
SCOTTISH STATUTORY INSTRUMENTS

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;

(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.

(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


<i>(1)</i>	<i>(2)</i>
<i>Prescribed persons</i>	<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

Communal Establishment Form CEA

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.

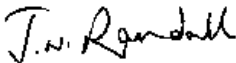
Your legal obligation

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.

Number of Individual Forms Issued	Number of Individual Forms Collected
[]	[]
Signature	Date

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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 unsure, tick *Other*

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 B4

Household Reference Number	Area
Local Authority	Postcode
Street Name	Household Telephone
Street 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 black or blue ink, list all members of your household who usually live at this address, including yourself.</p> <ul style="list-style-type: none"> Start with the householder or joint householders. Include anyone who is temporarily away from home on the night of 29/30 April 2001, but usually lives at this address. Include any baby born before 30 April 2001, even if still in hospital. Include schoolchildren and students if they live at this address during the school, college or university term. Also include schoolchildren and students who are away from home during the school, college or university term if this is their normal vacation address. (Only basic information is required.) Include a spouse or partner who works away from home for part of the time, or is a member of the armed forces if this is the family home. Include other people with more than one address if they live at this address for the majority of time. Include anyone who is staying with you who has no other usual address. <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 only visitors in the household at this address, please answer questions H1 to H5 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																		
<p>Remember to use black or blue ink.</p> <p>Put a tick in the appropriate box, like this <input checked="" type="checkbox"/>. If you mark the wrong box, fill in the box and put a tick in the right one, like this <input checked="" type="checkbox"/></p>	<p>If you tick a box with an instruction like fill in, you should move on to the question indicated.</p> <p>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.</p>	<p>H4. What is your country of birth?</p> <p><input checked="" type="checkbox"/> Elsewhere</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">S</td><td style="width: 20px;">O</td><td style="width: 20px;">U</td><td style="width: 20px;">T</td><td style="width: 20px;">H</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> <tr> <td>A</td><td>F</td><td>R</td><td>I</td><td>C</td><td>A</td><td> </td><td> </td> </tr> </table>	S	O	U	T	H				A	F	R	I	C	A		
S	O	U	T	H														
A	F	R	I	C	A													
Household Accommodation																		
<p>H1. What type of accommodation does your household occupy?</p> <p>A whole house or bungalow that is:</p> <p><input type="checkbox"/> Detached</p> <p><input type="checkbox"/> Semi-detached</p> <p><input type="checkbox"/> Terraced (including end-terrace)</p> <p>A flat, maisonette, or apartment that is:</p> <p><input type="checkbox"/> In a purpose-built block of flats or tenement</p> <p><input type="checkbox"/> Part of a converted or shared house (includes bed-sits)</p> <p><input type="checkbox"/> In a commercial building (for example, in an office building, or hotel, or over a shop)</p> <p>Mobile or temporary structure:</p> <p><input type="checkbox"/> A caravan or other mobile or temporary structure</p>	<p>H2. Do you have a bath/shower and toilet for use only by your household?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>H5. What is the lowest floor level of your household's living accommodation?</p> <p><input type="checkbox"/> Basement or semi-basement</p> <p><input type="checkbox"/> Ground floor (street level)</p> <p><input type="checkbox"/> First floor (floor above street level)</p> <p><input type="checkbox"/> Second floor</p> <p><input type="checkbox"/> Third or fourth floor</p> <p><input type="checkbox"/> Fifth floor or higher</p>	<p>H3. Does your household own or rent the accommodation?</p> <p><input type="checkbox"/> Owns outright H11</p> <p><input type="checkbox"/> Owns with a mortgage or loan H11</p> <p><input type="checkbox"/> Pays part rent and part mortgage (shared ownership) H11</p> <p><input type="checkbox"/> Rents H11</p> <p><input type="checkbox"/> Lives here rent free H11</p>																
<p>H2. Is your household's accommodation self-contained?</p> <p><input type="checkbox"/> Yes, all the rooms are behind a door that only our household can use</p> <p><input type="checkbox"/> No</p>	<p>H6. Does your accommodation have central heating?</p> <p><input type="checkbox"/> Yes, in some or all rooms</p> <p><input type="checkbox"/> No</p>	<p>H9. Who is your landlord?</p> <p><input type="checkbox"/> Council (Local Authority) Scottish Homes</p> <p><input type="checkbox"/> Housing Association Housing Co-operative Charitable Trust Non-profit housing company</p> <p><input type="checkbox"/> Private landlord or letting agency</p> <p><input type="checkbox"/> Employer of a household member</p> <p><input type="checkbox"/> Relative or friend of a household member</p> <p><input type="checkbox"/> Other</p>																
<p>H3. How many rooms do you have for use only by your household?</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> One</p> <p><input type="checkbox"/> Two</p> <p><input type="checkbox"/> Three</p> <p><input type="checkbox"/> Four or more, please write in number</p>	<p>H7. How many cars or vans are owned, or available for use, by one or more members of your household?</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> One</p> <p><input type="checkbox"/> Two</p> <p><input type="checkbox"/> Three</p> <p><input type="checkbox"/> Four or more, please write in number</p>	<p>H10. Is the accommodation provided furnished or unfurnished?</p> <p><input type="checkbox"/> Furnished</p> <p><input type="checkbox"/> Unfurnished</p>																
<p>Number of rooms <input type="text" value=""/></p>		<p>H11. Please turn the page.</p>																

