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SCOTTISH STATUTORY INSTRUMENTS

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**2000 No. 102**

**CENSUS**

**The Census (Scotland) Regulations 2000**

|  |         |                       |
|--|---------|-----------------------|
| <i>Made</i>                                | - - - - | <i>3rd April 2000</i> |
| <i>Laid before the Scottish Parliament</i> | - - - - | <i>5th April 2000</i> |
| <i>Coming into force</i>                   | - -     | <i>15th May 2000</i>  |

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 and extent**

1.—(1) These Regulations may be cited as the Census (Scotland) Regulations 2000 and shall come into force on 15th May 2000.

(2) These Regulations extend to Scotland only.

**Interpretation**

2.—(1) In these Regulations—

“the Act” means the Census Act 1920;

“the census” means the census directed to be taken by the Census (Scotland) Order 2000(2) (hereinafter referred to as “the Census Order”);

“census area” means the area designated under regulation 3(2);

“census area manager” means an officer appointed under regulation 4(1)(a);

“census day” means 29th April 2001;

“census district” means a district so referred to in regulation 3;

“census district manager” means an officer appointed under regulation 4(1)(b);

“census enumerator” means an officer appointed under regulation 4(1)(d);

“census team leader” means an officer appointed under regulation 4(1)(c);

“enumeration district” means a district so referred to in regulation 3;

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(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 of State. The functions of the Secretary of State were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c. 46).

(2) S.S.I. 2000/68.

“individual return envelope” means an envelope in which a completed Individual form may be placed and sealed;

“officer” means a person appointed under regulation 4;

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

“Registrar-General” means the Registrar General of Births, Deaths and Marriages for Scotland; and

“reply envelope” means a reply-paid pre-addressed envelope for the return of forms of return, which does not require payment by the sender.

(2) In these Regulations, a reference to a named form, is a reference to the form of return which is identified by that name and which is set out in Schedule 3.

(3) Unless the context otherwise requires, in these Regulations a reference to a numbered regulation or Schedule is a reference to the regulation or Schedule in these Regulations bearing that number, and a reference in a regulation to a numbered paragraph is a reference to the paragraph of that regulation bearing that number.

#### **Census areas, census districts and enumeration districts**

**3.—**(1) For the purpose of the census, the Registrar-General shall divide Scotland 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 each census area;
- (b) the Registrar-General or the census area manager may appoint a census district manager for each census district;
- (c) the Registrar-General, the census area manager or the census district manager may appoint for a census district such number of census team leaders, not exceeding 5 in any census district, as the Registrar-General may specify as being necessary for that census district;
- (d) the Registrar-General, the census area manager or the census district manager may appoint—
  - (i) a census 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 appointed under regulation 4 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.—**(1) 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(6) or (7) 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.

(2) The requirement to make a form of return in accordance with paragraph (1) above shall be discharged only when a form of return is completed and is received by an officer.

(3) Where an officer does not receive a form of return in respect of a prescribed person, he may deliver such additional forms of return of the type and number as are necessary for the purpose of obtaining a completed form of return.

### **Supply of forms and other documents to census district managers and census enumerators**

7.—(1) The Registrar-General shall issue to every census district manager a sufficient number of forms of return, reply envelopes, individual return envelopes and such other forms or documents as may be necessary for the purpose of the census.

(2) Every census district manager shall supply to every census enumerator appointed to act for an enumeration district within the census district a sufficient number of forms of return, reply envelopes, individual return envelopes and such other forms or documents as may be necessary for the purpose of the census.

### **Delivery of forms of return**

8.—(1) The census enumerator shall deliver forms of return and reply envelopes and individual return envelopes prior to census day, as follows—

- (a) the Household Form and a reply envelope to the householder or joint householders, or the person or persons for the time being acting as householder or joint householders of each 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 householder or acting householder and there are no joint householders or acting joint householders of that household, to a member of that household who is aged 16 years or over;
- (b) the Communal Establishment Form and the number of Individual Forms, reply envelopes and individual return envelopes which are 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 Groups II, III or IV in Schedule 1 to the Census Order.

(2) The duty assigned to the census enumerator by paragraph (1) above to deliver a form of return and any reply envelopes and individual return envelopes shall be satisfied—

- (a) if he hands them 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 them at the dwelling or premises referred to in paragraph (1); or
- (c) where there is no appropriate or responsible person in terms of sub-paragraph (a), or where it is not practicable to leave them in terms of sub-paragraph (b), if he posts them to the dwelling or premises.

(3) The Registrar-General shall make arrangements for the delivery, prior to census day, of—

- (a) Communal Establishment Forms and the number of Individual Forms, reply envelopes and individual return envelopes which are necessary for the purpose of the census to the—
  - (i) director or governor or other person for the time being in charge of any premises mentioned in Group V in Schedule 1 to the Census Order;
  - (ii) commanding officer or other person for the time being in charge of any premises or vessel mentioned in Group VI in that Schedule; and

- (iii) captain, master or other person for the time being in charge of any vessel mentioned in Group VII in that Schedule; and
  - (b) an Individual Form and where requested an individual return envelope to every person mentioned in Group VIII in Schedule 1 to the Census Order.
- (4) Where the census enumerator delivers the forms of return and Individual return envelopes in accordance with paragraph (1) above, he may make arrangements to collect the forms of return instead of supplying reply envelopes for the purpose of returning the forms of return.

**Particulars to be completed by census enumerators**

- 9.—(1) When the census enumerator delivers the Household Form in accordance with regulation 8(1)(a), he shall complete the panel on that form headed “This Section to be completed by census enumerator”.
- (2) When the census enumerator or other officer delivers the Communal Establishment Form in accordance with regulation 8(1)(b) or (3)(a), he shall complete the panel on that form headed “This Section to be completed by census enumerator”.
- (3) When the census enumerator or other officer delivers the Individual Form in accordance with regulation 8(1)(b) or (3) and supplies the Individual Form in accordance with regulation 10, he shall complete the boxes lettered “CD” and “ED” and the box titled “Form Number” on the first page of the form of return.

**Issue of Individual forms of returns in private households**

10. Any person who satisfies the conditions prescribed in article 5(5) of the Census Order and who elects to make an individual return (“the elector”) shall, where requested, be supplied by an officer with a separate Individual Form and individual return envelope.

**Issue of Individual forms of return in communal establishments**

- 11.—(1) The person to whom a Communal Establishment Form is delivered in accordance with regulation 8(1)(b) shall issue an Individual Form and where requested, an individual return envelope, to every prescribed person on the premises who appears to him to be capable of completing the form.
- (2) Where the Registrar-General has made arrangements for the delivery of the forms and envelopes referred to in regulation 8(3)(a), he shall also make arrangements for the issuing of Individual forms and individual return envelopes to every prescribed person on the premises or vessel who appears capable of completing the form.
- (3) 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 who is incapable of making a return, to be made by a relative or other person accompanying the person incapable of making the return, he shall issue an Individual Form and where requested an individual return envelope to the relative or other person for that purpose.

**Return of completed forms of return**

- 12.—(1) Every person to whom an Individual Form has been supplied in accordance with regulation 10 shall return the completed form by placing it and sealing it in the individual return envelope provided and giving it to the person to whom the Household Form was delivered in accordance with regulation 8(1)(a).
- (2) Where in accordance with paragraphs (1) and (3) of regulation 11, Individual Forms and, as the case may be, individual return envelopes have been issued, the person responsible for issuing

those forms and envelopes, or any person who has taken his place, shall collect the completed forms and any envelopes on the day after census day or as soon thereafter as is reasonably practicable.

(3) Every person to whom a Household Form has been delivered in accordance with regulation 8(1)(a) shall return the completed form, together with any completed Individual Forms that have been given to him in terms of paragraph (1) above, by posting it or, as the case may be, them on 30th April 2001 or as soon thereafter as is reasonably practicable in the reply envelope supplied.

