









**22 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.

- Yes, always
- Yes, sometimes
- No

**23 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

**24 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

**25 What are the reasons for the need for assistance or supervision shown in Questions 22, 23 and 24?**

- Mark all applicable reasons.

- 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

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

- Include preschool and external or correspondence students.

- No ► **Go to 28**
- Yes, full-time student
- Yes, part-time student

**27 What type of educational institution is the person attending?**

- Mark one box only.
- Include secondary colleges and senior high schools under the 'Secondary school' category.
- For external or correspondence students, mark the type of institution in which they are enrolled.
- Remember to mark the box like this:

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) for more information.

 **Preschool****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**

**28 Is the person 15 years of age or more?**

- No, under 15 years ► **Go to 54**
- Yes, 15 years or more ► **Go to 29**

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

- Mark one box only.
- For people currently at school, mark the highest year of schooling they have completed, not the year they are currently undertaking.
- Remember to mark the box like this:

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) 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







**52** In the *last two weeks* did the person spend time looking after a child, *without pay*?

- Only include children who were less than 15 years of age.
- Mark all applicable responses.
- Remember to mark the box like this:

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) for more information.

- No
- Yes, looked after own child
- Yes, looked after a child other than own child

**53** In the *last twelve months* did the person spend any time doing voluntary work through an organisation or group?

- Include voluntary work for sporting teams, youth groups, schools or religious organisations.
- Exclude work in a family business or paid employment.
- Exclude work to qualify for a government benefit or to obtain an educational qualification or due to a community/court order.
- Remember to mark the box like this:

- No, did not do voluntary work
- Yes, did voluntary work

**54** Does the person 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 by the National Archives where a person does not agree or the answer is left blank.

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) for more information.

- Yes, agrees
- No, does not agree

**55** Finished?

- Please make sure you have not missed any pages or questions.
- Please sign here.

Signature

Day    Month    Year

**ONLY**

**Thank you for your participation.  
Please return this completed  
form without delay.**

**Australian Statistician**

## Field Staff Use Only

CCF

<input type="checkbox"/>	1
--------------------------	---

## Office Use Only

DCC

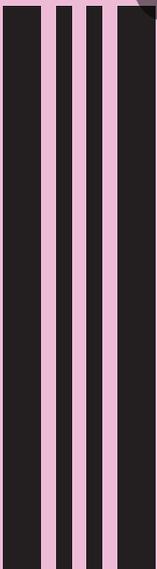
<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

TF

<input type="checkbox"/>	1
--------------------------	---

UO

<input type="checkbox"/>	1
--------------------------	---



SAMPLE ONLY



# Census Household Form

Census night is Tuesday, 9 August 2016

For ABS Use Only

## What you need to do

- Go online or use this form to record the details of all people, including visitors, who stay in this household on Census night – Tuesday, 9 August 2016.
- Submit your responses without delay.

## Complete the Census online

- More than 15 million people are expected to complete the Census online. It's fast, easy, secure, environmentally friendly and reduces the cost of the Census to the community.
- If you complete the Census online, do not mail back this form – please recycle.

**1** Go to [census.abs.gov.au](http://census.abs.gov.au)

**2** Select **Complete my Census** and then enter this login

Complete my Census



**3** Complete the Census and then select

Submit

## Or complete this form and return it in the Reply Paid envelope without delay

- If there are more than six people in this household on Census night, or you need a separate form for privacy reasons, call **1300 214 531** for additional forms.

## Why a Census?

The Census provides a snapshot of Australia's people and their housing. It helps estimate Australia's population which is used to distribute government funds and plan services for your community.

## The Census is compulsory

The information is collected under the authority of the *Census and Statistics Act 1905*. Penalties may apply if you do not complete the Census when directed.

## Confidentiality

The information you provide is confidential to the ABS. It must not be released in a way that will identify an individual or household. However, if you agree at Question 60, your information will be provided to the National Archives of Australia for release in 99 years. Read the Census Privacy Statement at [census.abs.gov.au](http://census.abs.gov.au)

## Need help?

Go to [census.abs.gov.au](http://census.abs.gov.au) or call **1300 214 531**.

If you are deaf, or have a hearing or speech impairment, contact us through the National Relay Service.

