

The *householder* if present, otherwise any adult member of the household.

The *spouse or partner* of 'Person 1' if present, otherwise any person present.

Please use CAPITAL letters only.

<p>2 Name of each person including visitors who spent the night of Tuesday, 8 August 2006 in this dwelling:</p> <ul style="list-style-type: none"> Record details for all adults, children, babies and <i>visitors</i> present. Include any person who usually lives in this dwelling who returned on Wednesday, 9 August 2006, without having been counted elsewhere. For all other cases of persons absent, please include them in Questions 52 and 53 ONLY. 	<p>First or given name</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Surname or family name</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																													<p>First or given name</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Surname or family name</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																																																																																																																																												
<p>3 Is the person male or female?</p> <ul style="list-style-type: none"> Mark one box for each person, like this: <input type="checkbox"/> <input type="checkbox"/> 	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>																																																																																																																																																																																																																																																																																								
<p>4 What is the person's date of birth (or age last birthday)?</p> <p>Day Month Year</p> <p>Example for date of birth: <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="0"/></p> <ul style="list-style-type: none"> If date of birth not known, give age last birthday. Example for age last birthday: <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value=""/> Years 	<p>Day Month Year</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>OR</p> <p>Age last birthday</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Years</p>																																									<p>Day Month Year</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>OR</p> <p>Age last birthday</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Years</p>																																																																																																																																																																																																																																																
<p>5 What is the person's relationship to Person 1/Person 2?</p> <ul style="list-style-type: none"> Examples of other relationships: SON-IN-LAW, GRAND-DAUGHTER, UNCLE, BOARDER. Remember to mark box like this: <input type="checkbox"/> 	<p>No answer required for Person 1</p>	<p><input type="checkbox"/> Husband or wife of Person 1</p> <p><input type="checkbox"/> De facto partner of Person 1</p> <p><input type="checkbox"/> Child of Person 1</p> <p><input type="checkbox"/> Stepchild of Person 1</p> <p><input type="checkbox"/> Brother or sister of Person 1</p> <p><input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1</p> <p>Other relationship to Person 1 – please specify</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																																																																																																																																																																																																								
<p>6 What is the person's present marital status?</p> <ul style="list-style-type: none"> 'Married' refers to registered marriages. Remember to mark box like this: <input type="checkbox"/> 	<p><input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Married</p>																																																																																																																																																																																																																																																																																								
<p>7 Is the person of Aboriginal or Torres Strait Islander origin?</p> <ul style="list-style-type: none"> For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes. 	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>																																																																																																																																																																																																																																																																																								
<p>8 Where does the person usually live?</p> <ul style="list-style-type: none"> For persons who usually live in another country and who are visiting Australia for less than one year, mark 'Other country'. For other persons, 'usually live' means that address at which the person has lived or intends to live for a total of six months or more in 2006. For persons who now have no usual address, write 'NONE' in the 'Suburb/Locality' box. For boarders at boarding school, write the address of the boarding school or college. Remember to mark box like this: <input type="checkbox"/> 	<p><input type="checkbox"/> The address shown on the front of this form <input type="checkbox"/> Elsewhere in Australia – please specify address</p> <p>Apartment/Flat/Unit number (if any)</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Street number</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Street name</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Suburb/Locality</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>State/Territory Postcode</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><input type="checkbox"/> Other country</p>																																																																																																																																													<p><input type="checkbox"/> The address shown on the front of this form <input type="checkbox"/> Elsewhere in Australia – please specify address</p> <p>Apartment/Flat/Unit number (if any)</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Street number</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Street name</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Suburb/Locality</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>State/Territory Postcode</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><input type="checkbox"/> Other country</p>																																																																																																																																												

Person 3

Any other person present in the household.

Person 4

Any other person present in the household.

03**Person 5**

Any other person present in the household.

Person 6

Any other person present in the household.

First or given name

Surname or family name

- Male
 Female

Day Month Year

--	--	--	--	--	--	--	--	--	--

OR

Age last birthday

			Years
--	--	--	-------

- Child of both Person 1 and Person 2
 Child of Person 1 only
 Child of Person 2 only
 Brother or sister of Person 1
 Unrelated flatmate or co-tenant of Person 1

Other relationship to Person 1 – please specify

--

- Never married
 Widowed
 Divorced
 Separated but not divorced
 Married

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander

- The address shown on the front of this form
 Elsewhere in Australia – please specify address

Apartment/Flat/Unit number (if any)

--	--	--	--	--

Street number

--	--	--	--	--	--	--	--	--	--

Street name

Suburb/Locality

State/Territory Postcode

--	--	--	--	--	--	--	--	--	--

- Other country

First or given name

Surname or family name

- Male
 Female

Day Month Year

--	--	--	--	--	--	--	--	--	--

OR

Age last birthday

			Years
--	--	--	-------

- Child of both Person 1 and Person 2
 Child of Person 1 only
 Child of Person 2 only
 Brother or sister of Person 1
 Unrelated flatmate or co-tenant of Person 1

Other relationship to Person 1 – please specify

--

- Never married
 Widowed
 Divorced
 Separated but not divorced
 Married

- No
 Yes, Aboriginal
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- The address shown on the front of this form
 Elsewhere in Australia – please specify address

Apartment/Flat/Unit number (if any)

--	--	--	--	--

Street number

--	--	--	--	--	--	--	--	--	--

Street name

Suburb/Locality

State/Territory Postcode

--	--	--	--	--	--	--	--	--	--

- Other country

First or given name

Surname or family name

- Male
 Female

Day Month Year

--	--	--	--	--	--	--	--	--	--

OR

Age last birthday

			Years
--	--	--	-------

- Child of both Person 1 and Person 2
 Child of Person 1 only
 Child of Person 2 only
 Brother or sister of Person 1
 Unrelated flatmate or co-tenant of Person 1