(4) Every person to whom a Communal Establishment Form and a reply envelope has been delivered in accordance with regulation 8(1)(b), shall return the completed form, together with any completed Individual Forms including those which have been collected in accordance with paragraph (2) above, by posting it or, as the case may be, them on 30th April 2001 or as soon thereafter as is reasonably practicable in the reply envelope supplied.

(5) The census enumerator shall make arrangements for the collection of the completed Communal Establishment Form delivered in accordance with regulation 8(1)(b) from every person to whom a Communal Establishment Form but no reply envelope has been delivered, together with any completed Individual Forms and, as the case may be, individual return envelopes including those which have been collected in accordance with paragraph (2) above.

(6) The Registrar-General shall make arrangements for the collection of completed forms of return from every person to whom a form of return has been delivered in accordance with regulation 8(3).

### **Follow-up Action**

**13.**—(1) The census enumerator or any other officer as directed by the census district manager shall examine each form of return returned in accordance with regulation 12 and satisfy himself that the entries thereon are properly and sufficiently made.

(2) Where any of the entries on the forms of return are not properly and sufficiently made, the census enumerator or any other officer directed by the census district manager may make all such enquiries of the persons concerned in completing that form, or the persons with respect to whom the return is made, as are reasonably necessary to obtain from him a proper and sufficient form of return.

(3) If by 8th May 2001, a form of return which should have been returned in accordance with these Regulations has not been received by an officer, the census enumerator or any other officer directed by the census district manager shall make all such inquiries of the persons concerned in completing that form, or the persons with respect to whom the return is to be made, as are reasonably necessary to obtain from him a proper and sufficient return.

(4) Where the census enumerator or any other officer directed by the census district manager has made inquiries in accordance with paragraph (3) above, he shall where appropriate—

- (a) collect the completed form of return;
- (b) arrange to collect the completed form of return on a specified future date;
- (c) agree that the completed form of return may be returned by posting it in the reply envelope provided;
- (d) deliver any additional forms referred to in regulation 6(3);
- (e) report to the census team leader or the census district manager if he has been unable to contact the persons concerned with completing the forms or if those persons have refused to co-operate with him.

### **Further duties of census area managers, census district managers, census team leaders and census enumerators**

14.—(1) The census enumerator may, with the agreement of the census district manager or the census area manager, work in more than one enumeration district to undertake or support the work of the census enumerator appointed to that enumeration district.

(2) All officers shall maintain such records and reports as the Registrar-General instructs them to maintain, and shall use the documents issued to them under regulation 7 for that purpose.

(3) When directed to do so by the census district manager, the census enumerator shall deliver to the census district manager or to the census team leader all forms of return which he has collected and any other written record of any nature in his possession which contains personal census information and any other documents which he has been instructed to return.

(4) When directed to do so by the census district manager, the census team leader shall deliver to the census district manager all forms of return and any other written records of any nature in his possession which contains personal census information and any other documents which he is instructed to return.

(5) When directed to do so by the Registrar-General, the census district manager shall send to the Registrar-General all forms of return and other written records delivered to him by the census enumerator or census team leader and any other written record of any nature in his possession which contains any personal census information and any other documents he has been instructed to return.

(6) When directed to do so by the Registrar-General, the census area manager shall send to the Registrar-General any written record of any nature in his possession which contains any personal census information and any other documents he has been instructed to return.

### **Giving of information**

15.—(1) Every prescribed person shall give to the census enumerator such information as the census 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 census enumerator, census team leader or census district manager 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 purposes 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 or other documents (including electronic documents) containing personal census information shall keep such forms and documents in such manner as to prevent any unauthorised person having access to them.

### **Revocation**

17. The Census (Scotland) Regulations 1990(3) are hereby revoked.

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(3) S.I. 1990/307.

St Andrew's House, Edinburgh  
3rd April 2000

*JAMES WALLACE*  
A member of the Scottish Executive

*Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.*

SCHEDULE 1

Regulation 5

Form of Undertaking to be given by Officers

I, .....being a person appointed in accordance with the Census (Scotland) Regulations 2000 for the purpose of taking the census, hereby undertake and promise faithfully to perform the duties assigned to me under the Census Act 1920, and by the Census (Scotland) Regulations 2000 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 8 of the Act(a) and of regulation 16 of those Regulations, copies of which have been supplied to me.

Signed

..... (signature)

..... (full name)

at ..... on .....

In the presence of:-

..... (signature of witness)

.....(full name)

..... (address)

..... (designation)

(a) Section 8 was amended by the Criminal Justice Act 1967 (c.80), section 92(1) and Schedule 3, the Criminal Procedure (Scotland) Act 1975 (c.21), sections 289F and 289G (as inserted by the Criminal Justice Act 1982 (c.48), section 54), the Census (Confidentiality) Act 1991 (c.6), section 1 and the Criminal Procedure (Scotland) Act 1995 (c.46), section 225.



SCHEDULE 2

Regulation 6

Form of return

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| <i>(1)</i><br><i>Prescribed persons</i>  | <i>(2)</i><br><i>Title of form</i> |
|--|------------------------------------|
| (a) (a) The householder or joint householders, or the person or persons for the time being acting as householder or joint householders of every household, or where there is no householder or acting householder and there are no joint householders or acting joint householders of that household, the members of that household who are aged 16 years or over on census day.   | “Household Form”.                  |
| (b) (b) Any person mentioned in column (2) in Group II, III, IV, V, VI, VII or VIII in Schedule 1 to the Census Order.   | “Individual Form”.                 |
| (c) (c) Any person making an individual return in accordance with article 5(5) of the Census Order.  | “Individual Form”.                 |
| (d) (d) The manager, chief resident officer or other person for the time being in charge of any premises mentioned in Groups II, III or IV in Schedule 1 to the Census Order; the director or governor or other person for the time being in charge of any premises mentioned in Group V in that Schedule; the commanding officer or other person for the time being in charge of any premises or vessel mentioned in Group VI in that Schedule; and the captain, master or other person for the time being in charge of any vessel mentioned in Group VII in that Schedule. | “Communal Establishment Form”.     |


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SCHEDULE 3

Regulation 6

Forms of Return for 2001 Census



# Scotland's CENSUS

29 APRIL 2001

**count me in**

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**Communal Establishment Form CEA**

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**Dear Sir or Madam**

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.

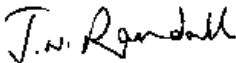
**Your legal obligation**

I am seeking your help in conducting the 2001 Census. Completion of this Census form is compulsory, and the Scottish Parliament has approved the questions to be asked. You are also required to distribute and collect forms from all usual residents in your establishment. If you refuse to comply, or willfully give false information, you may be liable to a fine.

**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 held securely for a period of 100 years.

**Thank you for your co-operation.**



J.N. Randall  
**REGISTRAR GENERAL**  
Edinburgh

**What you have to do**

**This form collects important information about your establishment.**

- ◆ Complete this form using **black or blue ink**.
- ◆ Answer the questions about your establishment (page 2).
- ◆ Prepare, issue and collect forms for all usual residents in your establishment using the instructions provided to help you.
- ◆ Sign the Declaration on this page.
- ◆ Return this form and the *individual forms* completed by all the usual residents, as soon as possible after 25 April 2001 using the envelope provided. If you have not been left an envelope, the Census Enumerator will arrange to collect the completed forms.

