boxes that apply. ¹O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior
27	Do (did) you supervise any other employees? A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis. Yes No		Certificate or equivalent Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds
28	How many people work (worked) for your employer at the place where you work (worked)? If you are (were) self-employed,	35	Advanced Craft, RSA Advanced Diploma or equivalent HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent First Degree, Higher Degree Professional Qualifications (for example, teaching, accountancy) None of these If there are only 2 household members, the householder(s) should
	1-9 10-24 25-499 500 or more		now sign the Declaration on front page and the remaining pages should be left blank. Otherwise go to questions for Person 3.

Person 3	
	er or amend answers to questions. Please use black or blue ink.
1 What is your name? (Person 3 in	
First name and surname	
2 What is your sex?	9 What was your usual address one year ago?
Male Female	If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.
3 What is your date of birth?	♦ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.
Day Month Year	The address shown on the front of the form
	☐ No usual address one year ago ☐ Same as Person 1
4 What is your marital status	Elsewhere, please write in below
(on 29 April 2001)?	
Single (never married)	
Married (first marriage)	
Re-married	
Separated (but still legally married)	Postcode
Divorced	
Widowed	10 What address do you travel to for your main job or course of study
5 Are you a schoolchild or student	(including school)?
in full-time education?	 Answer for the place where you spend most time for work or study. If you report to a depot, write in depot address.
Yes Go to 6	Not currently working or studying Go to 12
□ No ► Go to 7	Work or study mainly at or from home Go to 12
6 Do you live at the address	
shown on the front of this form during the school, college or	No fixed place
university term?	Work on offshore installation, please use the address panel below to write in where you travel offshore from, for example "ABERDEEN"
 Only answer this question if you have answered 'Yes' to Question 5. 	The address below, please write in
Yes, I live at this address during	
the school/college/university term	
Go to 7	
No, I live elsewhere during the school/college/university term	
► Go to 35	Postcode
7 Over the last twelve months	
would you say your health has	11 How do you usually travel to your main place of work or study
on the whole been:	(including school)?
Good? Fairly good?	♦ ✓ one box only.
Not good?	♦ I he box for the longest part, by distance, of your usual journey to work or study.
8 Do you have any long-term illness, health problem or	Underground, tube, metro or light rail Passenger in a car or van
disability which limits your daily	Train Motor cycle, scooter or moped
 activities or the work you can do? Include problems which are due to 	Bus, minibus or coach (public or private) Bicycle
old age.	Taxi or minicab On foot
Yes No	☐ Driving a car or van ☐ Other

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Pe	Person 3 - continued					
12 \	What is your country of birth?	15	What is your ethnic group?	16	Can you understand, speak,	
Γ_{0}	Scotland	*	Choose ONE section from A to E, then ✓ the appropriate box to indicate	•	read, or write Scottish Gaelic?	
l [England		your cultural background.		Understand spoken Gaelic	
-	Wales	А	White		Speak Gaelic	
ן ו	Northern Ireland		Scottish			
	Republic of Ireland		Other British		Read Gaelic	
ן ן			☐ Irish		Write Gaelic	
l	Elsewhere, please write in the present name of the country		Any other White background,		None of these	
				17	Do you look after, or give any	
					help or support to family members, friends, neighbours	
					or others because of:	
	What religion, religious denomination or body do you	В	Mixed	١.	long-term physical or mental ill-health or disability, or	
	pelong to?		Any Mixed background,		problems related to old age?	
[None		please write in	 	Do <i>not</i> count anything you do as part of your paid employment.	
[Church of Scotland			*	✓ time spent in a typical week.	
[Roman Catholic				No No	
[Other Christian, please write in	c	Asian, Asian Scottish or Asian		Yes, 1-19 hours a week	
ſ			British		Yes, 20-49 hours a week	
			Indian		Yes, 50+ hours a week	
l 1	Buddhist		Pakistani	18	If you are aged 16 to 74	
,	☐ Hindu ☐ Jewish		Bangladeshi	Г	► Go to 19	
ן ן	☐ Muslim ☐ Sikh		Chinese		If you are aged 15 and under, or	
			Any other Asian background,		75 and over Go to 35	
	Another Religion, please write in		please write in		do to 33	
				19	Last week, were you doing any work:	
				•	as an employee,	
9	What religion, religious denomination or body were you	D	Black, Black Scottish or Black		as self-employed/freelance, in your own/family business, or	
ָ֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֡֡֓֡֓	orought up in?		British		on a Government sponsored	
	None South of Southerd		Caribbean		training scheme? √ 'Yes' if you were away from work	
ا ا	Church of Scotland		African	ľ	ill, on maternity leave, on holiday or	
L	Roman Catholic		Any other Black background,		temporarily laid off. √ 'Yes' for any paid work, including	
	Other Christian, please write in		,		casual or temporary work, even if only	
					for one hour. √'Yes' if you worked, paid or	
					unpaid, in your own/family business.	
	Buddhist	E	Other ethnic background		Yes Go to 25	
[Hindu Jewish		Any other background,		No Go to 20	
[Muslim Sikh		please write in	20	Were you actively looking for any	
Г	Another Religion, please write in				kind of paid work during the last	
					4 weeks?	
					Yes No	