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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.

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

♦ Use the same order and Person numbers as in Table 1 (page 2), starting with Person 1.

♦ Print the name of each household member in the space at the top of each column.

♦ a box to show the relationship of each person to each of the other members of your household.

♦ Provide information on relationships for all household members whether or not they are using an *Individual Form* for privacy reasons.

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

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<p>Name of Person 4</p> <p style="text-align: center;">STEVEN SMITH</p> <p>Relationship of Person 4 to Person → 1 2 3</p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p>	<p>Name of Person 5</p> <p style="text-align: center;">JAMES SMITH</p> <p>Relationship of Person 5 to Person → 1 2 3 4</p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>
<p>Name of Person 4</p> <div style="border: 1px dashed black; height: 40px; width: 100%;"></div> <p>Relationship of Person 4 to Person → 1 2 3</p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Mother or father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandparent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Other related <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Unrelated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Name of Person 5</p> <div style="border: 1px dashed black; height: 40px; width: 100%;"></div> <p>Relationship of Person 5 to Person → 1 2 3 4</p> <p>Husband or wife <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Son or daughter <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Brother or sister <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Mother or father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Step-mother or step-father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandchild <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grandparent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Other related <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Unrelated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>◆ 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).</p> <p>◆ Where a household member is completing an <i>Individual form</i> for privacy reasons, the Person Section (three pages) for this person later on this form (or on a <i>Continuation Form</i>) should be left blank.</p>	

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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)

First name(s) SURNAME

2 What is your sex?

Male Female

3 What is your date of birth?

Day: 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Month: 01 02 03 04 05 06 07 08 09 10 11 12

Year: 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

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 Code 6)
 No (see Code 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' or 'Don't Know'.

Yes, I live at this address during the school/college/university term (see Code 7)

No, I live elsewhere during the school/college/university term (see Code 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 away from home during the school/college/university term. For a child from 1 April 2000, if there are other addresses give all.

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

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

Answer this question if you travel to a place for work or study. If you do not work or study, see Code 10.

Not currently working or studying (see Code 10)
 Work or study mainly at home (see Code 10)
 No fixed place
 Work on offshore installation, please use the address given below in writing to the relevant authority. If you are a member of the crew, the address is TANGEROBANE
 The address below

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

On foot
 By bus for the journey, but by other means of public transport to reach

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 provided)

15 What is your ethnic group?

A White

Any White background

B Mixed

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

C Asian, Asian Scottish or Asian British

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

D Black, Black Scottish or Black British

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

E Chinese or other ethnic group

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

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

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Person 1 - continued

22. Have you ever worked?
 Yes, please write in the space provided how long.
 Yes - Go to **23**
 No, have never worked
 No - Go to **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 long has it been since you last worked in this job?
 2. How long has it been since you last worked in any 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?
 1. Are you (were) you responsible for managing the work of other employees on a day to day basis?
 Yes
 No

26. How many people work (worked) for your employer at the place where you work (worked)?
 1. If you are (were) self-employed, write in the space how many people you employ (employed) on a full time basis.
 1-9
 10-24
 25-499
 500 or more

27. How many hours a week do (did) you usually work in your main job?
 1. Answer in full time hours.
 2. 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?
 Please write in full or ✓ the job title or job details if you have worked freelance or as a sole trader.
 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, shop, school, hospital, bank, restaurant, education, food, retail, clothing, estate, education, etc.
 2. Are you (were) you a self-employed or have you (had) you ever been a self-employed or sole trader?
 3. If self-employed or sole trader, please specify your business.

30. What is (was) the full title of your main job?
 For example, PM, Manager, Teacher, Staff Nurse, Nurse, Law, Teacher, etc.
 If you are (were) self-employed or sole trader, please specify your business.