**Census Helpline** For extra forms or help in answering questions.

|                         |                         |
|-------------------------|-------------------------|
| Phone                   | 0845 602 2001           |
| Text phone for the Deaf | 0845 303 2001           |
| Website                 | www.gro-scotland.gov.uk |

**Declaration** I have completed this form, and the distribution and collection of forms for usual residents in this establishment, to the best of my knowledge and belief.

|  |   |
|--|---|
| <b>Number of Individual Forms Issued</b> | <b>Number of Individual Forms Collected</b> |
| [ ]                                      | [ ]   |
| <b>Signature</b>                         | <b>Date</b>                                 |
|  |   |

**How to complete this form**

- ❖ Remember to use black or blue ink.
- ❖ Put a tick in the appropriate box like this  .  
If you mark the wrong box, fill in the box and put a tick in the right one, like this

**1. Type of Establishment**

Please tick the box that best describes your establishment.

*if applicable*

**Medical and Care Establishments**

- General Hospital
- Psychiatric Hospital/Home
- Other Hospital
- Nursing Home
- Residential Care Home
- Children's Home
- Other Home

**Other Establishments**

- Defence Establishment (including ships)
- Prison Service Establishment
- Educational Establishment (including Halls of Residence)
- Hotel, Boarding House, Guest House
- Hostels
- Civilian Ship, Boat or Barge
- Other

**Enumerator use only**

- Persons Sleeping Rough

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# Scotland's CENSUS

29 APRIL 2001

count me in

This section to be completed by the Census Enumerator

Household Form H4

|             |             |
|-------------|-------------|
| Street name | Postcode    |
| Area        | Region      |
| Area number | Form 1 of 1 |

### To the Householder or Joint Householders

#### Dear Householder

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 comply, or willfully give false information, you may be liable to a fine.

#### 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 held securely for a period of 100 years.

Thank you for your co-operation.

J.N. Randall  
REGISTRAR GENERAL  
Edinburgh

#### What you have to do

- Your household should complete this form in **black or blue ink**. A household is:
  - one person living alone, or
  - a group of people (not necessarily related) living at the same address with common housekeeping - sharing either a living room or sitting room, or at least one meal a day.
 Any other household at your address should complete its own form.
- List the household members living at the above address on the night of 29/30 April in Table 1 on page 2. It may help you complete the form 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 household member listed in Table 1.
- When you have finished, please sign the declaration at the foot of this page.
- Post the form back (with any other forms for the household) in the reply-paid envelope.

**Census Helpline** For extra forms or help in answering questions.

|                         |                         |
|-------------------------|-------------------------|
| Phone                   | 0845 602 2001           |
| Text phone for the Deaf | 0845 303 2001           |
| Website                 | www.gro-scotland.gov.uk |

**Declaration** This form is completed to the best of my (our) knowledge and belief.

Signature(s)

Date

|  |  |
|--|--|
|  |  |
|--|--|

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| Table 1 Household Members   |  |                          |
|---|--|--------------------------|
| <p>Using <b>black or blue ink</b>, list all members of your household who usually live at this address, including yourself.</p> <ul style="list-style-type: none"> <li>Start with the householder or joint householders.</li> <li>Include anyone who is temporarily away from home on the night of 29/30 April 2001, but usually lives at this address.</li> <li>Include any baby born before 30 April 2001, even if still in hospital.</li> <li>Include schoolchildren and students if they live at this address during the school, college or university term.</li> <li>Also include schoolchildren and students who are away from home during the school, college or university term <b>if this is their normal vacation address</b>. (Only basic information is required.)</li> <li>Include a spouse or partner who works away from home for part of the time, or is a member of the armed forces <b>if this is the family home</b>.</li> <li>Include other people with more than one address <b>if they live at this address for the majority of time</b>.</li> <li>Include anyone who is staying with you who has no other usual address.</li> </ul> <p>An <i>Individual Form</i> is available with an envelope for anyone who wishes not to disclose information to others in the household. Let anyone completing an <i>Individual Form</i> know his or her Person number from the Table below, leave the three page Person Section on this form blank and ✓ a box in the column marked 'Individual Form'</p> |  |                          |
| Person No.  | First name and surname of household member | Individual Form          |
| Person 1  |  | <input type="checkbox"/> |
| Person 2  |  | <input type="checkbox"/> |
| Person 3  |  | <input type="checkbox"/> |
| Person 4  |  | <input type="checkbox"/> |
| Person 5  |  | <input type="checkbox"/> |
| <p>You will need one or more <i>Continuation Forms</i> if there are more than 5 household members</p>   |  |                          |
| Person 6  |  | <input type="checkbox"/> |
| Person 7  |  | <input type="checkbox"/> |
| Person 8  |  | <input type="checkbox"/> |
| Person 9  |  | <input type="checkbox"/> |
| Person 10   |  | <input type="checkbox"/> |
| Table 2 Visitors  |  |                          |
| <p>To help you to complete the form you may use the table below to list any visitors at this address, on the night of 29/30 April, who usually live elsewhere.</p> <p>Note that visitors from elsewhere in the UK must be included on a Census form at their usual address.</p> <p>If there are <b>only</b> visitors in the household at this address, please answer questions <b>H1</b> to <b>H5</b> on Page 3. Afterwards, please sign the declaration on the front page. No further information is required.</p>   |  |                          |
| First name and surname of visitor   | Address                                    |                          |
|   |  |                          |
|   |  |                          |
|   |  |                          |
|   |  |                          |
| <p>Please answer the questions about household accommodation on Page 3 opposite.</p>  |  |                          |

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## How to Complete the Remaining Questions

**Remember to use black or blue ink.**

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

If you tick a box with an instruction like **H11**, you should move on to the question indicated.

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

**H10 What is your country of birth?**

Elsewhere

S O U T H  
A F R I C A

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### Household Accommodation

**H1 What type of accommodation does your household occupy?**

**A whole house or bungalow that is:**

Detached

Semi-detached

Terraced (including end-terrace)

**A flat, maisonette, or apartment that is:**

In a purpose-built block of flats or tenement

Part of a converted or shared house (includes bed-sits)

In a commercial building (for example, in an office building, or hotel, or over a shop)

**Mobile or temporary structure:**

A caravan or other mobile or temporary structure

**H2 Do you have a bath/shower and toilet for use only by your household?**

Yes

No

**H3 What is the lowest floor level of your household's living accommodation?**

Basement or semi-basement

Ground floor (street level)

First floor (floor above street level)

Second floor

Third or fourth floor

Fifth floor or higher

**H4 Does your household own or rent the accommodation?**

Owns outright **H11**

Owns with a mortgage or loan **H11**

Pays part rent and part mortgage (shared ownership) **H11**

Rents **H11**

Lives here rent free **H11**

**H5 Is your household's accommodation self-contained?**

Yes, all the rooms are behind a door that only our household can use

No

**H6 Does your accommodation have central heating?**

Yes, in some or all rooms

No

**H7 Who is your landlord?**

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

Relative or friend of a household member

Other

**H8 How many rooms do you have for use only by your household?**

None

One

Two

Three

Four or more, please write in number

**H9 How many cars or vans are owned, or available for use, by one or more members of your household?**

None

One

Two

Three

Four or more, please write in number

**H10 Is the accommodation provided furnished or unfurnished?**

Furnished

Unfurnished

**H11 Please turn the page.**

Number of rooms

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### Household Members and their Relationships within the Household

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

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

- ◆ Use the same order and Person numbers as in Table 1 (page 2), starting with Person 1.
- ◆ Print the name of each household member in the space at the top of each column.
- ◆  a box to show the relationship of each person to each of the other members of your household.
- ◆ Provide information on relationships for all household members whether or not they are using an *Individual Form* for privacy reasons.