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P	erson 3 - continued	1	
21	If a job had been available last week, could you have started it	29	work in your main job?
	within 2 weeks?	*	Give average for last four weeks. Number of hours worked a week
	Yes No	30	What is (was) the full title of your <i>main</i> job?
22	Last week, were you waiting to start a job already obtained?	*	For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.
	Yes No	*	Civil Servants, Local Government Officers - give job title not grade or pay band.
23	Last week, were you any of the following?		
٠	✓ all the boxes that apply.		
	Retired Student	31	Describe what you do (did) in your main job.
	Looking after home/family		
	Permanently sick/disabled		
	None of the above		
24	Have you ever worked?	32	What is the full name of the organisation you work (worked) for in your
	Yes, please write in the year you last worked	*	main job? Please write in or one box below as appropriate. If you have your own business, write in the name.
	Go to 25		
	No, have never worked		
	Go to 34		
25	Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last	22	Self-employed/freelance Work (worked) for a private individual What is (was) the business of the organisation which you named
	week, your last <i>main</i> job.	33	above at Question 32?
*	Your main job is the job in which you usually work the most hours.	*	For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION. Civil Servants, Local Government Officers - please specify your Department.
26	Do (did) you work as an employee or are (were) you self-employed?	Ť	Civil Servants, Local dovernment Officers - please specify your department.
	Employee		
	Self-employed with employees	34	Which of these qualifications do you have?
	Self-employed/freelance without	٠	√ all boxes that apply.
27	employees Do (did) you supervise any		'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent
	other employees? A supervisor or foreman is responsible		Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent
Ť	for overseeing the work of other employees on a day-to-day basis.		GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent
	Yes No		GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent
28	How many people work (worked) for your employer at		HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent
	the place where you work (worked)?		First Degree, Higher Degree
٠	If you are (were) self-employed, to show how many people		Professional Qualifications (for example, teaching, accountancy)
	you <i>employ</i> (<i>employed</i>) including yourself.	25	None of these
	1-9 10-24	35	If there are only 3 household members, the householder(s) should now sign the Declaration on front page and the remaining pages
	25-499 500 or more		should be left blank. Otherwise go to questions for Person 4.