Other relationship to Person 1 – please specify

--

- Never married
 Widowed
 Divorced
 Separated but not divorced
 Married

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander

- The address shown on the front of this form
 Elsewhere in Australia – please specify address

Apartment/Flat/Unit number (if any)

--	--	--	--	--

Street number

--	--	--	--	--	--	--	--	--	--

Street name

Suburb/Locality

State/Territory Postcode

--	--	--	--	--	--	--	--	--	--

- Other country

First or given name

Surname or family name

- Male
 Female

Day Month Year

--	--	--	--	--	--	--	--	--	--

OR

Age last birthday

			Years
--	--	--	-------

- Child of both Person 1 and Person 2
 Child of Person 1 only
 Child of Person 2 only
 Brother or sister of Person 1
 Unrelated flatmate or co-tenant of Person 1

Other relationship to Person 1 – please specify

--

- Never married
 Widowed
 Divorced
 Separated but not divorced
 Married

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander

- The address shown on the front of this form
 Elsewhere in Australia – please specify address

Apartment/Flat/Unit number (if any)

--	--	--	--	--

Street number

--	--	--	--	--	--	--	--	--	--

Street name

Suburb/Locality

State/Territory Postcode

--	--	--	--	--	--	--	--	--	--

- Other country

9 Where did the person usually live one year ago (at 8 August 2005)?

- If the person is less than one year old, leave blank.
- For persons who had no usual address on 8 August 2005, give the address at which they were then living.
- Remember to mark box like this:

Same as in question 8
 Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in question 8
 Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

10 Where did the person usually live five years ago (at 8 August 2001)?

- If the person is less than five years old, leave blank.
- For persons who had no usual address on 8 August 2001, give the address at which they were then living.
- Remember to mark box like this:

Same as in question 8
 Same as in question 9
 Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in question 8
 Same as in question 9
 Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

11 Is the person an Australian citizen?

- Remember to mark box like this:

Yes, Australian citizen
 No

Yes, Australian citizen
 No

12 In which country was the person born?

- Remember to mark box like this:

Australia ► **Go to 14**
 England
 New Zealand
 Italy
 Viet Nam
 Scotland
 Greece
 Other – please specify

Australia ► **Go to 14**
 England
 New Zealand
 Italy
 Viet Nam
 Scotland
 Greece
 Other – please specify

13 In what year did the person first arrive in Australia to live here for one year or more?

- For example, for arrival in 1974 write: Year

Year
 Will be in Australia less than one year

Year
 Will be in Australia less than one year

14 Was the person's father born in Australia or overseas?

- Remember to mark box like this:

Australia
 Overseas

Australia
 Overseas

15 Was the person's mother born in Australia or overseas?

- Remember to mark box like this:

Australia
 Overseas

Australia
 Overseas

Person 3

Person 4

05

Person 5

Person 6

- Same as in question 8
- Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Other country

- Same as in question 8
- Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Other country

- Same as in question 8
- Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Other country

- Same as in question 8
- Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Other country

- Same as in question 8
- Same as in question 9
- Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Other country

- Same as in question 8
- Same as in question 9
- Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Other country

- Same as in question 8
- Same as in question 9
- Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Other country

- Same as in question 8
- Same as in question 9
- Elsewhere in Australia – please specify address

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Other country

- Yes, Australian citizen
- No

- Yes, Australian citizen
- No

- Yes, Australian citizen
- No

- Yes, Australian citizen
- No

- Australia ► **Go to 14**
- England
- New Zealand
- Italy
- Viet Nam
- Scotland
- Greece

Other – please specify

- Australia ► **Go to 14**
- England
- New Zealand
- Italy
- Viet Nam
- Scotland
- Greece

Other – please specify

- Australia ► **Go to 14**
- England
- New Zealand
- Italy
- Viet Nam
- Scotland
- Greece

Other – please specify

- Australia ► **Go to 14**
- England
- New Zealand
- Italy
- Viet Nam
- Scotland
- Greece

Other – please specify

Year

- Will be in Australia less than one year

Year

- Will be in Australia less than one year

Year

- Will be in Australia less than one year

Year

- Will be in Australia less than one year

- Australia
- Overseas

- Australia
- Overseas

- Australia
- Overseas

- Australia
- Overseas

- Australia
- Overseas

- Australia
- Overseas

- Australia
- Overseas

- Australia
- Overseas

16 Does the person speak a language other than English at home?

- Mark one box only.
- If more than one language other than English, write the one that is spoken most often.
- Remember to mark box like this:

- No, English only ► Go to 18
- Yes, Italian
- Yes, Greek
- Yes, Cantonese
- Yes, Arabic
- Yes, Vietnamese
- Yes, Mandarin

Yes, other – please specify

- No, English only ► Go to 18
- Yes, Italian
- Yes, Greek
- Yes, Cantonese
- Yes, Arabic
- Yes, Vietnamese
- Yes, Mandarin

Yes, other – please specify

17 How well does the person speak English?

- Remember to mark box like this:

- Very well
- Well
- Not well
- Not at all

- Very well
- Well
- Not well
- Not at all

18 What is the person's ancestry?

- Provide up to two ancestries only.
- Examples of 'Other – please specify' are: GREEK, VIETNAMESE, HMONG, DUTCH, KURDISH, MAORI, LEBANESE, AUSTRALIAN SOUTH SEA ISLANDER.
- See page 7 of the Census Guide for more information.
- Remember to mark boxes like this:

- English
- Irish
- Italian
- German
- Chinese
- Scottish
- Australian

Other – please specify

- English
- Irish
- Italian
- German
- Chinese
- Scottish
- Australian

Other – please specify

19 What is the person's religion?

- Answering this question is **OPTIONAL**.
- Examples of 'Other - please specify' are: SALVATION ARMY, HINDUISM, JUDAISM, HUMANISM.
- If no religion, mark the 'No religion' box.
- Remember to mark box like this:

- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Greek Orthodox
- Buddhism
- Baptist
- Islam
- Lutheran

Other – please specify

- No religion

- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Greek Orthodox
- Buddhism
- Baptist
- Islam
- Lutheran

Other – please specify

- No religion

20 Does the person ever need someone to help with, or be with them for, self care activities?

- For example: doing everyday activities such as eating, showering, dressing or toileting.
- See page 9 of the Census Guide for more information.
- Remember to mark box like this:

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

21 Does the person ever need someone to help with, or be with them for, body movement activities?

- For example: getting out of bed, moving around at home or at places away from home.