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

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|   |                                     |                                     |                                     |   |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>Name of Person 4</b>                     |                                     |                                     |                                     | <b>Name of Person 5</b>                     |                                     |                                     |                                     |
| STEVEN SMITH                                |                                     |                                     |                                     | JAMES SMITH                                 |                                     |                                     |                                     |
| <b>Relationship of Person 4 to Person →</b> |                                     |                                     |                                     | <b>Relationship of Person 5 to Person →</b> |                                     |                                     |                                     |
|   | 1                                   | 2                                   | 3                                   |   | 1                                   | 2                                   | 3 4                                 |
| Husband or wife                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Husband or wife                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Partner                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Partner                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Son or daughter                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Son or daughter                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Step-child                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Step-child                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Brother or sister                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Brother or sister                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Name of Person 4**

\_\_\_\_\_  
 \_\_\_\_\_

**Relationship of**

**Person 4 to Person →**

|                            |                          |                          |                          |
|----------------------------|--------------------------|--------------------------|--------------------------|
|                            | 1                        | 2                        | 3                        |
| Husband or wife            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partner                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Son or daughter            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Step-child                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Brother or sister          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mother or father           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Step-mother or step-father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grandchild                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grandparent                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other related              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unrelated                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Name of Person 5**

\_\_\_\_\_  
 \_\_\_\_\_

**Relationship of**

**Person 5 to Person →**

|                            |                          |                          |                          |                          |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                            | 1                        | 2                        | 3                        | 4                        |
| Husband or wife            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partner                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Son or daughter            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Step-child                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Brother or sister          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mother or father           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Step-mother or step-father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grandchild                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grandparent                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other related              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unrelated                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- ◆ On the following pages a three-page Person Section should be completed for each member of your household using the same order and Person numbers as in Table 1 (page 2).
- ◆ Where a household member is completing an *Individual form* for privacy reasons, the Person Section (three pages) for this person later on this form (or on a *Continuation Form*) should be left blank.



**Person 1**

See top of page 3 for how to enter answers to questions. Please use black or blue ink

**1 What is your name? (Person 1 in Table 1)**

Full name in block letters  
SURNAME FIRSTNAME

**2 What is your sex?**

Male  Female

**3 What is your date of birth?**

Day Month Year  
00 00 00

**4 What is your marital status (on 29 April 2001)?**

Single (never married)  
 Married (first marriage)  
 Re-married  
 Separated (but still legally married)  
 Divorced  
 Widowed

**5 Are you a schoolchild or student in full-time education?**

Yes (see Question 6)  
 No (see Question 6)

**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 have answered 'Yes' to Question 5.

Yes, I live at this address during the school/college/university term (see Question 7)  
 No, I live elsewhere during the school/college/university term (see Question 8)

**7 What was your usual address one year ago?**

If you were a child at boarding school or a student one year ago, give the address you lived in while you were living during the official/regular vacancy term. For example from 1 April 2000, if you had school every 6 weeks.

The address shown on the front of the form  
 No usual address one year ago  
 Elsewhere, please write in below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

**8 What address do you travel to for your main job or course of study (including school)?**

Answer this question if you stated that you are working or studying. If you are going to a school, college or university.

Not currently working or studying (see Question 5)  
 Work or study mainly at home (see Question 5)  
 No fixed place  
 Work on offshore installation, platform, ship, vessel, vessel, vessel or in the air (see Question 5)  
 The address below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

**9 How do you usually travel to your main place of work or study (including school)?**

None  
 The bus for the longest part of the journey (see Question 7)

Underground, tube, metro or light rail  Passenger in a car or van  
 Motor cycle, scooter or moped  Train  
 Bus, minibus or coach (public or private)  Bicycle  
 Taxi or minicab  On foot  
 Driving a car or van  Other

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**Person 1 - continued**

**10** Over the last twelve months would you say your health has on the whole been:

Good?     Fairly good?  
 Not good?

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

Yes     No

**12** 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?

No  
 Yes, 1-19 hours a week  
 Yes, 20-49 hours a week  
 Yes, 50+ hours a week

**13** Can you understand, speak, read, or write Scottish Gaelic?

Understand spoken Gaelic  
 Speak Gaelic  
 Read Gaelic  
 Write Gaelic  
 None of these

**14** What is your country of birth?

Scotland  
 England  
 Wales  
 Northern Ireland  
 Republic of Ireland  
 Elsewhere, (please write in the space below)

**15** What is your ethnic group?

**A White**

Any White background

**B Mixed**

Any Mixed background, (please write in the space below)

**C Asian, Asian Scottish or Asian British**

Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background, (please write in the space below)

**D Black, Black Scottish or Black British**

Caribbean  
 African  
 Any other Black background, (please write in the space below)

**E Chinese or other ethnic group**

Chinese  
 Any other, (please write in the space below)

**16** If you are aged 16 to 74

Go to **17**

If you are aged 15 and under, or 75 and over

Go to **23**

**17** Last week, were you doing any work:

- as an employee,
- as self-employed/freelance,
- in your own/family business, or
- on a Government sponsored training scheme?

Yes **20-22**     No **18**

**18** Were you actively looking for any kind of paid work during the last 4 weeks?

Yes     No

**19** If a job had been available last week, could you have started it within 2 weeks?

Yes     No

**20** Last week, were you waiting to start a job already obtained?

Yes     No

**21** Last week, were you any of the following?

Retired  
 Student  
 Looking after home/family  
 Permanently sick/disabled  
 None of the above

**Please turn over**

**Person 1 - continued**

**22. Have you ever worked?**  
 Yes, please write in the previous question what you did.  
 See also: **23**  
 No, have never worked  
 See also: **32**

**23. Answer the following questions about the main job you were doing last week or if not working last week, your last main job.**  
 1. How would you describe the job to which you were doing the work last week?  
 2. Do (did) you work as an employee or are (were) you self-employed?  
 Employee  
 Self-employed with employees  
 Self-employed/freelance without employees  
 3. Do (did) you supervise any other employees?  
 4. A supervisor is someone who is responsible for organising the work of other employees who do not do the same.  
 Yes  
 No  
 5. How many people work (worked) for your employer at the place where you work (worked)?  
 6. If you are (were) self-employed, write in the box how many people you employ (employed) on a full-time basis.  
 1-9  
 10-24  
 25-499  
 500 or more  
 7. How many hours a week do (did) you usually work in your main job?  
 8. Answer in full-time hours.  
 9. If currently working, give the average for the last four weeks.  
 Number of hours worked a week

**28. What is the full name of the organisation you work (worked) for in your main job?**  
 1. Please write in full the name of the organisation you work for.  
 2. If you have worked for more than one organisation, write the name of the organisation you work for in your main job.  
 Self-employed/freelance  
 Work (worked) for a private individual

**29. What is (was) the business of your employer at the place where you work (worked)?**  
 1. For example, WHOLESALE, RETAIL, CONTRACTOR, EDUCATION, FOOD, WHOLESALE, CLOTHING, RESTAURANT, CHILDREN'S SERVICES.  
 2. If you are (were) self-employed, please write in the box the business of your main job.  
 3. If you are (were) self-employed, please specify your Department, Office, Laboratory, Hotel, Government Offices, etc.

**30. What is (was) the full title of your main job?**  
 1. For example, PRINCE OF WALES, TEACHER, STRIKE OPERATOR, MUSICIAN, ACCOUNTANT, etc.  
 2. If you are (were) self-employed, please write in the box the full title of your main job.