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Person 4	Person 4				
See top of page 3 for how to ent	er oı	r amend answers to questions. Please use black or blue ink.			
1 What is your name? (Person 4 in	Tabl	le 1)			
First name and surname					
2 What is your sex?		What was your usual address one year ago? If you were a child at boarding school or a student one year ago, give the			
Male Female	*	address at which you were living during the school/college/university term.			
3 What is your date of birth?	*	For a child born after 29 April 2000, ✓ 'No usual address one year ago'.			
Day Month Year		The address shown on the front of the form			
		No usual address one year ago Same as Person 1			
What is your marital status (on 29 April 2001)?		Elsewhere, please write in below			
Single (never married)					
Married (first marriage)					
Re-married					
Separated (but still legally married)		Postcode			
Divorced		rosuode			
☐ Widowed	40	Note that the second of the se			
	10	What address do you travel to for your main job or course of study (including school)?			
5 Are you a schoolchild or student in full-time education?	+	Answer for the place where you spend most time for work or study.			
Yes Go to 6	*	If you report to a depot, write in depot address.			
□ No ► Go to 7		Not currently working or studying Go to 12			
6 Do you live at the address		Work or study mainly at or from home Go to			
shown on the front of this form		No fixed place			
during the school, college or university term?		Work on offshore installation, please use the address panel below to write in where you travel offshore from, for example "ABERDEEN"			
 Only answer this question if you have answered 'Yes' to Question 5. 		The address below, please write in			
Yes, I live at this address during the school/college/university term					
Go to 7					
No, I live elsewhere during the school/college/university term					
► Go to 35		Postcode			
7 Over the last twelve months					
would you say your health has on the whole been:	11	How do you usually travel to your main place of work or study			
Good? Fairly good?		(including school)? ✓ one box only.			
Not good?		✓ the box for the longest part, by distance, of your usual journey to work or study.			
8 Do you have any long-term		Underground, tube, metro or light rail Passenger in a car or van			
illness, health problem or disability which limits your daily		☐ Train ☐ Motor cycle, scooter or moped			
activities or the work you can do? Include problems which are due to		Bus, minibus or coach (public or private) Bicycle			
old age.		Taxi or minicab On foot			
Yes No		Driving a car or van Other			
		Please turn over			

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Person 4 - continued		
12 What is your country of birth? Scotland England Wales Northern Ireland Republic of Ireland Elsewhere, please write in the present name of the country	Soutish Other British Any other White background, please write in	sh Gaelic? pply.
13 What religion, religious denomination or body do you belong to? None Church of Scotland Roman Catholic Other Christian, please write in	Mixed Any Mixed background, please write in Asian, Asian Scottish or Asian British Do you look after, on help or support to fa members, friends, no or others because of ill-health or disabilit problems related to co	amily eighbours f: or mental y, or old age? y you do as loyment. cal week
Buddhist Hindu Jewish Muslim Sikh Another Religion, please write in	☐ Indian ☐ Yes, 50+ hours a will ☐ Yes, 50+ hours a will ☐ Pakistani ☐ Bangladeshi ☐ Go to 19 ☐ If you are aged 15 are 75 and over ☐ Go to 35 ☐ ☐ Last week, were you work:	eek o 74 nd under, or
14 What religion, religious denomination or body were you brought up in? None Church of Scotland Roman Catholic Other Christian, please write in Buddhist Hindu Jewish	as an employee, as self-employed/fre in your own/family l on a Government sp training scheme? Arrican Any other Black background, please write in Other ethnic background Anyother background Other ethnic background Anyother background Anyother background Anyother background No Back Scottish or Black in your own/family l on a Government sp training scheme? ✓ 'Yes' if you were aw. ill, on maternity leave, temporarily laid off. ✓ 'Yes' for any paid wo casual or temporary work for one hour.	business, or consored ay from work on holiday or rk, including k, even if only , paid or mily business.
Muslim Sikh Another Religion, please write in	Any other background, please write in 20 Were you actively lool kind of paid work dur 4 weeks? Yes No	ring the last

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P	erson 4 - continued	1	
21	If a job had been available last week, could you have started it within 2 weeks?	29 •	How many hours (to the nearest full hour) a week do (did) you usually work in your <i>main</i> job? Give average for last four weeks. Number of hours worked a week
	Yes No	30	What is (was) the full title of your <i>main</i> job?
23	Last week, were you waiting to start a job already obtained? Yes No Last week, were you any of the following? ✓ all the boxes that apply. Retired Student Looking after home/family Permanently sick/disabled None of the above Have you ever worked? Yes, please write in the yearyou	32	For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT. Civil Servants, Local Government Officers - give job title not grade or pay band. Describe what you do (did) in your main job. What is the full name of the organisation you work (worked) for in your main job?
25	Answer the remaining questions for the main job you were doing last week, or if not working last week, your last main job. Your main job is the job in which you usually work the most hours.		Please write in or ✓ one box below as appropriate. If you have your own business, write in the name. Self-employed/freelance Work (worked) for a private individual What is (was) the business of the organisation which you named above at Question 32? For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION.
26	Do (did) you work as an employee or are (were) you self-employed?	•	Civil Servants, Local Government Officers - please specify your Department.
	Self-employed with employees	34	Which of these qualifications do you have?
	Self-employed/freelance without employees	+	✓ all boxes that apply.
27 •	Do (did) you supervise any other employees? A supervisor of foreman is responsible for overseeing the work of other employees on a day-to-day basis. Yes No		'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds
28	How many people work (worked) for your employer at the place where you work (worked)? If you are (were) self-employed, to show how many people		Advanced Craft, RSA Advanced Diploma or equivalent HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent First Degree, Higher Degree Professional Qualifications (for example, teaching, accountancy)
	you employ (employed) including yourself. 1-9	35	None of these If there are only 4 household members, the householder(s) should now sign the Declaration on front page and the remaining pages should be left blank. Otherwise go to questions for Person 5.