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

22 Does the person ever need someone to help with, or be with them for, communication activities?

- For example: understanding, or being understood by, others.

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

Person 3

Person 4

07

Person 5

Person 6

- No, English only ► **Go to 18**
- Yes, Italian
- Yes, Greek
- Yes, Cantonese
- Yes, Arabic
- Yes, Vietnamese
- Yes, Mandarin

Yes, other – please specify

- No, English only ► **Go to 18**
- Yes, Italian
- Yes, Greek
- Yes, Cantonese
- Yes, Arabic
- Yes, Vietnamese
- Yes, Mandarin

Yes, other – please specify

- No, English only ► **Go to 18**
- Yes, Italian
- Yes, Greek
- Yes, Cantonese
- Yes, Arabic
- Yes, Vietnamese
- Yes, Mandarin

Yes, other – please specify

- No, English only ► **Go to 18**
- Yes, Italian
- Yes, Greek
- Yes, Cantonese
- Yes, Arabic
- Yes, Vietnamese
- Yes, Mandarin

Yes, other – please specify

- Very well
- Well
- Not well
- Not at all

- Very well
- Well
- Not well
- Not at all

- Very well
- Well
- Not well
- Not at all

- Very well
- Well
- Not well
- Not at all

- English
- Irish
- Italian
- German
- Chinese
- Scottish
- Australian

Other – please specify

- English
- Irish
- Italian
- German
- Chinese
- Scottish
- Australian

Other – please specify

- English
- Irish
- Italian
- German
- Chinese
- Scottish
- Australian

Other – please specify

- English
- Irish
- Italian
- German
- Chinese
- Scottish
- Australian

Other – please specify

- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Greek Orthodox
- Buddhism
- Baptist
- Islam
- Lutheran

Other – please specify

- No religion

- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Greek Orthodox
- Buddhism
- Baptist
- Islam
- Lutheran

Other – please specify

- No religion

- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Greek Orthodox
- Buddhism
- Baptist
- Islam
- Lutheran

Other – please specify

- No religion

- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Greek Orthodox
- Buddhism
- Baptist
- Islam
- Lutheran

Other – please specify

- No religion

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

23 What are the reasons for the need for assistance or supervision shown in questions 20, 21 and 22?

- Mark all applicable reasons.
- Remember to mark boxes like this:

- No need for help or supervision
- Short-term health condition (lasting less than six months)
- Long-term health condition (lasting six months or more)
- Disability (lasting six months or more)
- Old or young age
- Difficulty with English language
- Other cause

- No need for help or supervision
- Short-term health condition (lasting less than six months)
- Long-term health condition (lasting six months or more)
- Disability (lasting six months or more)
- Old or young age
- Difficulty with English language
- Other cause

24 Is the person attending a school or any other educational institution?

- Include pre-school and external or correspondence students.

- No ► **Go to 26**
- Yes, full-time student
- Yes, part-time student

- No ► **Go to 26**
- Yes, full-time student
- Yes, part-time student

25 What type of educational institution is the person attending?

- Mark one box only.
- Include external or correspondence students.
- Include secondary colleges and senior high schools under the 'Secondary school' category.
- Remember to mark box like this:

- Pre-school**
- Infants/Primary school**
 - Government
 - Catholic
 - Other non-government
- Secondary school**
 - Government
 - Catholic
 - Other non-government
- Tertiary institution**
 - Technical or further educational institution (including TAFE Colleges)
 - University or other higher educational institution
 - Other educational institution**

- Pre-school**
- Infants/Primary school**
 - Government
 - Catholic
 - Other non-government
- Secondary school**
 - Government
 - Catholic
 - Other non-government
- Tertiary institution**
 - Technical or further educational institution (including TAFE Colleges)
 - University or other higher educational institution
 - Other educational institution**

26 Only continue for persons aged 15 years or more

27 What is the highest year of primary or secondary school the person has completed?

- Mark one box only.
- For persons who returned after a break to complete their schooling, mark the highest year completed when they last left.
- See page 10 of the Census Guide for more information about year equivalents.

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Did not go to school

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Did not go to school

28 Has the person completed any educational qualification (including a trade certificate)?

- Mark one box only.
- See page 10 of the Census Guide for more information on the treatment of AQF or vocational certificates.

- No ► **Go to 32**
- No, still studying for first qualification ► **Go to 32**
- Yes, trade certificate/apprenticeship
- Yes, other qualification

- No ► **Go to 32**
- No, still studying for first qualification ► **Go to 32**
- Yes, trade certificate/apprenticeship
- Yes, other qualification

29 What is the level of the highest qualification the person has completed?

- For example: TRADE CERTIFICATE, BACHELOR DEGREE, ASSOCIATE DIPLOMA, CERTIFICATE II, ADVANCED DIPLOMA.

Level of qualification

Level of qualification

30 What is the main field of study for the person's highest qualification completed?

- For example: PLUMBING, HISTORY, PRIMARY SCHOOL TEACHING, HAIRDRESSING, GREENKEEPING.