**31. Describe what you do (did) in your main job.**

**32. Which of these qualifications do you have?**  
 All qualifications were first awards  
 'D' 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 Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent  
 GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds 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

**33. There are no more questions for Person 1. Go to questions for Person 2. If there are no more people in the household, you should now sign the Declaration on the front page.**

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**Person 2**

See top of page 3 for how to enter answers to questions. Please use black or blue ink

**1 What is your name? (Person 2 in Table 1)**  
 First name and surname

**2 What is your sex?**  
 Male  Female

**3 What is your date of birth?**  
 Day Month Year

**4 What is your marital status (on 29 April 2001)?**  
 Single (never married)  
 Married (first marriage)  
 Re-married  
 Separated (but still legally married)  
 Divorced  
 Widowed

**5 Are you a schoolchild or student in full-time education?**  
 Yes (see Question 3)  
 No (see Question 3)

**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 have answered 'Yes' to Question 5.  
 Yes, I live at this address during the school/college/university term (see Question 3)  
 No, I live elsewhere during the school/college/university term (see Question 3)

**7 What was your usual address one year ago?**  
 If you were a child or young person, you must use the address you gave the school or college you went to. If you were an adult, you must use the address you lived at on 29 April 2001, if this was a different address to the one you use now.  
 The address shown on the front of the form  
 No usual address one year ago  Same as Person 1  
 Elsewhere, please write in full

**8 What address do you travel to for your main job or course of study (including school)?**  
 Answer this question if you spend most time for work or study.  
 If you spend less than half your time for work or study:  
 Not currently working or studying (see Question 5)  
 Work or study mainly at home (see Question 5)  
 No fixed place  
 Work on offshore installation, offshore site, the address must be the address of the installation or site, not the address of your home or home address (see Question 3)  
 The address below

**9 How do you usually travel to your main place of work or study (including school)?**  
 See question 5  
 See question 5 (largest variety, distance of your usual journey to work)  
 Underground, tube, metro or light rail  Passenger in a car or van  
 Motor cycle, scooter or moped  Train  
 Bus, minibus or coach (public or private)  Bicycle  
 Taxi or minicab  On foot  
 Driving a car or van  Other

Please turn over

**Person 2 - continued**

**10 Over the last twelve months would you say your health has on the whole been:**

Good?     Fairly good?  
 Not good?

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

*Indicate problems which are due to old age.*

Yes     No

**12 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?

*For pensioners regarding you, do as part of your paid employment.*

*If have spent on a typical week:*

No  
 Yes, 1-19 hours a week  
 Yes, 20-49 hours a week  
 Yes, 50+ hours a week

**13 Can you understand, speak, read, or write Scottish Gaelic?**

*✓ All the options that apply*

Understand spoken Gaelic  
 Speak Gaelic  
 Read Gaelic  
 Write Gaelic  
 None of these

**14 What is your country of birth?**

Scotland  
 England  
 Wales  
 Northern Ireland  
 Republic of Ireland  
 Elsewhere, please write in the space below in the given order: first, last name

**15 What is your ethnic group?**

*Choose ALL sections from A to E that fit you. You may need to tick more than one ethnic background.*

**A White**

Any White background

**B Mixed**

Any Mixed background, please write in:

**C Asian, Asian Scottish or Asian British**

Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background, please write in:

**D Black, Black Scottish or Black British**

Caribbean  
 African  
 Any other Black background, please write in:

**E Chinese or other ethnic group**

Chinese  
 Any other, please write in:

**16 If you are aged 16 to 74**    *See Q10 to Q17*  
**if you are aged 15 and under, or 75 and over**    *See Q18 to Q21*

**17 Last week, were you doing any work:**

- as an employee,
- as self-employed/freelance,
- in your own/family business, or
- on a Government sponsored training scheme?

*✓ Yes if you were doing any work in an employer's home, the office or temporarily hired out.*

*✓ Yes if you were working, including casual or temporary work, even if only for one day out.*

*✓ No if you were not, either on your own or as part of a business.*

Yes    *See Q18 to Q21*  
 No    *See Q18 to Q21*

**18 Were you actively looking for any kind of paid work during the last 4 weeks?**

Yes     No

**19 If a job had been available last week, could you have started it within 2 weeks?**

Yes     No

**20 Last week, were you waiting to start a job already obtained?**

Yes     No

**21 Last week, were you any of the following?**

*✓ All the options that apply*

Retired  
 Student  
 Looking after home/family  
 Permanently sick/disabled  
 None of the above

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**Person 2 – continued**

**22. Have you ever worked?**

Yes, please write in the previous box whether:

Yes  No

No, have never worked

Yes  No

**23. An owner, like a proprietor or partner, has the full control of the business. Do you (were you) ever work (worked) as an owner, proprietor or partner in a business (paid or unpaid job)?**

Yes  No

**24. Do (did) you work as an employee or are (were) you self-employed?**

Employee

Self-employed with employees

Self-employed/freelance without employees

**25. Do (did) you supervise any other employees?**

Yes  No

**26. How many people work (worked) for your employer at the place where you work (worked)?**

1-9

10-24

25-499

500 or more

**27. How many hours a week do (did) you usually work in your main job?**

None  1-10  11-20  21-30  31-40  41-50  51-60  61-70  71-80  81-90  91-100

**28. What is the full name of the organisation you work (worked) for in your main job?**

Self-employed/freelance  Work (worked) for a private individual

**29. What is (was) the business of your employer at the place where you work (worked)?**

For example, BARBERS, BAKERS, BOUTIQUE, RESTAURANT, RETAIL STORE, SERVICE PROVIDER, HOTEL, WHOLESALE, CLOTHING RETAIL, DOCTOR'S SURGERY.

If you are a sole trader, please provide details of the business or state that you are not satisfied with the way of the nature of your business.

Civil Service, Local Government, Police, Fire, Prison, Health Service, Government.

**30. What is (was) the full title of your main job?**

For example, PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CARER, NURSE, HEALTH CARE SERVICE MANAGER, SECURITY GUARDIAN.

Civil Service, Local Government, Police, Fire, Health Service, Prison, etc.

**31. Describe what you do (did) in your main job.**

**32. Which of these qualifications do you have?**

All qualifications that apply:

'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 Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent

GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds 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

**33. There are no more questions for Person 2. Go to questions for Person 3. If there are no more people in the household, you should now sign the Declaration on the front page.**



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**Person 2 continued**

**10** Over the last twelve months would you say your health has on the whole been:

Good?     Fairly good?  
 Not good?

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

*Include problems with one side of the body*

Yes     No

**12** 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*

*How often in a typical week?*

No  
 Yes, 1-19 hours a week  
 Yes, 20-49 hours a week  
 Yes, 50+ hours a week

**13** Can you understand, speak, read, or write Scottish Gaelic?

*Tick all that apply*

Understand spoken Gaelic  
 Speak Gaelic  
 Read Gaelic  
 Write Gaelic  
 None of these

**14** What is your country of birth?

Scotland  
 England  
 Wales  
 Northern Ireland  
 Republic of Ireland  
 Elsewhere, please write in the space below with the country

**15** What is your ethnic group?

*Choose ONE option from A to E. Some of the options include more than one group. Please tick all that apply.*

**A White**

Any White background

**B Mixed**

Any Mixed background, please write in:

.....  
 .....

**C Asian, Asian Scottish or Asian British**

Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background, please write in:

.....  
 .....

**D Black, Black Scottish or Black British**

Caribbean  
 African  
 Any other Black background, please write in:

.....  
 .....

**E Chinese or other ethnic group**

Chinese  
 Any other, please write in:

.....  
 .....

**16** If you are aged 16 to 74

Yes     No    **17**

If you are aged 15 and under, or 75 and over

Yes     No    **31**

**17** Last week, were you doing any work:

- as an employee,
- as self-employed/freelance,
- in your own/family business, or
- on a Government sponsored training scheme?

*Tick all that apply*

Yes for any paid work, including about or temporary work, unpaid work, for own work.  
 Yes if you started paid or unpaid in your own/family business.  
 Yes     No    **25**  
 No     No    **18**

**18** Were you actively looking for any kind of paid work during the last 4 weeks?

Yes     No

**19** If a job had been available last week, could you have started it within 2 weeks?

Yes     No

**20** Last week, were you waiting to start a job already obtained?

Yes     No

**21** Last week, were you any of the following?

*Tick all that apply*

Retired  
 Student  
 Looking after home/family  
 Permanently sick/disabled  
 None of the above

**Please turn over**



**Person 3 - continued**

**22 Have you ever worked?**

Yes, I have worked for the past year  
For example, in a shop, office, factory, etc.