Person 5	
See top of page 3 for how to ente	er or amend answers to questions. Please use black or blue ink.
1 What is your name? (Person 5 in	Table 1)
First name and surname	
2 What is your sex?	9 What was your usual address one year ago?
Male Female	If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.
3 What is your date of birth?	♦ For a child born after 29 April 2000, ✓ 'No usual address one year ago'.
Day Month Year	The address shown on the front of the form
	No usual address one year ago Same as Person 1
What is your marital status (on 29 April 2001)?	Elsewhere, please write in below
Single (never married)	
Married (first marriage)	
Re-married	
Separated (but still legally married)	Postcode
Divorced	Postcode
Widowed	
	10 What address do you travel to for your main job or course of study (including school)?
5 Are you a schoolchild or student in full-time education?	Answer for the place where you spend most time for work or study.
Yes Go to 6	If you report to a depot, write in depot address.
□ No ► Go to 7	Not currently working or studying Go to 12
6 Do you live at the address	Work or study mainly at or from home Go to 12
shown on the front of this form	No fixed place
during the school, college or university term?	Work on offshore installation, please use the address panel below to write in where you travel offshore from, for example "ABERDEEN"
 Only answer this question if you have answered 'Yes' to Question 5. 	The address below, please write in
Yes, I live at this address during the school/college/university term	
Go to 7	
No, I live elsewhere during the school/college/university term	
► Go to 35	Postcode
7 Over the last twelve months	
would you say your health has on the whole been:	11 How do you usually travel to your main place of work or study
Good? Fairly good?	(including school)?
Not good?	
	Underground, tube, metro or light rail Passenger in a car or van
illness, health problem or disability which limits your daily	☐ Train ☐ Motor cycle, scooter or moped
activities or the work you can do? Include problems which are due to	Bus, minibus or coach (public or private) Bicycle
 Include problems which are due to old age. 	Taxi or minicab On foot
Yes No	☐ Driving a car or van ☐ Other

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Person 5 -	continued				
12 What is your cou	untry of birth?	15	What is your ethnic	group? 16	Can you understand, speak,
Scotland		*	Choose ONE section fro ✓ the appropriate bo		read, or write Scottish Gaelic? I all the boxes that apply.
England		_	your cultural backgrou White		Understand spoken Gaelic
Wales		^	Scottish		Speak Gaelic
Northern Irelan	nd		Other British		Read Gaelic
Republic of Irel	and		☐ Irish		☐ Write Gaelic
Elsewhere, pleas			Any other White ba	ckaround	None of these
present name	of the country		please write in	ickground,	None of these
				17	Do you look after, or give any help or support to family
					members, friends, neighbours or others because of:
13 What religion, re		В	Mixed	•	long-term physical or mental ill-health or disability, or
denomination of belong to?	r body do you	٦	Any Mixed backgro	und,	problems related to old age?
None			please write in		Do not count anything you do as part of your paid employment.
Church of Scotla	nd			•	✓ time spent in a typical week.
Roman Catholi	c				□ No
Other Christian	ı, please write in	c	Asian, Asian Scottish o	or Asian	Yes, 1-19 hours a week
			British		Yes, 20-49 hours a week
			Indian		Yes, 50+ hours a week
☐ Buddhist			Pakistani	18	If you are aged 16 to 74
Hindu	Jewish		Bangladeshi		► Go to 19
Muslim	Sikh		Chinese		If you are aged 15 and under, or 75 and over
Another Religio	n, <i>pl</i> ease write in		Any other Asian ba please write in	ckground,	Go to 35
				19	Last week, were you doing any
					work: as an employee,
14 What religion, re					as self-employed/freelance,
brought up in?	r body were you	D	Black, Black Scottish o British	-	in your own/family business, or
None			Caribbean	•	on a Government sponsored training scheme?
Church of Scotla	nd		African	•	√ 'Yes' if you were away from work ill, on maternity leave, on holiday or
Roman Catholi	ic		Any other Black ba	ckground,	temporarily laid off.
Other Christian	ı, please write in		please write in		✓ 'Yes' for any paid work, including casual or temporary work, even if only
					for one hour. √'Yes' if you worked, paid or
					unpaid, in your own/family business.
Buddhist		E	Other ethnic backgrou	ınd	Yes Go to 25
Hindu	Jewish		Any other background please write in		□ No ► Go to 20
Muslim	Sikh			20	Were you actively looking for any
Another Religio	n, <i>please write in</i>				kind of paid work during the last 4 weeks?
					Yes No
					Please turn over