Field of study

Field of study

31 Did the person complete this qualification before 1998?

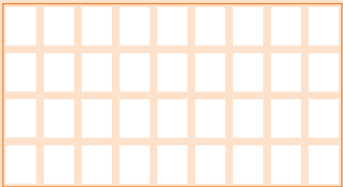
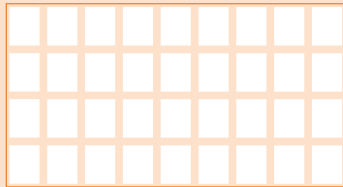
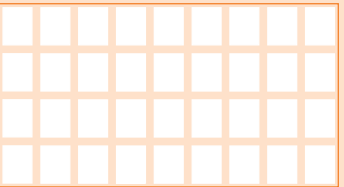
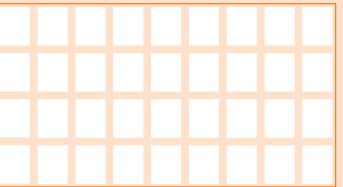
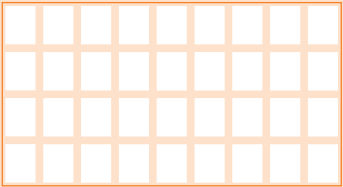
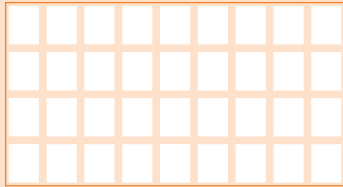
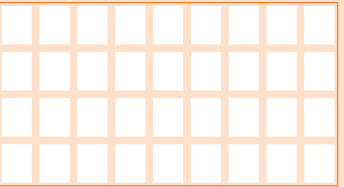
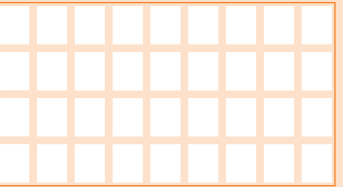
- Remember to mark box like this:

- Yes, before 1998
- No, 1998 or later

- Yes, before 1998
- No, 1998 or later

<input type="checkbox"/> No need for help or supervision <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause	<input type="checkbox"/> No need for help or supervision <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause	<input type="checkbox"/> No need for help or supervision <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause	<input type="checkbox"/> No need for help or supervision <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause
<input type="checkbox"/> No ► Go to 26 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► Go to 26 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► Go to 26 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► Go to 26 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
<input type="checkbox"/> Pre-school Infants/Primary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary institution <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> Other educational institution	<input type="checkbox"/> Pre-school Infants/Primary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary institution <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> Other educational institution	<input type="checkbox"/> Pre-school Infants/Primary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary institution <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> Other educational institution	<input type="checkbox"/> Pre-school Infants/Primary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary institution <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> Other educational institution

Only continue for persons aged 15 years or more

<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school
<input type="checkbox"/> No ► Go to 32 <input type="checkbox"/> No, still studying for first qualification ► Go to 32 <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► Go to 32 <input type="checkbox"/> No, still studying for first qualification ► Go to 32 <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► Go to 32 <input type="checkbox"/> No, still studying for first qualification ► Go to 32 <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► Go to 32 <input type="checkbox"/> No, still studying for first qualification ► Go to 32 <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
Level of qualification 	Level of qualification 	Level of qualification 	Level of qualification 
Field of study 	Field of study 	Field of study 	Field of study 
<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later