No, have never worked

**23 Answer the following questions for the main job you were doing last week, or if not working last week, your last paid job.**

**24 Do (did) you work as an employee or are (were) you self-employed?**

Employee

Self-employed with employees

Self-employed/freelance without employees

**25 Do (did) you supervise any other employees?**

Yes

No

**26 How many people work (worked) for your employer at the place where you work (worked)?**

I am the only person employed

1-9

10-24

25-499

500 or more

**27 How many hours a week do (did) you usually work in your main job?**

A usual or average number of hours

If more than one job, give the average for the last four weeks.

Number of hours worked a week

**28 What is the full name of the organisation you work (worked) for in your main job?**

Please write in capital letters and full name of the organisation. If you have to use an abbreviation, write it in full.

Self employed/freelance  Work (worked) for a private individual

**29 What is (was) the business of your employer at the place where you work (worked)?**

Please state, BRANCH OFFICE, BRANCH, TRADING COMPANY, MANUFACTURING, EXPORT, IMPORT, BUSINESS, SERVICE, etc. (CUSTOMER, RETAIL, DOCTOR'S OFFICE, etc.)

If you are a sole trader, please put the name of the business where you work (worked) in the space of your answer.

For example, 'Post-employment Officers' means specify your Department.

**30 What is (was) the full title of your main job?**

Please specify, MANAGER, SUPERVISOR, PRINCIPAL, SENIOR WORKER, etc. (WORKER, CARPENTER, etc.) (BUSINESS DEVELOPMENT, etc.) (BENEFIT ASSURANCE OFFICER, etc.) (Government Officers - give job title and grade or equivalent)

**31 Describe what you do (did) in your main job.**

**32 Which of these qualifications do you have?**

*not applicable to this person*

'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent

Higher Grade, CSYS, Scottish Group Award at Higher, 'N' Level, AS Level, Advanced Senior Certificate or equivalent

GSVO/SVQ Level 1 or 2, SCOTVEC Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent

GSVO/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds 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

**33 There are no more questions for Person 3. Go to questions for Person 4. If there are no more people in the household, you should now sign the Declaration on the front page.**

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

**Person 4**

See top of page 3 for how to enter answers to questions. Please use black or blue ink

**1 What is your name? (Person 4 in Table 1)**  
 First name and surname

**2 What is your sex?**  
 Male  Female

**3 What is your date of birth?**  
 Day Month Year

**4 What is your marital status (on 29 April 2001)?**  
 Single (never married)  
 Married (first marriage)  
 Re-married  
 Separated (but still legally married)  
 Divorced  
 Widowed

**5 Are you a schoolchild or student in full-time education?**  
 Yes  No

**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 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

**7 What was your usual address one year ago?**  
 This question only applies to children who have moved home or to those who have the usual address of their parents during the school/college/university term.  
 For a child who is aged 14 April 2001 or the age of children over 16 years:  
 The address shown on the front of the form  
 No usual address one year ago  Same as Person 1  
 Elsewhere, please write address

**8 What address do you travel to for your main job or course of study (including school)?**  
 An address for the place where you go to work or study for more than 100 days a year is required. If you do not have a fixed place to go to work or study:  
 Not currently working or studying  Work or study mainly at home  No fixed place  
 Work on offshore installation, if there was one at the time you were last away from the installation 'ABSENCES'  
 The address below

**9 How do you usually travel to your main place of work or study (including school)?**  
 Underground, tube, metro or light rail  Passenger in a car or van  
 Motor cycle, scooter or moped  Train  
 Bus, minibus or coach (public or private)  Bicycle  
 Taxi or minicab  On foot  
 Driving a car or van  Other

Please turn over

**Person 4 - continued**

**10. Over the last twelve months would you say your health has on the whole been:**

Good?     Fairly good?

Not good?

**11. 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

**12. 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 include helping you to do your usual paid or unpaid work.*

*✓ If you spend less than 1 hour a week.*

No

Yes, 1-19 hours a week

Yes, 20-49 hours a week

Yes, 50+ hours a week

**13. Can you understand, speak, read, or write Scottish Gaelic?**

*✓ If the answer that applies.*

Understand spoken Gaelic

Speak Gaelic

Read Gaelic

Write Gaelic

None of these

**14. What is your country of birth?**

Scotland

England

Wales

Northern Ireland

Republic of Ireland

Elsewhere, please write in the space below (state if the country)

\_\_\_\_\_

\_\_\_\_\_

**15. What is your ethnic group?**

*✓ If you have another home or if you are of the mixed or other background listed below.*

**A White**

Any White background

**B Mixed**

Any Mixed background, please write in \_\_\_\_\_

\_\_\_\_\_

**C Asian, Asian Scottish or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in \_\_\_\_\_

\_\_\_\_\_

**D Black, Black Scottish or Black British**

Caribbean

African

Any other Black background, please write in \_\_\_\_\_

\_\_\_\_\_

**E Chinese or other ethnic group**

Chinese

Any other, please write in \_\_\_\_\_

\_\_\_\_\_

**16. If you are aged 16 to 74** **17.**

**If you are aged 15 and under, or 75 and over** **18.**

**17. Last week, were you doing any work:**

- as an employee,
- as self-employed/freelance,
- in your own/family business, or
- on a Government sponsored training scheme?

*✓ If you did your usual work, or if you made your home or business or responsibly looked after.*

*✓ If you did any paid work, including casual or occasional work, such as work for cash or barter.*

*✓ If you did your usual, unpaid or occasional work, even if it is not.*

Yes    **17**

No    **18**

**18. Were you actively looking for any kind of paid work during the last 4 weeks?**

Yes     No

**19. If a job had been available last week, could you have started it within 2 weeks?**

Yes     No

**20. Last week, were you waiting to start a job already obtained?**

Yes     No

**21. Last week, were you any of the following?**

*✓ If you were in any of the following.*

Retired

Student

Looking after home/family

Permanently sick/disabled

None of the above

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

**Person 4 - continued**

**22. Have you ever worked?**

Yes, please write in the number of years worked

No, have never worked

**23. Answer the remaining questions for the main job you chose (if it has been at least 1 working full week, or at least 2 weeks job).**

**24. Do (did) you work as an employee or are (were) you self-employed?**

Employee

Self-employed with employees

Self-employed/freelance without employees

**25. Do (did) you supervise any other employees?**

Yes

No

**26. How many people work (worked) for your employer at the place where you work (worked)?**

1-9

10-24

25-499

500 or more

**27. How many hours a week do (did) you usually work in your main job?**

Number of hours worked a week

**28. What is the full name of the organisation you work (worked) for in your main job?**

Self-employed/freelance  Work (worked) for a private individual

**29. What is (was) the business of your employer at the place where you work (worked)?**

**30. What is (was) the full title of your main job?**

**31. Describe what you do (did) in your main job.**

**32. Which of these qualifications do you have?**

'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Sen or Certificate or equivalent

Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent

GSVO/SVQ Level 1 or 2, SCOTVEC Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent

GSVO/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds 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

**33. There are no more questions for Person 4. Go to questions for Person 5. If there are no more people in the household, you should now sign the Declaration on the front page.**

**Person 5**

See top of page 3 for how to enter 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?**  
 Male  Female

**3 What is your date of birth?**  
 Day Month Year

**4 What is your marital status (on 29 April 2001)?**  
 Single (never married)  
 Married (first marriage)  
 Re-married  
 Separated (but still legally married)  
 Divorced  
 Widowed