## How to write your answers

Mark boxes like this:

Use CAPITAL letters, use every box in turn and only miss a box to leave a space between words.

D I E S E L M  
E C H A N I C

If you make a mistake in a box, draw a line through the box like this,

or

Draw a line through the box and continue writing like this:

S E R V I N G C  
I N G C A R S

## 1 What is the address of this dwelling?

Please use CAPITAL letters only

Apartment/Flat/Unit number




(if any)

Street number





Street name (Examples: GRAHAM AVENUE, GEORGE STREET)

Suburb/Locality

State/Territory

Postcode





Property/Building name (if any)

## Person 1

## Person 2

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.

- 2 Name of each person including visitors who spent the night of Tuesday, 9 August 2016 in this dwelling:**
- Include all adults, children, babies and *visitors* present.
  - Include any person who usually lives in this dwelling who returned on Wednesday, 10 August 2016 without being included on a form elsewhere.
  - **For all other cases of persons away, please include them in Questions 52 and 53 only.**

First or given name


Surname or family name


First or given name


Surname or family name


**3 Is the person male or female?**

- Mark one box for each person, like this:

Male

Female

Male

Female

**4 What is the person's date of birth or age?**

- If date of birth not known, please give age.
- Example: Day Month Year

1 3 0 1 1 9 6 8

OR

4 8  Years

Day Month Year


OR

Age

--	--	--	--

Years

Day Month Year


OR

Age

--	--	--	--

Years

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

- Examples of other relationships: SON-IN-LAW, GRAND-DAUGHTER, UNCLE, BOARDER.
- Remember to mark the box like this:

No answer required for Person 1

Husband or wife of Person 1

De facto partner of Person 1

Child of Person 1

Stepchild of Person 1

Brother or sister of Person 1

Unrelated flatmate or co-tenant of Person 1

Other relationship to Person 1 (please specify)


**6 What is the person's present marital status?**

- 'Married' refers to registered marriages.
- Remember to mark the box like this:

Never married

Widowed

Divorced

Separated but not divorced

Married

Never married

Widowed

Divorced

Separated but not divorced

Married

**7 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

**Person 3**

**Person 4**

**Person 5**

**Person 6**

Any other person present in the household.

<p>First or given name</p> <input type="text"/>			
<p>Surname or family name</p> <input type="text"/>			
<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>			
<p>Day Month Year</p> <input type="text"/>			
<p><b>OR</b></p> <p>Age</p> <input type="text"/> Years			
<p><input type="checkbox"/> Child of both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</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> <input type="text"/>	<p><input type="checkbox"/> Child of both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</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> <input type="text"/>	<p><input type="checkbox"/> Child of both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</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> <input type="text"/>	<p><input type="checkbox"/> Child of both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</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> <input type="text"/>
<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>
<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>

SAMPLE ONLY



Person 3

Person 4

05

Person 5

Person 6

Same as in Question 1  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number (if any)  
 Street number  
 Street name  
 Suburb/Locality  
 State/Territory    Postcode  
 **Other country**

Same as in Question 1  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number (if any)  
 Street number  
 Street name  
 Suburb/Locality  
 State/Territory    Postcode  
 **Other country**

Same as in Question 1  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number (if any)  
 Street number  
 Street name  
 Suburb/Locality  
 State/Territory    Postcode  
 **Other country**

Same as in Question 1  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number (if any)  
 Street number  
 Street name  
 Suburb/Locality  
 State/Territory    Postcode  
 **Other country**

Same as in Question 8  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number (if any)  
 Street number  
 Street name  
 Suburb/Locality  
 State/Territory    Postcode  
 **Other country**

Same as in Question 8  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number (if any)  
 Street number  
 Street name  
 Suburb/Locality  
 State/Territory    Postcode  
 **Other country**

Same as in Question 8  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number (if any)  
 Street number  
 Street name  
 Suburb/Locality  
 State/Territory    Postcode  
 **Other country**

Same as in Question 8  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number (if any)  
 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)  
 Apartment/Flat/Unit number (if any)  
 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)  
 Apartment/Flat/Unit number (if any)  
 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)  
 Apartment/Flat/Unit number (if any)  
 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)  
 Apartment/Flat/Unit number (if any)  
 Street number  
 Street name  
 Suburb/Locality  
 State/Territory    Postcode  
 **Other country**