<input type="text" value=""/> <input type="text" value=""/> Number of babies <input type="radio"/> None	<input type="text" value=""/> <input type="text" value=""/> Number of babies <input type="radio"/> None	<input type="text" value=""/> <input type="text" value=""/> Number of babies <input type="radio"/> None	<input type="text" value=""/> <input type="text" value=""/> Number of babies <input type="radio"/> None
<input type="radio"/> \$2,000 or more per week (\$104,000 or more per year) <input type="radio"/> \$1,600 - \$1,999 per week (\$83,200 - \$103,999 per year) <input type="radio"/> \$1,300 - \$1,599 per week (\$67,600 - \$83,199 per year) <input type="radio"/> \$1,000 - \$1,299 per week (\$52,000 - \$67,599 per year) <input type="radio"/> \$800 - \$999 per week (\$41,600 - \$51,999 per year) <input type="radio"/> \$600 - \$799 per week (\$31,200 - \$41,599 per year) <input type="radio"/> \$400 - \$599 per week (\$20,800 - \$31,199 per year) <input type="radio"/> \$250 - \$399 per week (\$13,000 - \$20,799 per year) <input type="radio"/> \$150 - \$249 per week (\$7,800 - \$12,999 per year) <input type="radio"/> \$1 - \$149 per week (\$1 - \$7,799 per year) <input type="radio"/> Nil income <input type="radio"/> Negative income	<input type="radio"/> \$2,000 or more per week (\$104,000 or more per year) <input type="radio"/> \$1,600 - \$1,999 per week (\$83,200 - \$103,999 per year) <input type="radio"/> \$1,300 - \$1,599 per week (\$67,600 - \$83,199 per year) <input type="radio"/> \$1,000 - \$1,299 per week (\$52,000 - \$67,599 per year) <input type="radio"/> \$800 - \$999 per week (\$41,600 - \$51,999 per year) <input type="radio"/> \$600 - \$799 per week (\$31,200 - \$41,599 per year) <input type="radio"/> \$400 - \$599 per week (\$20,800 - \$31,199 per year) <input type="radio"/> \$250 - \$399 per week (\$13,000 - \$20,799 per year) <input type="radio"/> \$150 - \$249 per week (\$7,800 - \$12,999 per year) <input type="radio"/> \$1 - \$149 per week (\$1 - \$7,799 per year) <input type="radio"/> Nil income <input type="radio"/> Negative income	<input type="radio"/> \$2,000 or more per week (\$104,000 or more per year) <input type="radio"/> \$1,600 - \$1,999 per week (\$83,200 - \$103,999 per year) <input type="radio"/> \$1,300 - \$1,599 per week (\$67,600 - \$83,199 per year) <input type="radio"/> \$1,000 - \$1,299 per week (\$52,000 - \$67,599 per year) <input type="radio"/> \$800 - \$999 per week (\$41,600 - \$51,999 per year) <input type="radio"/> \$600 - \$799 per week (\$31,200 - \$41,599 per year) <input type="radio"/> \$400 - \$599 per week (\$20,800 - \$31,199 per year) <input type="radio"/> \$250 - \$399 per week (\$13,000 - \$20,799 per year) <input type="radio"/> \$150 - \$249 per week (\$7,800 - \$12,999 per year) <input type="radio"/> \$1 - \$149 per week (\$1 - \$7,799 per year) <input type="radio"/> Nil income <input type="radio"/> Negative income	<input type="radio"/> \$2,000 or more per week (\$104,000 or more per year) <input type="radio"/> \$1,600 - \$1,999 per week (\$83,200 - \$103,999 per year) <input type="radio"/> \$1,300 - \$1,599 per week (\$67,600 - \$83,199 per year) <input type="radio"/> \$1,000 - \$1,299 per week (\$52,000 - \$67,599 per year) <input type="radio"/> \$800 - \$999 per week (\$41,600 - \$51,999 per year) <input type="radio"/> \$600 - \$799 per week (\$31,200 - \$41,599 per year) <input type="radio"/> \$400 - \$599 per week (\$20,800 - \$31,199 per year) <input type="radio"/> \$250 - \$399 per week (\$13,000 - \$20,799 per year) <input type="radio"/> \$150 - \$249 per week (\$7,800 - \$12,999 per year) <input type="radio"/> \$1 - \$149 per week (\$1 - \$7,799 per year) <input type="radio"/> Nil income <input type="radio"/> Negative income
<input type="radio"/> Yes, worked for payment or profit <input type="radio"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down <input type="radio"/> Yes, unpaid work in a family business ► Go to 38 <input type="radio"/> Yes, other unpaid work ► Go to 46 <input type="radio"/> No, did not have a job ► Go to 46	<input type="radio"/> Yes, worked for payment or profit <input type="radio"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down <input type="radio"/> Yes, unpaid work in a family business ► Go to 38 <input type="radio"/> Yes, other unpaid work ► Go to 46 <input type="radio"/> No, did not have a job ► Go to 46	<input type="radio"/> Yes, worked for payment or profit <input type="radio"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down <input type="radio"/> Yes, unpaid work in a family business ► Go to 38 <input type="radio"/> Yes, other unpaid work ► Go to 46 <input type="radio"/> No, did not have a job ► Go to 46	<input type="radio"/> Yes, worked for payment or profit <input type="radio"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down <input type="radio"/> Yes, unpaid work in a family business ► Go to 38 <input type="radio"/> Yes, other unpaid work ► Go to 46 <input type="radio"/> No, did not have a job ► Go to 46
<input type="radio"/> Working for an employer? ► Go to 38 <input type="radio"/> Working in own business? ► Go to 36	<input type="radio"/> Working for an employer? ► Go to 38 <input type="radio"/> Working in own business? ► Go to 36	<input type="radio"/> Working for an employer? ► Go to 38 <input type="radio"/> Working in own business? ► Go to 36	<input type="radio"/> Working for an employer? ► Go to 38 <input type="radio"/> Working in own business? ► Go to 36
<input type="radio"/> Unincorporated? <input type="radio"/> Incorporated (e.g. Pty Ltd)?	<input type="radio"/> Unincorporated? <input type="radio"/> Incorporated (e.g. Pty Ltd)?	<input type="radio"/> Unincorporated? <input type="radio"/> Incorporated (e.g. Pty Ltd)?	<input type="radio"/> Unincorporated? <input type="radio"/> Incorporated (e.g. Pty Ltd)?
<input type="radio"/> No, no employees <input type="radio"/> Yes, 1 - 19 employees <input type="radio"/> Yes, 20 or more employees	<input type="radio"/> No, no employees <input type="radio"/> Yes, 1 - 19 employees <input type="radio"/> Yes, 20 or more employees	<input type="radio"/> No, no employees <input type="radio"/> Yes, 1 - 19 employees <input type="radio"/> Yes, 20 or more employees	<input type="radio"/> No, no employees <input type="radio"/> Yes, 1 - 19 employees <input type="radio"/> Yes, 20 or more employees
Occupation <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Occupation <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Occupation <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Occupation <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Tasks or duties

Tasks or duties

Tasks or duties

Tasks or duties

Business name

Business name

Business name

Business name

Street number

--	--	--	--	--	--

Street name

Suburb/Locality

State/Territory Postcode

Building/Property name (if any)

Street number

--	--	--	--	--	--

Street name

Suburb/Locality

State/Territory Postcode

Building/Property name (if any)

Street number

--	--	--	--	--	--

Street name

Suburb/Locality

State/Territory Postcode

Building/Property name (if any)

Street number

--	--	--	--	--	--

Street name

Suburb/Locality

State/Territory Postcode

Building/Property name (if any)

- Manufacturing
- Wholesaling
- Retailing (incl. Take-aways)
- Accommodation
- Pubs, cafes and restaurants
- Road freight transport
- House construction
- Health service
- Community care service

Other – please specify

- Manufacturing
- Wholesaling
- Retailing (incl. Take-aways)
- Accommodation
- Pubs, cafes and restaurants
- Road freight transport
- House construction
- Health service
- Community care service

Other – please specify

- Manufacturing
- Wholesaling
- Retailing (incl. Take-aways)
- Accommodation
- Pubs, cafes and restaurants
- Road freight transport
- House construction
- Health service
- Community care service

Other – please specify

- Manufacturing
- Wholesaling
- Retailing (incl. Take-aways)
- Accommodation
- Pubs, cafes and restaurants
- Road freight transport
- House construction
- Health service
- Community care service