**5 Are you a schoolchild or student in full-time education?**  
 Yes (see question 6)  
 No (see question 7)

**6 Do you live at the address shown on the front of this form during the school, college or university term?**  
 Using question 5 as a guide, if you have answered "Yes" to question 5...  
 Yes, I live at this address during the school/college/university term (see question 7)  
 No, I live elsewhere during the school/college/university term (see question 8)

**7 What was your usual address one year ago?**  
 If you were a schoolchild, boarding school child or student, give your usual home address (not of which you were living during the school/college/university term) for a date from 29 April 2000, or 29 April 1999 if your address was your usual.  
 The address shown on the front of the form  
 No usual address one year ago  Same as Person 1  
 Elsewhere, please write it below

**8 What address do you travel to for your main job or course of study (including school)?**  
 If you are a schoolchild, give your school name and address.  
 If you are not a schoolchild, give your main place of work or study.  
 Not currently working or studying (see question 10)  
 Work or study mainly at home (see question 10)  
 No fixed place  
 Work on offshore installation, please write your address given below with as many of the special instructions below as are applicable (see question 10)  
 The address below

**9 How do you usually travel to your main place of work or study (including school)?**  
 see question 10  
 see question 10  
 Underground, tube, metro or light rail  Passenger in a car or van  
 Motor cycle, scooter or moped  Train  
 Bus, minibus or coach (public or private)  Bicycle  
 Taxi or minicab  On foot  
 Driving a car or van  Other

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**Person 5 - continued**

**10** Over the last twelve months would you say your health has on the whole been:

Good?     Fairly good?

Not good?

**11** 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 an age*

Yes     No

**12** 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 include English or you do not part of your paid employment*

*Include support on a typical week*

No

Yes, 1-19 hours a week

Yes, 20-49 hours a week

Yes, 50+ hours a week

**13** Can you understand, speak, read, or write Scottish Gaelic?

*✓ Tick the boxes that apply*

Understand spoken Gaelic

Speak Gaelic

Read Gaelic

Write Gaelic

None of these

**14** What is your country of birth?

Scotland

England

Wales

Northern Ireland

Republic of Ireland

Elsewhere, please write in the space below and bring country

**15** What is your ethnic group?

*Choose ONE option from A to E, then ✓ the appropriate box to indicate your current best answer*

**A White**

Any White background

**B Mixed**

Any Mixed background, please write in

**C Asian, Asian Scottish or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in

**D Black, Black Scottish or Black British**

Caribbean

African

Any other Black background, please write in

**E Chinese or other ethnic group**

Chinese

Any other, please write in

**16** If you are aged 16 to 74

see Qs to **17**

If you are aged 15 and under, or 75 and over

see Qs to **32**

**17** Last week, were you doing any work:

- as an employee,
- as self-employed/freelance,
- in your own/family business, or
- on a Government sponsored training scheme?

*✓ Tick if you were away from home for a substantial part of the day or from early to late*

*✓ Tick if you had any paid work, including about 10 minutes or more, even if only for one hour*

*✓ Tick if you worked, paid or unpaid, in your own or family business*

Yes    see Qs to **23**

No    see Qs to **28**

**18** Were you actively looking for any kind of paid work during the last 4 weeks?

Yes     No

**19** If a job had been available last week, could you have started it within 2 weeks?

Yes     No

**20** Last week, were you waiting to start a job already obtained?

Yes     No

**21** Last week, were you any of the following?

*✓ Tick the things that apply*

Retired

Student

Looking after home/family

Permanently sick/disabled

None of the above

**Please turn over**

**Person 5 - continued**

**22 Have you ever worked?**

Yes, please write or draw in the box how long you worked for.

Start date to  End date to

No, have never worked

Start date to  End date to

**23 Answer the following question for your main job you were doing last week. If not working last week, your last work job.**

23.1  You were employed for a job in which you usually work this week.

**24 Do (did) you work as an employee or are (were) you self-employed?**

Employee

Self-employed with employees

Self-employed/freelance without employees

**25 Do (did) you supervise any other employees?**

25.1  A supervisor or foreman is responsible for organising the work of other employees in a factory or office.

Yes

No

**26 How many people work (worked) for your employer at the place where you work (worked)?**

26.1  If you are the only self-employed, tick to show how many people you employ (employed) and tick yourself.

1-9

10-24

25-499

500 or more

**27 How many hours a week do (did) you usually work in your main job?**

27.1  Answer in normal hours.

27.2  If currently working, tick the average for last four weeks.

Number of hours worked a week

**28 What is the full name of the organisation you work (worked) for in your main job?**

28.1 Please write or name or draw your business or organisation in your own hand in the box below or type in the box.

Self-employed/freelance  Work (worked) for a private individual

**29 What is (was) the business of your employer at the place where you work (worked)?**

29.1 For example, WHOLESALE FOOD, FURNITURE OR A SECONDARY SCHOOL, FOOD SHOP, FISH & CHICKEN RESTAURANT, BREAD & BUTTER.

29.2 If you are (were) self-employed, describe in your own words what is (was) the nature of your business.

29.3 Tick business type (Government Office) - please specify your Department.

**30 What is (was) the full title of your main job?**

30.1 For example, PRIMARY SCHOOL TEACHER, TEACHER IN HIGH SCHOOL, CAR WASHMAN, RESTAURANT SERVICE ENGINEER, WORKER IN FACTORY, LAB TECHNICIAN, POLICE OFFICER, OFFICE CLERK and please tick job title.

**31 Describe what you do (did) in your main job.**

**32 Which of these qualifications do you have?**

32.1 Tick qualifications that apply.

'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 Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent

GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds 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

**33 THERE ARE NO MORE QUESTIONS FOR PERSON 5. Go to questions for Person 6 on your Continuation Form. If you don't have a Continuation Form, contact the Census Helpline - see box on front page. If there are no more people in the household, you should now sign the Declaration on the front page.**

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# Scotland's CENSUS

29 APRIL 2001

**count me in**

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## Individual Form I4

**To the person completing form**

**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 comply, or willfully give false information, you may be liable to a fine.

**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 held securely for a period of 100 years.

**Thank you for your co-operation.**

*J.N. Randall*

J.N. Randall  
REGISTRAR GENERAL  
Edinburgh

**What you have to do if you are in a Communal Establishment**

- ◆ Enter name and address of establishment (hotel, hospital, hall of residence, etc.) on the panel above.
- ◆ State your position in this establishment (tick one box):
  - Staff or worker
  - 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.

**What you have to do if you are 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 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 main Household form.

**Census Helpline** For help in answering questions.

|                         |  |
|-------------------------|--|
| Phone                   | 0845 602 2001  |
| Text phone for the deaf | 0845 303 2001  |
| Website                 | <a href="http://www.gro-scotland.gov.uk">www.gro-scotland.gov.uk</a> |

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

Signature  Date



Answer questions in **black or blue ink** by ticking boxes or writing in spaces provided.