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P	erson 5 - continued	1	
21	If a job had been available last week, could you have started it within 2 weeks?	29 •	work in your <i>main</i> job? Give average for last four weeks. Number of hours
	Yes No	30	What is (was) the full title of your <i>main</i> job?
22	Last week, were you waiting to start a job already obtained?	٠	For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.
	Yes No	*	Civil Servants, Local Government Officers - give job title not grade or pay band.
23	Last week, were you any of the following?		
*	√ all the boxes that apply.		
	Retired Student	31	Describe what you do (did) in your <i>main</i> job.
	Looking after home/family		
	Permanently sick/disabled		
	None of the above		
24	Have you ever worked? Yes, please write in the year you last worked	32 *	What is the full name of the organisation you work (worked) for in your main job? Please write in or one box below as appropriate. If you have your own business, write in the name.
	Go to 25 No, have never worked Go to 34		
*	Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job. Your <i>main</i> job is the job in which you usually work the most hours.	33	Self-employed/freelance Work (worked) for a private individual What is (was) the business of the organisation which you named above at Question 32? For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION. Civil Servants, Local Government Officers - please specify your Department.
26	Do (did) you work as an employee or are (were) you self-employed?		
	Employee		
	Self-employed with employees		Which of these qualifications do you have?
	Self-employed/freelance without employees	*	√ all boxes that apply. ¹O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior ¹O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior ¹O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior ¹O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior ¹O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior ¹O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior □ O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior □ O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior □ O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior □ O' Grade, Standard Grade, Intermediate 2, GCSE, CSE, Senior □ O' Grade, Standard Grade, Intermediate 2, GCSE, CSE, Senior □ O' Grade, Standard Grade, Intermediate 3, Inter
	Do (did) you supervise any other employees?		Certificate or equivalent Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent
•	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.		GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent
	Yes No		GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent
28	How many people work (worked) for your employer at		HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent
	the place where you work (worked)?		First Degree, Higher Degree
٠	If you are (were) self-employed,		Professional Qualifications (for example, teaching, accountancy)
	✓ to show how many people you <i>employ</i> (<i>employed</i>) including yourself.		None of these
	1-9 10-24	35	If there are only 5 household members, the householder(s) should now sign the Declaration on front page. Otherwise please continue
	25-499 500 or more		with a Continuation Form. Contact Census Helpline if form required (see front page).