Other – please specify

Goods produced/services provided

Goods produced/services provided

Goods produced/services provided

Goods produced/services provided

<p>44 <i>Last week</i>, how many hours did the person work in all jobs?</p> <ul style="list-style-type: none"> Add any overtime or extra time worked and subtract any time off. Remember to mark box like this: <input checked="" type="checkbox"/> 	<p><input type="checkbox"/> <input type="checkbox"/> Hours worked</p> <p><input type="checkbox"/> None</p>	<p><input type="checkbox"/> <input type="checkbox"/> Hours worked</p> <p><input type="checkbox"/> None</p>
<p>45 How did the person get to work on Tuesday, 8 August 2006?</p> <ul style="list-style-type: none"> If the person used more than one method of travel to work, mark all methods used. Remember to mark boxes like this: <input checked="" type="checkbox"/> 	<p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Ferry</p> <p><input type="checkbox"/> Tram (including Light Rail)</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Car – as driver</p> <p><input type="checkbox"/> Car – as passenger</p> <p><input type="checkbox"/> Truck</p> <p><input type="checkbox"/> Motorbike or motor scooter</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Walked only</p> <p><input type="checkbox"/> Worked at home</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Did not go to work</p>	<p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Ferry</p> <p><input type="checkbox"/> Tram (including Light Rail)</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Car – as driver</p> <p><input type="checkbox"/> Car – as passenger</p> <p><input type="checkbox"/> Truck</p> <p><input type="checkbox"/> Motorbike or motor scooter</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Walked only</p> <p><input type="checkbox"/> Worked at home</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Did not go to work</p>
<p>46 Did the person actively look for work at any time in the <i>last four weeks</i>?</p> <ul style="list-style-type: none"> Examples of actively looking for work include: being registered with Centrelink as a job seeker; checking or registering with any other employment agency; writing, telephoning or applying in person to an employer for work; or advertising for work. 	<p><input type="checkbox"/> No, did not look for work ▶ Go to 48</p> <p><input type="checkbox"/> Yes, looked for full-time work</p> <p><input type="checkbox"/> Yes, looked for part-time work</p>	<p><input type="checkbox"/> No, did not look for work ▶ Go to 48</p> <p><input type="checkbox"/> Yes, looked for full-time work</p> <p><input type="checkbox"/> Yes, looked for part-time work</p>
<p>47 If the person had found a job, could the person have started work <i>last week</i>?</p> <ul style="list-style-type: none"> Remember to mark box like this: <input checked="" type="checkbox"/> 	<p><input type="checkbox"/> Yes, could have started work last week</p> <p><input type="checkbox"/> No, already had a job to go to</p> <p><input type="checkbox"/> No, temporarily ill or injured</p> <p><input type="checkbox"/> No, other reason</p>	<p><input type="checkbox"/> Yes, could have started work last week</p> <p><input type="checkbox"/> No, already had a job to go to</p> <p><input type="checkbox"/> No, temporarily ill or injured</p> <p><input type="checkbox"/> No, other reason</p>
<p>48 In the <i>last week</i> did the person spend time doing unpaid domestic work for their household?</p> <ul style="list-style-type: none"> Include all housework, food/drink preparation and cleanup, laundry, gardening, home maintenance and repairs, and household shopping and finance management. See page 14 of the Census Guide for more information. 	<p><input type="checkbox"/> No, did not do any unpaid domestic work in the last week</p> <p><input type="checkbox"/> Yes, less than 5 hours</p> <p><input type="checkbox"/> Yes, 5 to 14 hours</p> <p><input type="checkbox"/> Yes, 15 to 29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</p>	<p><input type="checkbox"/> No, did not do any unpaid domestic work in the last week</p> <p><input type="checkbox"/> Yes, less than 5 hours</p> <p><input type="checkbox"/> Yes, 5 to 14 hours</p> <p><input type="checkbox"/> Yes, 15 to 29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</p>
<p>49 In the <i>last two weeks</i> did the person spend time providing unpaid care, help or assistance to family members or others because of a disability, a long term illness or problems related to old age?</p> <ul style="list-style-type: none"> Recipients of Carer Allowance or Carer Payment should state that they provided unpaid care. Ad hoc help or assistance, such as shopping, should only be included if the person needs this sort of assistance because of his/her condition. Do not include work done through a voluntary organisation or group. 	<p><input type="checkbox"/> No, did not provide unpaid care, help or assistance</p> <p><input type="checkbox"/> Yes, provided unpaid care, help or assistance</p>	<p><input type="checkbox"/> No, did not provide unpaid care, help or assistance</p> <p><input type="checkbox"/> Yes, provided unpaid care, help or assistance</p>
<p>50 In the <i>last two weeks</i> did the person spend time looking after a child, <i>without pay</i>?</p> <ul style="list-style-type: none"> Only include children who were less than 15 years of age. Mark all applicable responses. 	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after my own child</p> <p><input type="checkbox"/> Yes, looked after a child other than my own</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after my own child</p> <p><input type="checkbox"/> Yes, looked after a child other than my own</p>
<p>51 In the <i>last twelve months</i> did the person spend any time doing voluntary work through an organisation or group?</p> <ul style="list-style-type: none"> Exclude anything you do as part of your paid employment or to qualify for a Government benefit. Exclude working in a family business. 	<p><input type="checkbox"/> No, did not do voluntary work</p> <p><input type="checkbox"/> Yes, did voluntary work</p>	<p><input type="checkbox"/> No, did not do voluntary work</p> <p><input type="checkbox"/> Yes, did voluntary work</p>