**1 What is your name?**  
 (You may write in block letters)

**2 What is your sex?**  
 Male      Female

**3 What is your date of birth?**  
 Day Month Year  
 00 00 00

**4 What is your marital status (on 29 April 2001)?**  
 Single (never married)  
 Married (first marriage)  
 Re-married  
 Separated (but still legally married)  
 Divorced  
 Widowed

**5 Are you a schoolchild or student in full-time education?**  
 Yes (see question 6)  
 No (see question 7)

**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 have answered 'Yes' to question 5  
 Yes, I live at this address during the school/college/university term  
(see question 7)  
 No, I live elsewhere during the school/college/university term  
(see question 8)

**7 What was your usual address one year ago?**  
If you were not at residential school on a permanent one year ago, give the address at which you were living on 29 April 2001 (including postal code). For a school term ending 30 April 2001, give the address at which you were living.  
 The address shown on the front of the form  
 No usual address one year ago  
 Elsewhere, please write in block letters

**8 What address do you travel to for your main job or course of study (including school)?**  
Answer for the grade which you spend most time for work or study. If you report to a depot, write in details of address.  
 Not currently working or studying (see question 5)  
 Work or study mainly at home (see question 5)  
 No fixed place  
 Work on offshore installation, school, college or university (see question 6) or a fixed site (fixed offshore, fixed on- or onshore, fixed vessel)  
 The address below

**9 How do you usually travel to your main place of work or study (including school)?**  
Tick one box only.  
Tick the box for the longest period of time of your usual/regular work.  
 Underground, tube, metro or light rail      Passenger in a car or van  
 Motor cycle, scooter or moped      Train  
 Bus, minibus or coach (public or private)      Bicycle  
 Taxi or minicab      On foot  
 Driving a car or van      Other

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**10 Over the last twelve months would you say your health has on the whole been:**

Good?     Fairly good?  
 Not good?

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

*of these problems which is most due to the age?*

Yes     No

**12 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.*

*If these apply, tick the most correct.*

No  
 Yes, 1-19 hours a week  
 Yes, 20-49 hours a week  
 Yes, 50+ hours a week

**13 Can you understand, speak, read, or write Scottish Gaelic?**

*If all the boxes most apply*

Understand spoken Gaelic  
 Speak Gaelic  
 Read Gaelic  
 Write Gaelic  
 None of these

**14 What is your country of birth?**

Scotland  
 England  
 Wales  
 Northern Ireland  
 Republic of Ireland  
 Elsewhere, please write in the crossed boxes at the bottom.

**15 What is your ethnic group?**

*Choose ONE option from the list. If you are unsure, please tick the appropriate box to indicate your ethnic background.*

**A White**

Any White background

**B Mixed**

Any Mixed background, please write in:

**C Asian, Asian Scottish or Asian British**

Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background, please write in:

**D Black, Black Scottish or Black British**

Caribbean  
 African  
 Any other Black background, please write in:

**E Chinese or other ethnic group**

Chinese  
 Any other, please write in:

**16 If you are aged 16 to 74**

*Go to 17*

**If you are aged 15 and under, or 75 and over**

*Go to 18*

**17 Last week, were you doing any work:**

- as an employee,
- as self-employed/freelance,
- in your own/family business, or
- on a Government sponsored training scheme?

*If any of your wages/paid for work is on a regular basis, but holding no regular contract.*

*If you are self-employed, including casual or occasional work, or on a contract basis, but not a full-time job.*

*If you are a government sponsored trainee on your current employment.*

Yes    *Go to 18*  
 No    *Go to 18*

**18 Were you actively looking for any kind of paid work during the last 4 weeks?**

Yes     No

**19 If a job had been available last week, could you have started it within 2 weeks?**

Yes     No

**20 Last week, were you waiting to start a job already obtained?**

Yes     No

**21 Last week, were you any of the following?**

*If all the boxes most apply.*

Retired  
 Student  
 Looking after home/family  
 Permanently sick/disabled  
 None of the above

**Please turn over**

|   |  |
|---|--|
| <p><b>22 Have you ever worked?</b></p> <p><input type="checkbox"/> Yes, please write in the space provided the name of the organisation you worked for.</p> <p>Yes -&gt; Go to <b>23</b></p> <p><input type="checkbox"/> No, have never worked</p> <p>No -&gt; Go to <b>32</b></p>  | <p><b>28 What is the full name of the organisation you work (worked) for in your main job?</b></p> <p>Please write in block capitals and use full names of organisations. If you have your own business, write in the name.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Self-employed/freelance      <input type="checkbox"/> Work (worked) for a private individual</p>   |
| <p><b>23 Answer the remaining questions for the main job you worked during last week, or if not working last week, your last main job.</b></p> <p>* Your main job is the job in which you usually work the most hours.</p>  | <p><b>29 What is (was) the business of your employer at the place where you work (worked)?</b></p> <p>For example: HOSPITAL, SCHOOL, RETAIL, CAR REPAIR, WHOLESALE STORE, ATM, BANK, HOTEL, RESTAURANT, PUB, BAR, NIGHT CLUB, GYM, etc.</p> <p>If you are working self-employed/freelance or have your own business, what is the nature of your business?</p> <p>For example: Local Government Officer - please specify your Department</p> <p>_____</p> <p>_____</p>  |
| <p><b>24 Do (did) you work as an employee or are (were) you self-employed?</b></p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed with employees</p> <p><input type="checkbox"/> Self-employed/freelance without employees</p>  | <p><b>30 What is (was) the full title of your main job?</b></p> <p>For example: PRIMARY SCHOOL TEACHER, STATE REGISTERED NURSE, CAR MECHANIC, POLICE OFFICER, RETAIL ASSISTANT, BARMAN, etc.</p> <p>If you are working self-employed/freelance or have your own business, what is the nature of your business?</p> <p>For example: Local Government Officer - please specify your Department</p> <p>_____</p> <p>_____</p>   |
| <p><b>25 Do (did) you supervise any other employees?</b></p> <p>* In an organisation, supervising is responsible for and seeing to the work of other employees in a certain area/field.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>  | <p><b>31 Describe what you do (did) in your main job.</b></p> <p>_____</p> <p>_____</p> <p>_____</p>   |
| <p><b>26 How many people work (worked) for your employer at the place where you work (worked)?</b></p> <p>* This includes (you) self-employed or freelance and many people who are not directly employed by you.</p> <p><input type="checkbox"/> 1-9</p> <p><input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-499</p> <p><input type="checkbox"/> 500 or more</p> | <p><b>32 Which of these qualifications do you have?</b></p> <p>* If you have more than one, please tick all that apply.</p> <p><input type="checkbox"/> 'O' Grade, Standard Grade, Intermediate 1, Intermediate 2, GCSE, CSE, Senior Certificate or equivalent</p> <p><input type="checkbox"/> Higher Grade, CSYS, Scottish Group Award at Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent</p> <p><input type="checkbox"/> SSVQ/SVQ Level 1 or 2, SCOTVEC Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent</p> <p><input type="checkbox"/> GSVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent</p> <p><input type="checkbox"/> HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent</p> <p><input type="checkbox"/> First Degree, Higher Degree</p> <p><input type="checkbox"/> Professional Qualifications (for example, teaching, accountancy)</p> <p><input type="checkbox"/> None of these</p> |
| <p><b>27 How many hours a week do (did) you usually work in your main job?</b></p> <p>* Answer for last week or the week of highest work if not last week, give the average for the last four weeks.</p> <p>Number of hours worked a week: _____</p>  | <p><b>33 THERE ARE NO MORE QUESTIONS</b></p> <p>* Please sign the Declaration on page 1 and follow the instructions there about return of form.</p>  |

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**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

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## EXPLANATORY NOTE

*(This note is not part of the Regulations)*

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

Regulations 3 and 4 provide for the division of Scotland 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 1920 and by these Regulations.

Regulation 6 provides that the forms of return to be completed in accordance with the Census (Scotland) Order 2000 are those which apply as set out in Schedule 2 and which are set out in full in Schedule 3.

Regulations 7 to 12 provide detailed arrangements for the delivery, completion and return of the forms of return.

Regulation 13 makes provision for any follow up action to be taken by the census enumerators as a result of forms of return which have not been returned or forms of return which are incomplete. Regulation 14 makes provision about the further duties of the officers appointed under the Regulations.

Regulations 15 and 16 relate to the giving of information, the use and publication or communication of information obtained for the purpose of the census, and the safe custody of forms and documents.

Regulation 17 revokes the Census (Scotland) Regulations 1990.