**11 Is the person an Australian citizen?**

- Yes, Australian citizen
- No

- Yes, Australian citizen
- No

**12 In which country was the person born?**

• Remember to mark the box like this:

- Australia ► **Go to 14**
- England
- New Zealand
- India
- Italy
- Vietnam
- Philippines

- Australia ► **Go to 14**
- England
- New Zealand
- India
- Italy
- Vietnam
- Philippines

Other (please specify)

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 1987 write:

Year

Year

Will be in Australia less than one year

Will be in Australia less than one year

**14 In which country was the person's father born?**

- Australia
- Other (please specify)

- Australia
- Other (please specify)

**15 In which country was the person's mother born?**

- Australia
- Other (please specify)

- Australia
- Other (please specify)

**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 the box like this:

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

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

Yes, other (please specify)

Yes, other (please specify)

**17 How well does the person speak English?**

• Remember to mark the box like this:

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

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

Person 3

Person 4

07

Person 5

Person 6

<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No																																																																																																																																																																																																																																																
<input type="checkbox"/> Australia ► <b>Go to 14</b> <input type="checkbox"/> England <input type="checkbox"/> New Zealand <input type="checkbox"/> India <input type="checkbox"/> Italy <input type="checkbox"/> Vietnam <input type="checkbox"/> Philippines Other (please specify) <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> <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>																																																													<input type="checkbox"/> Australia ► <b>Go to 14</b> <input type="checkbox"/> England <input type="checkbox"/> New Zealand <input type="checkbox"/> India <input type="checkbox"/> Italy <input type="checkbox"/> Vietnam <input type="checkbox"/> Philippines Other (please specify) <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> <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>																																																													<input type="checkbox"/> Australia ► <b>Go to 14</b> <input type="checkbox"/> England <input type="checkbox"/> New Zealand <input type="checkbox"/> India <input type="checkbox"/> Italy <input type="checkbox"/> Vietnam <input type="checkbox"/> Philippines Other (please specify) <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> <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>																																																													<input type="checkbox"/> Australia ► <b>Go to 14</b> <input type="checkbox"/> England <input type="checkbox"/> New Zealand <input type="checkbox"/> India <input type="checkbox"/> Italy <input type="checkbox"/> Vietnam <input type="checkbox"/> Philippines Other (please specify) <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> <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>																																																												
<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> Year <input type="checkbox"/> Will be in Australia less than one year																					<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> Year <input type="checkbox"/> Will be in Australia less than one year																					<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> Year <input type="checkbox"/> Will be in Australia less than one year																					<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> Year <input type="checkbox"/> Will be in Australia less than one year																																																																																																																																																																																				
<input type="checkbox"/> Australia Other (please specify) <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> <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>																																																													<input type="checkbox"/> Australia Other (please specify) <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> <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>																																																													<input type="checkbox"/> Australia Other (please specify) <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> <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>																																																													<input type="checkbox"/> Australia Other (please specify) <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> <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>																																																												
<input type="checkbox"/> Australia Other (please specify) <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> <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>																																																													<input type="checkbox"/> Australia Other (please specify) <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> <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>																																																													<input type="checkbox"/> Australia Other (please specify) <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> <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>																																																													<input type="checkbox"/> Australia Other (please specify) <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> <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>																																																												
<input type="checkbox"/> No, English only ► <b>Go to 18</b> <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Italian <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Greek <input type="checkbox"/> Yes, Vietnamese Yes, other (please specify) <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> <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>																																																													<input type="checkbox"/> No, English only ► <b>Go to 18</b> <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Italian <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Greek <input type="checkbox"/> Yes, Vietnamese Yes, other (please specify) <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> <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>																																																													<input type="checkbox"/> No, English only ► <b>Go to 18</b> <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Italian <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Greek <input type="checkbox"/> Yes, Vietnamese Yes, other (please specify) <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> <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>																																																													<input type="checkbox"/> No, English only ► <b>Go to 18</b> <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Italian <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Greek <input type="checkbox"/> Yes, Vietnamese Yes, other (please specify) <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> <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>																																																												
<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all																																																																																																																																																																																																																																																

SAMPLE ONLY



**18 What is the person's ancestry?**

- Provide up to two ancestries only.
- Examples of 'Other': GREEK, VIETNAMESE, HMONG, KURDISH, MAORI, LEBANESE, AUSTRALIAN SOUTH SEA ISLANDER.
- Remember to mark the box like this:

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) for more information.