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VICE CONTRACTOR VICE CONTRACTOR	cotland's ENSUS PAPRIL 2001 count me in
Address	ED Form Number
What is the Census? The Census is a count every ten years of all people and households in the country. This is the first to be carried out for the Scottish Parliament, and will be used to improve the economic and social condition of Scotland. Central and local government, health authorities and many other organisations use Census information to allocate resources and plan services for everyone. Your legal obligation Completion of the Census form is compulsory, and the Scottish Parliament has approved the questions to be asked. If you refuse to complete the form, or give false information, you may be liable to a fine. Questions 13 and 14 about your religion are voluntary.	What you have to do depends on whether you are completing this form in a Household or in a Communal Establishment (hotel, hospital, hall of residence, etc): EITHER If in a Household Enter address of household in the panel above. Ensure that you are listed in Table 1 on page 2 of the Household Form. Copy your Person Number from Table 1 of the Household Form here Complete the questions on pages 2 to 4 of this form. Sign the Declaration below, and place the completed form in the Individual Return envelope provided. Give the envelope to the person responsible for completing the Household Form. OR If in a Communal Establishment Enter the name and address of establishment in the panel above. State your position in this establishment (tick one box).
Confidentiality The information you provide is protected by law and treated in strict confidence. The information is only used for statistical purposes. Anyone using or disclosing Census information improperly will be liable to prosecution. The information on your Census form will be treated as confidential for a period of 100 years.	Relative of staff or owner Other (for example, resident, patient, student) Complete the questions on pages 2 to 4 of this form. Sign the Declaration below and return the completed form to the manager or person in charge. Census Helpline For help in answering questions:
Thank you for your co-operation. J. N. Randall REGISTRAR GENERAL FOR SCOTLAND Edinburgh	Phone Text phone for the deaf Website Website Website This form is completed to the best of my knowledge and belief. Date Date

How to complete this for	** Use black or blue ink. If you mark the wrong box fill in the box like
this and the right one. Use CA	PITAL LETTERS for writing in answers and leave a space between words.
1 What is your name? First name and surname	
2 What is your sex?	9 What was your usual address one year ago?
Male Female	If you were a child at boarding school or a student one year ago, give the address at which you were living during the school/college/university term.
3 What is your date of birth? Day Month Year	 For a child born after 29 April 2000, ✓ 'No usual address one year ago'. The address shown on the front of the form No usual address one year ago
What is your marital status (on 29 April 2001)?	Elsewhere, please write in below
Single (never married)	
Married (first marriage)	
Re-married	
Separated (but still legally married)	Postcode
Divorced	
☐ Widowed	10 Miles address de seu terrel te ferre consiste le la consessa de terre
	10 What address do you travel to for your main job or course of study (including school)?
5 Are you a schoolchild or student in full-time education?	Answer for the place where you spend most time for work or study.
Yes Go to 6	If you report to a depot, write in depot address. Not currently working or studying Go to 12
6 Do you live at the address shown on the front of this form during the school, college or university term? • Only answer this question if you	Work or study mainly at or from home
have answered 'Yes' to Question 5. Yes, I live at this address during	
the school/college/university term	
No, I live elsewhere during the	
school/college/university term Go to 35	Postcode
7 Over the last twelve months would you say your health has on the whole been: Good? Fairly good? Not good?	11 How do you usually travel to your main place of work or study (including school)?
B Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age. Yes No	Underground, tube, metro or light rail Passenger in a car or van Train Motor cycle, scooter or moped Bus, minibus or coach (public or private) Bicycle Taxi or minicab On foot Driving a car or van

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12 What is your country of birth?	15	What is your ethnic group?	16	Can you understand, speak,
Scotland	*	Choose ONE section from A to E, then the appropriate box to indicate	•	read, or write Scottish Gaelic?
☐ England	A	your cultural background. White		Understand spoken Gaelic
Wales	'	Scottish		Speak Gaelic
Northern Ireland		Other British		Read Gaelic
Republic of Ireland		Irish		Write Gaelic
Elsewhere, please write in the present name of the country		Any other White background,		None of these
		please write in	17	Do you look after, or give any
			"	help or support to family members, friends, neighbours
			١.	or others because of: long-term physical or mental
13 What religion, religious denomination or body do you	В	Mixed		ill-health or disability, or
belong to?		Any Mixed background, please write in	,	problems related to old age? Do not count anything you do as
None Church of Scotland				part of your paid employment. ✓ time spent in a typical week.
Roman Catholic			ľ	□ No
Other Christian, please write in				Yes, 1-19 hours a week
Other Christian, please write in	c	Asian, Asian Scottish or Asian British		Yes, 20-49 hours a week
		Indian		Yes, 50+ hours a week
Buddhist		Pakistani	18	If you are aged 16 to 74
☐ Hindu ☐ Jewish		Bangladeshi		► Go to 19
☐ Muslim ☐ Sikh		Chinese		If you are aged 15 and under, or
Another Religion, please write in		Any other Asian background,		75 and over Go to 35
			10	Last week, were you doing any
			г	work:
14 What religion, religious				as an employee, as self-employed/freelance,
denomination or body were you brought up in?	D	Black, Black Scottish or Black British		in your own/family business, or
None		Caribbean	ľ	on a Government sponsored training scheme?
Church of Scotland		African	*	√ 'Yes' if you were away from work ill, on maternity leave, on holiday or
Roman Catholic		Any other Black background,		temporarily laid off.
Other Christian, please write in		please write in	ľ	✓ 'Yes' for any paid work, including casual or temporary work, even if only
				for one hour. ✓ 'Yes' if you worked, paid or
				unpaid, in your own/family business.
Buddhist	E	_		Yes ► Go to 25
Hindu Jewish		Any other background, please write in		No ► Go to 20
Muslim Sikh Another Religion, please write in			20	Were you actively looking for any kind of paid work during the last 4 weeks?
				Yes No
				Please turn over