<input type="text"/> <input type="text"/> Hours worked <input type="radio"/> None	<input type="text"/> <input type="text"/> Hours worked <input type="radio"/> None	<input type="text"/> <input type="text"/> Hours worked <input type="radio"/> None	<input type="text"/> <input type="text"/> Hours worked <input type="radio"/> None
<input type="radio"/> Train <input type="radio"/> Bus <input type="radio"/> Ferry <input type="radio"/> Tram (including Light Rail) <input type="radio"/> Taxi <input type="radio"/> Car – as driver <input type="radio"/> Car – as passenger <input type="radio"/> Truck <input type="radio"/> Motorbike or motor scooter <input type="radio"/> Bicycle <input type="radio"/> Walked only <input type="radio"/> Worked at home <input type="radio"/> Other <input type="radio"/> Did not go to work	<input type="radio"/> Train <input type="radio"/> Bus <input type="radio"/> Ferry <input type="radio"/> Tram (including Light Rail) <input type="radio"/> Taxi <input type="radio"/> Car – as driver <input type="radio"/> Car – as passenger <input type="radio"/> Truck <input type="radio"/> Motorbike or motor scooter <input type="radio"/> Bicycle <input type="radio"/> Walked only <input type="radio"/> Worked at home <input type="radio"/> Other <input type="radio"/> Did not go to work	<input type="radio"/> Train <input type="radio"/> Bus <input type="radio"/> Ferry <input type="radio"/> Tram (including Light Rail) <input type="radio"/> Taxi <input type="radio"/> Car – as driver <input type="radio"/> Car – as passenger <input type="radio"/> Truck <input type="radio"/> Motorbike or motor scooter <input type="radio"/> Bicycle <input type="radio"/> Walked only <input type="radio"/> Worked at home <input type="radio"/> Other <input type="radio"/> Did not go to work	<input type="radio"/> Train <input type="radio"/> Bus <input type="radio"/> Ferry <input type="radio"/> Tram (including Light Rail) <input type="radio"/> Taxi <input type="radio"/> Car – as driver <input type="radio"/> Car – as passenger <input type="radio"/> Truck <input type="radio"/> Motorbike or motor scooter <input type="radio"/> Bicycle <input type="radio"/> Walked only <input type="radio"/> Worked at home <input type="radio"/> Other <input type="radio"/> Did not go to work
<input type="radio"/> No, did not look for work ▶ Go to 48 <input type="radio"/> Yes, looked for full-time work <input type="radio"/> Yes, looked for part-time work	<input type="radio"/> No, did not look for work ▶ Go to 48 <input type="radio"/> Yes, looked for full-time work <input type="radio"/> Yes, looked for part-time work	<input type="radio"/> No, did not look for work ▶ Go to 48 <input type="radio"/> Yes, looked for full-time work <input type="radio"/> Yes, looked for part-time work	<input type="radio"/> No, did not look for work ▶ Go to 48 <input type="radio"/> Yes, looked for full-time work <input type="radio"/> Yes, looked for part-time work
<input type="radio"/> Yes, could have started work last week <input type="radio"/> No, already had a job to go to <input type="radio"/> No, temporarily ill or injured <input type="radio"/> No, other reason	<input type="radio"/> Yes, could have started work last week <input type="radio"/> No, already had a job to go to <input type="radio"/> No, temporarily ill or injured <input type="radio"/> No, other reason	<input type="radio"/> Yes, could have started work last week <input type="radio"/> No, already had a job to go to <input type="radio"/> No, temporarily ill or injured <input type="radio"/> No, other reason	<input type="radio"/> Yes, could have started work last week <input type="radio"/> No, already had a job to go to <input type="radio"/> No, temporarily ill or injured <input type="radio"/> No, other reason
<input type="radio"/> No, did not do any unpaid domestic work in the last week <input type="radio"/> Yes, less than 5 hours <input type="radio"/> Yes, 5 to 14 hours <input type="radio"/> Yes, 15 to 29 hours <input type="radio"/> Yes, 30 hours or more	<input type="radio"/> No, did not do any unpaid domestic work in the last week <input type="radio"/> Yes, less than 5 hours <input type="radio"/> Yes, 5 to 14 hours <input type="radio"/> Yes, 15 to 29 hours <input type="radio"/> Yes, 30 hours or more	<input type="radio"/> No, did not do any unpaid domestic work in the last week <input type="radio"/> Yes, less than 5 hours <input type="radio"/> Yes, 5 to 14 hours <input type="radio"/> Yes, 15 to 29 hours <input type="radio"/> Yes, 30 hours or more	<input type="radio"/> No, did not do any unpaid domestic work in the last week <input type="radio"/> Yes, less than 5 hours <input type="radio"/> Yes, 5 to 14 hours <input type="radio"/> Yes, 15 to 29 hours <input type="radio"/> Yes, 30 hours or more
<input type="radio"/> No, did not provide unpaid care, help or assistance <input type="radio"/> Yes, provided unpaid care, help or assistance	<input type="radio"/> No, did not provide unpaid care, help or assistance <input type="radio"/> Yes, provided unpaid care, help or assistance	<input type="radio"/> No, did not provide unpaid care, help or assistance <input type="radio"/> Yes, provided unpaid care, help or assistance	<input type="radio"/> No, did not provide unpaid care, help or assistance <input type="radio"/> Yes, provided unpaid care, help or assistance
<input type="radio"/> No <input type="radio"/> Yes, looked after my own child <input type="radio"/> Yes, looked after a child other than my own	<input type="radio"/> No <input type="radio"/> Yes, looked after my own child <input type="radio"/> Yes, looked after a child other than my own	<input type="radio"/> No <input type="radio"/> Yes, looked after my own child <input type="radio"/> Yes, looked after a child other than my own	<input type="radio"/> No <input type="radio"/> Yes, looked after my own child <input type="radio"/> Yes, looked after a child other than my own
<input type="radio"/> No, did not do voluntary work <input type="radio"/> Yes, did voluntary work	<input type="radio"/> No, did not do voluntary work <input type="radio"/> Yes, did voluntary work	<input type="radio"/> No, did not do voluntary work <input type="radio"/> Yes, did voluntary work	<input type="radio"/> No, did not do voluntary work <input type="radio"/> Yes, did voluntary work

Please answer the following questions for this dwelling

52 Are there any persons who usually live in this dwelling who were *absent* on Census Night (Tuesday, 8 August 2006)?

- 'Usually live' means that address at which the person has lived, or intends to live, for a total of six months or more in 2006.
- Remember to mark box like this:

- No, no-one absent ▶ Go to 54
- Yes, someone absent ▶ Go to 53

53 For each person *absent*, complete the following questions:

- Remember to mark boxes like this:

Name of each person who usually lives in this dwelling but was not here on the night of Tuesday, 8 August 2006.