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

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


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

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


**19 What is the person's religion?**

- Answering this question is **OPTIONAL**.
- Examples of 'Other': LUTHERAN, SALVATION ARMY, JUDAISM, TAOISM, HUMANISM.
- Remember to mark the box like this:

- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Buddhism
- Islam
- Greek Orthodox
- Baptist
- Hinduism

Other (please specify)


- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Buddhism
- Islam
- Greek Orthodox
- Baptist
- Hinduism

Other (please specify)


**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.

- 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

SAMPLE ONLY

Person 3

Person 4

09

Person 5

Person 6

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

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Buddhism
- Islam
- Greek Orthodox
- Baptist
- Hinduism

Other (please specify)


- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

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

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Buddhism
- Islam
- Greek Orthodox
- Baptist
- Hinduism

Other (please specify)


- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

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

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Buddhism
- Islam
- Greek Orthodox
- Baptist
- Hinduism

Other (please specify)


- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

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

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Buddhism
- Islam
- Greek Orthodox
- Baptist
- Hinduism

Other (please specify)


- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

SAMPLE ONLY

**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 the box like this:

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) for more information.

- 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 preschool 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 secondary colleges and senior high schools under the 'Secondary school' category.
- For external or correspondence students, mark the type of institution in which they are enrolled.
- Remember to mark the box like this:

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) for more information.

- Preschool**
- 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**

- Preschool**
- 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 people currently at school, mark the highest year of schooling they have completed, not the year they are currently undertaking.

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) 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.

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) for more information.

- 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

Person 3	Person 4	Person 5	Person 6
<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 ► <b>Go to 26</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► <b>Go to 26</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► <b>Go to 26</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► <b>Go to 26</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
<input type="checkbox"/> <b>Preschool</b> <b>Infants/Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Tertiary institution</b> <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> <b>Other educational institution</b>	<input type="checkbox"/> <b>Preschool</b> <b>Infants/Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Tertiary institution</b> <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> <b>Other educational institution</b>	<input type="checkbox"/> <b>Preschool</b> <b>Infants/Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Tertiary institution</b> <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> <b>Other educational institution</b>	<input type="checkbox"/> <b>Preschool</b> <b>Infants/Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Tertiary institution</b> <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> <b>Other educational institution</b>

**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 ► <b>Go to 32</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 32</b> <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► <b>Go to 32</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 32</b> <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► <b>Go to 32</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 32</b> <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► <b>Go to 32</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 32</b> <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> 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 the box like this:

- Yes, before 1998  
 No, 1998 or later

- Yes, before 1998  
 No, 1998 or later

**32 For each female, how many babies has she ever given birth to?**

- Exclude adopted, foster and step children.

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) for more information.

- Number of babies  
 None

- Number of babies  
 None

**33 What is the *total* of all income the person *usually* receives?**

- Mark **one** box only.
- Do not deduct:** tax, superannuation contributions, amounts salary sacrificed, or any other automatic deductions.

**Include:****Wages and salaries**

- Regular overtime
- Commissions and bonuses

**Government pensions, benefits and allowances**

- Age pension
- Youth and student allowances
- Family tax benefit
- Parenting payment
- Carer allowance
- Disability support pension
- Any other government pension/allowance
- Newstart allowance

**Profit or loss from**

- Unincorporated business/farm (e.g. sole traders, partnerships)
- Rental properties

**Other income**

- Income from
  - Interest
  - superannuation
  - Dividends from shares
- Private pensions
- Workers' compensation
- Child support
- Any other income

- Information from this question provides an indication of living standards in different areas.

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) for more information.