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21	If a job had been available last week, could you have started it within 2 weeks?	29 •	How many hours (to the nearest full hour) a week do (did) you usually work in your main job? Give average for last four weeks. Number of hours worked a week		
	Yes No	30	What is (was) the full title of your main job?		
22	Last week, were you waiting to	+	For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, TELEVISION SERVICE ENGINEER, BENEFITS ASSISTANT.		
	start a job already obtained? Yes No		Civil Servants, Local Government Officers - give job title not grade or pay band.		
23	Last week, were you any of the				
23	following?				
*	✓ all the boxes that apply.				
	Retired Student	31	Describe what you do (did) in your <i>main</i> job.		
	Looking after home/family				
	Permanently sick/disabled				
	None of the above				
24	Have you ever worked? Yes, please write in the year you last worked Go to 25 No, have never worked	*	What is the full name of the organisation you work (worked) for in your main job? Please write in or one box below as appropriate. If you have your own business, write in the name.		
25	Answer the remaining questions for the <i>main</i> job you were doing last week, or if not working last week, your last <i>main</i> job. Your <i>main</i> job is the job in which		Self-employed/freelance Work (worked) for a private individual What is (was) the business of the organisation which you named above at Question 32?		
26	you usually work the most hours. Do (did) you work as an employee or are (were) you self-employed? Employee		For example, MAKING SHOES, REPAIRING CARS, SECONDARY EDUCATION. Civil Servants, Local Government Officers - please specify your Department.		
	Self-employed with employees	34	Which of these qualifications do you have?		
	Self-employed/freelance without	•	√ all boxes that apply.		
27	Do (did) you supervise any other employees?		O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level,		
*	A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.		Advanced Senior Certificate or equivalent GSVQ/SVQ Level 1 or 2, SCOTVEC/National Certificate Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent		
	Yes No		GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds		
28	How many people work (worked) for your employer at the place where you work (worked)?		Advanced Craft, RSA Advanced Diploma or equivalent HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent First Degree, Higher Degree		
•	If you are (were) self-employed, to show how many people you employ (employed) including yourself.		Professional Qualifications (for example, teaching, accountancy) None of these		
	1-9 10-24 25-499 500 or more	35	Please sign the Declaration on page 1 and follow the instructions on that page about return of form.		

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EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations, which extend to Scotland only, amend the Census (Scotland) Regulations 2000 ("the principal Regulations"), which made provision for the detailed arrangements necessary for the conduct of the census directed to be taken by the Census (Scotland) Order 2000.

These Regulations substitute new forms of return to be completed in accordance with the Census (Scotland) Order 2000 (as amended by the Census (Scotland) Amendment Order 2000 (S.S.I. 2000/) which are set out in Schedule 3 to the principal Regulations (regulation 2(7)).

In particular, the forms are amended to include a more detailed question on ethnicity and so as to include two questions on religion. The questions on religion are voluntary questions. By virtue of the Census (Amendment) (Scotland) Act 2000 asp3, there are no criminal penalties for failing to answer the questions on religion. Also, the communal establishment form is amended.

The Regulations allow the Registrar General to make such arrangements as he thinks fit for the collection of particulars to be stated in forms of return (regulation 2(6)).

The Regulations revoke regulation 5 of, and Schedule 1 to, the principal Regulations (form of undertaking) (regulation 2(2)).

The Regulations also make other minor technical and drafting amendments.