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

32. Which of these qualifications do you have?
 1. Tick (✓) all 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 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 (10-16) No (17-19)

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 'No' to Question 5.
 Yes, I live at this address during the school/college/university term (10-16)
 No, I live elsewhere during the school/college/university term (17-19)

7 What was your usual address one year ago?
 If you were a child or young person, you must not give your usual address at school or college. Please put in the address of your usual home.
 The 2001 Census (April 2001) of the United Kingdom is used.
 The address shown on the front of the form
 No usual address one year ago Same as Person 1
 Elsewhere, please write in full name

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 of your time at a place, write in your address.
 Not currently working or studying (10-16)
 Work or study mainly at home (10-16)
 No fixed place
 Work on offshore installation, offshore site, the address must be given on the form to give your employer or course provider, for example '2000000000'
 The address below

9 How do you usually travel to your main place of work or study (including school)?
 On foot only
 Not bus, train or light rail, 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

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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?

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?

Do not count as helping you for part of your paid employment.

If you work 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 name only

15 What is your ethnic group?

Choose a full section from A to E. Tick ✓ the response that best describes 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

See Q10 to Q12

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

See Q10 to Q12

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 doing any work in an employer's home or office as temporarily laid off.

✓ Tick if you were working, including casual or temporary work, on only one day a week.

✓ Tick if you worked, split or shared, in your own/family business.

Yes *See Q13 to Q15*
 No *See Q13 to Q15*

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 answers 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 text box(es)

No, have never worked

23. An owner, sole proprietor or partner in the main job you worked in if you ever started your own business (not the main job).

No or more than two jobs in both you usually work the two amounts.

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, 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 3

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

1 What is your name? (Person 3 in Table 1)

Full 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 Yes to **6**

No No to **7**

6 Do you live at the address shown on the front of this form during the school, college or university term?

Early answer: This question is not now answered (Go to Question 8)

Yes, I live at this address during the school/college/university term

Yes to **8**

No, I live elsewhere during the school/college/university term

No to **9**

7 What was your usual address one year ago?

If you were a child at the time, give the address of your parents or other adults with whom you were living during the school/college/university term. For a child born after 29 April 2001, give two usual addresses one year ago.

The address shown on the front of the form

No usual address one year ago Same as Person 1

Elsewhere, please write as follows

.....

Postcode

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

Answer for the place which you spend most time to work or study if you cannot be a school, work or depot address.

Not currently working or studying Yes to **10**

Work or study mainly at home Yes to **10**

No fixed place

Work on offshore installation, mine or sea bed without power to create an internet connection (includes boats, not examples "100/2000")

The address below

.....

Postcode

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

Early answer: This question is not now answered (Go to Question 8)

Yes to **11**

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 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

Include people in a private home

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?

Tick one ONLY on the grounds to 5. Show if you are mixed race. Tick any and only groups which describe you.

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 **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?

Tick all that apply. Tick any form of part or temporary work, seasonal work, or zero hours.

Yes No **19**

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

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

Person 3 - continued

22 Have you ever worked?

Yes, go on to question 23

No, have never worked

23 Answer five questions about your main 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?

None of these

'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 less than 16 April 2001, the age of children does not count.
 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 1100 places is available on this form for work or study.
 If you require a 12 digit postcode, please include it below.
 Not currently working or studying 10
 Work or study mainly at home 10
 No fixed place
 Work on offshore installation, if there was one at/other place below or within 10 miles you travel each term from the address 'ABERNIGGLE'
 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

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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 any living partner or partner you are expecting.

✓ 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 basis 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 the country

15. What is your ethnic group?

Use only one of the boxes A to E. What if the respondent has 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

per 16 to 17

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

per 16 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?

✓ If that of your own choice, then work in an estate agent's office, as a taxi driver, or as a self-employed contractor.

✓ If they are doing paid work, including casual or occasional work, such as work for one party.

✓ If that of your own choice, or if it is paid or given voluntarily as work.

Yes per 16 to 23
 No per 16 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 not, then check 'None of the above'.

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

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Person 4 - continued

22. Have you ever worked?
 Yes, please write in the working last worked
 See page 33
 No, have never worked
 See page 33

23. Answer the remaining questions for the main job you chose (if it has ever been a full-time working last week, give the last week job).
 * This is your job - the job in which you are currently working or most recent.

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?
 * A supervisor is a person in a responsible position for supervising the work of other employees and a person who trains.
 Yes
 No

26. How many people work (worked) for your employer at the place where you work (worked)?
 * If you are a part-time employee, if possible, give the number of people you employ/employed full-time just now.
 1-9
 10-24
 25-499
 500 or more

27. How many hours a week do (did) you usually work in your main job?
 * Answer in hours or 1/2 hour.
 * This is only 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?
 * Write the full name of the organisation in uppercase or lowercase. If you have your business name, write it in italics.
 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: ACCOUNTS, BAKERY, CARPENTRY, CLEANING, CONSTRUCTION, ELECTRICITY, FOOD AND DRINK, GARDENING, HAIRDRESSING, HEALTH CARE, HOLIDAY HOMES, HOTEL, RESTAURANT, CATERING, CLEANING, GARDENING, GOLFING, MUSIC, PAINTING, PRINTING, REPAIRS, RETAIL, SERVICE, TRANSPORT, TRAVEL, VISUAL ARTS, WINE, YACHTS.
 * If you are a self-employed person, write in full the business which is the nature of your business.
 * Give business level Government Office - please specify your class level.