First or given name

Surname or family name

First or given name

Surname or family name

First or given name

Surname or family name

Is the person male or female?

- Mark one box for each person absent

Male

Female

Male

Female

Male

Female

What is the person's date of birth (or age last birthday)?

- Example for date of birth:

Day	Month	Year
2 3	0 5	1 9 7 0

- If date of birth not known, give age last birthday.

- Example for age last birthday:

3 6	Years
-----	-------

Day Month Year

--	--	--

OR

Age last birthday

			Years
--	--	--	-------

Day Month Year

--	--	--

OR

Age last birthday

			Years
--	--	--	-------

Day Month Year

--	--	--

OR

Age last birthday

			Years
--	--	--	-------

Is the person of Aboriginal or Torres Strait Islander origin?

- For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.

No

Yes, Aboriginal

Yes, Torres Strait Islander

No

Yes, Aboriginal

Yes, Torres Strait Islander

No

Yes, Aboriginal

Yes, Torres Strait Islander

Is the person a full-time student?

No

Yes

No

Yes

No

Yes

What is the person's relationship to Person 1/ Person 2?

- Examples of other relationships: SON-IN-LAW, GRAND-DAUGHTER, UNCLE, BOARDER.

Husband or wife of Person 1

De facto partner of Person 1

Child of both Person 1 and Person 2

Child of Person 1 only

Child of Person 2 only

Unrelated flatmate or co-tenant of Person 1

Other relationship to Person 1 – please specify

Husband or wife of Person 1

De facto partner of Person 1

Child of both Person 1 and Person 2

Child of Person 1 only

Child of Person 2 only

Unrelated flatmate or co-tenant of Person 1

Other relationship to Person 1 – please specify

Husband or wife of Person 1

De facto partner of Person 1

Child of both Person 1 and Person 2

Child of Person 1 only

Child of Person 2 only

Unrelated flatmate or co-tenant of Person 1

Other relationship to Person 1 – please specify

54 How many registered motor vehicles owned or used by residents of this dwelling were garaged or parked at or near this dwelling on Census Night (Tuesday, 8 August 2006)?

- Include vans and company vehicles kept at home.
- Exclude motorbikes and motor scooters.

Motor vehicles

None

Please answer the following questions for this dwelling

55 How many bedrooms are there in this dwelling?

- If the dwelling is a bedsitter, mark the 'None' box like this:

Number of bedrooms
 None

56 Is this dwelling:

- Include owners of caravans, manufactured homes or houseboats regardless of whether or not the site is owned.
- Remember to mark box like this:

- Owned outright? ► Go to 59
- Owned with a mortgage? ► Go to 58
- Being purchased under a rent/buy scheme?
- Being rented?
- Being occupied rent free?
- Being occupied under a life tenure scheme?
- Other?

57 If this dwelling is being rented, who is it rented from?

- For all state/territory specific Government housing authorities, mark second box. Some examples of Government housing authorities are: NSW Department of Housing, Office of Housing (VIC), Department of Housing (QLD), South Australian Housing Trust, Homeswest (WA), Housing Tasmania, Territory Housing (NT), ACT Housing, Aboriginal Housing Authorities.
- Remember to mark box like this:

- Real estate agent
- Government Housing Authority/Housing Department (Public Housing)
- Parent/Other relative not in this dwelling
- Other person not in this dwelling
- Residential park (including caravan parks and marinas)
- Employer – Government (including Defence Housing Authority)
- Employer – Private
- Housing co-operative; Community or Church Group

58 How much does your household pay for this dwelling?

- Include rent and mortgage repayments and site fees if the dwelling is a caravan or manufactured home in a caravan park or manufactured home estate.
- Exclude water rates, council rates, repairs, maintenance and other fees.
- Do not include cents.
- If no payments, please mark the 'Nil payments' box like this:

\$. per week
 OR
 \$. per fortnight
 OR
 \$. per month
 Nil payments

59 Can the Internet be accessed at this dwelling?

- Include any Internet service regardless of whether or not paid for by the household.
- If more than one type of connection in dwelling, mark the higher type.
- Remember to mark box like this:

- No Internet connection
- Yes, broadband connection (including ADSL, Cable, Wireless and Satellite connections)
- Yes, dial-up connection (including analog modem and ISDN connections)
- Other (include Internet access through mobile phones, etc)

60 Does each person in this household agree to his/her name and address and other information on this form being kept by the National Archives of Australia and then made publicly available after 99 years?

- Answering this question is **OPTIONAL**.
- A person's name-identified information will not be kept where a person does not agree or the answer is left blank.
- See page 17 of the Census Guide for more information.
- Remember to mark box like this:

PLEASE CHECK WITH EACH PERSON BEFORE ANSWERING – LEAVE BLANK FOR THOSE PERSONS WHOSE VIEWS ARE NOT KNOWN TO YOU

Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
<input type="checkbox"/> Yes, agrees	<input type="checkbox"/> Yes, agrees	<input type="checkbox"/> Yes, agrees	<input type="checkbox"/> Yes, agrees	<input type="checkbox"/> Yes, agrees	<input type="checkbox"/> Yes, agrees
<input type="checkbox"/> No, does not agree	<input type="checkbox"/> No, does not agree	<input type="checkbox"/> No, does not agree	<input type="checkbox"/> No, does not agree	<input type="checkbox"/> No, does not agree	<input type="checkbox"/> No, does not agree

61 Finished?

- Please check that the answers to Question 60 accurately reflect the view, where known, of each person in the household.
- Please make sure you have not missed any pages or questions.
- Please sign here.

Signature

Date

Thank you for completing this form. Australian Statistician

Collector's Use Only

CCF

Office Use Only

MF

TF

<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3

<input type="checkbox"/> 1