30. What is (was) the full title of your main job?
 * For example: PRIMARY SCHOOL TEACHER, HOME ECONOMICS ASSISTANT, LAB ASSISTANT, TAXI DRIVER, SERVICE ENGINEER, SENIOR ASSISTANT.
 * Give business level Government Office - give job title and grade in your words.

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

32. Which of these qualifications do you have?
 * If all apply, tick all that apply.
 '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.

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

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 of which you were living during the school/college/university term, not a child's home (from 19 April 2001, if 19 is your address give 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/college/university address
 If you are not a schoolchild, give your best address
 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 give your address given to you at home or where you would normally live, for example "123456789"
 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 ✓ tick 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 **22**

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 work for a substantial part of the week or from early to late

✓ Tick if you had any paid work, including about 10 minutes or more, at least once for the week

✓ Tick if you worked, paid or unpaid, in your own/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 boxes that apply

Retired

Student

Looking after home/family

Permanently sick/disabled

None of the above

Please turn over

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

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 the main job you were doing last week. If you were doing two or more, your last week's job.

You were the only person in the job you usually work in 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?

A supervisor or foreman is responsible for organising the work of other employees in the day to day work.

Yes

No

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

If you are the only self-employed person to show here, many people are usually employed at this place.

1-9

10-24

25-499

500 or more

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

Answer in nearest whole hour.

If currently working, give 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?

Please write or name or draw the name below or type it in to your key or touch screen. Write in this space.

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, WHOLESALE FOOD, FURNITURE OR A SECONDARY industry, FOOD SHOP, FISH & CHICKEN RESTAURANT, BREAD & BUTTER.

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

Give business name (supervisor's name) please specify your Department.

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

For example, PRIMARY SCHOOL TEACHER, TEACHER, SENIOR OFFICIAL, CAR WASHMAN, RESTAURANT SERVICE OFFICER, WORKER IN A STORE, CIVIL SERVANT, local Government Officer, sign painter and painter in job shop.

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 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

Individual Form 14

Street name and number

Postcode

Post town

County

Person Number

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	www.gro-scotland.gov.uk

Declaration

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

Signature

Date

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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 a box below.

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 full-time.

If you are a government contractor or contractor your own company business.

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

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<p>22 Have you ever worked?</p> <p><input type="checkbox"/> Yes, please write in the space provided the name of the organisation.</p> <p>Yes -> Go to 23</p> <p><input type="checkbox"/> No, have never worked</p> <p>No -> Go to 32</p>	<p>28 What is the full name of the organisation you work (worked) for in your main job?</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>23 Answer the remaining questions for the main job you worked during last week, or if not working last week, your last main job.</p> <p>* Your main job is the job in which you usually work the most hours.</p>	<p>29 What is (was) the business of your employer at the place where you work (worked)?</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>.....</p> <p>.....</p>
<p>24 Do (did) you work as an employee or are (were) you self-employed?</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>30 What is (was) the full title of your main job?</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>.....</p> <p>.....</p>
<p>25 Do (did) you supervise any other employees?</p> <p>* In an organisation, supervising is responsible for and seeing to the work of other employees in a certain area.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>31 Describe what you do (did) in your main job.</p> <p>.....</p> <p>.....</p>
<p>26 How many people work (worked) for your employer at the place where you work (worked)?</p> <p>* This includes yourself, self-employed or part-time or many people who are not formally employed including students.</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>32 Which of these qualifications do you have?</p> <p>* If you have more than one, 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 or Higher, 'A' Level, AS Level, Advanced Senior Certificate or equivalent</p> <p><input type="checkbox"/> SVQ/SVQ Level 1 or 2, SCOTVEC Module, BTEC First Diploma, City and Guilds Craft, RSA Diploma or equivalent</p> <p><input type="checkbox"/> SVQ/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>27 How many hours a week do (did) you usually work in your main job?</p> <p>* Answer for last week or the week if currently working, give the average for the last four weeks.</p> <p>Number of hours worked a week: <input type="text"/></p>	<p>33 THERE ARE NO MORE QUESTIONS</p> <p>* Please sign the Declaration on page 1 and follow the instructions there about return of form.</p>

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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.