- \$3,000 or more per week  
 \$156,000 or more per year
- \$2,000 - \$2,999 per week  
 \$104,000 - \$155,999 per year

- \$3,000 or more per week  
 \$156,000 or more per year
- \$2,000 - \$2,999 per week  
 \$104,000 - \$155,999 per year

- \$1,750 - \$1,999 per week  
 \$91,000 - \$103,999 per year

- \$1,750 - \$1,999 per week  
 \$91,000 - \$103,999 per year

- \$1,500 - \$1,749 per week  
 \$78,000 - \$90,999 per year

- \$1,500 - \$1,749 per week  
 \$78,000 - \$90,999 per year

- \$1,250 - \$1,499 per week  
 \$65,000 - \$77,999 per year

- \$1,250 - \$1,499 per week  
 \$65,000 - \$77,999 per year

- \$1,000 - \$1,249 per week  
 \$52,000 - \$64,999 per year

- \$1,000 - \$1,249 per week  
 \$52,000 - \$64,999 per year

- \$800 - \$999 per week  
 \$41,600 - \$51,999 per year

- \$800 - \$999 per week  
 \$41,600 - \$51,999 per year

- \$650 - \$799 per week  
 \$33,800 - \$41,599 per year

- \$650 - \$799 per week  
 \$33,800 - \$41,599 per year

- \$500 - \$649 per week  
 \$26,000 - \$33,799 per year

- \$500 - \$649 per week  
 \$26,000 - \$33,799 per year

- \$400 - \$499 per week  
 \$20,800 - \$25,999 per year

- \$400 - \$499 per week  
 \$20,800 - \$25,999 per year

- \$300 - \$399 per week  
 \$15,600 - \$20,799 per year

- \$300 - \$399 per week  
 \$15,600 - \$20,799 per year

- \$150 - \$299 per week  
 \$7,800 - \$15,599 per year

- \$150 - \$299 per week  
 \$7,800 - \$15,599 per year

- \$1 - \$149 per week  
 \$1 - \$7,799 per year

- \$1 - \$149 per week  
 \$1 - \$7,799 per year

- Nil income

- Nil income

- Negative income

- Negative income



**34 Last week, did the person have a job of any kind?**

- Mark one box only.
- A 'job' means any type of work including casual, temporary, part-time or full-time work, if it was for one hour or more.
- Remember to mark the box like this:

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) for more information.

- Yes, worked for payment or profit
- Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down
- Yes, unpaid work in a family business ► **Go to 38**
- Yes, other unpaid work ► **Go to 46**
- No, did not have a job ► **Go to 46**

- Yes, worked for payment or profit
- Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down
- Yes, unpaid work in a family business ► **Go to 38**
- Yes, other unpaid work ► **Go to 46**
- No, did not have a job ► **Go to 46**

**35 In the main job held last week, was the person:**

- Mark one box only.
- If the person had more than one job last week, then 'main job' refers to the job in which the person usually works the most hours.
- For all persons conducting their own business, including those with their own incorporated (e.g. Pty Ltd) company, as well as sole traders, partnerships and contractors, mark the second box.

- Working for an employer? ► **Go to 38**
- Working in own business? ► **Go to 36**

- Working for an employer? ► **Go to 38**
- Working in own business? ► **Go to 36**

**36 Was the person's business:**

- Mark one box only.
- Incorporated means a limited liability company.

- Unincorporated?
- Incorporated (e.g. Pty Ltd)?

- Unincorporated?
- Incorporated (e.g. Pty Ltd)?

**37 Does the person's business employ people?**

- Mark one box only.
- Exclude owner/s of the business.

- No, no employees (other than owner/s)
- Yes, 1 - 19 employees
- Yes, 20 or more employees

- No, no employees (other than owner/s)
- Yes, 1 - 19 employees
- Yes, 20 or more employees

**38 In the main job held last week, what was the person's occupation?**

- Give full title.
- For example: REGISTERED AGED CARE NURSE, HOUSE CLEANER, RETAIL SALES ASSISTANT, ORE CRUSHING MACHINE OPERATOR.
- For public servants, write occupation title and level. For example: CUSTOMER SERVICE OFFICER APS5.
- For armed services personnel, write rank and occupation.

Occupation


Occupation


**39 What are the main tasks that the person usually performs in that occupation?**

- Give full details.
- For example: NURSING THE AGED, CLEANING HOUSES, SELLING CLOTHING IN A DEPARTMENT STORE, OPERATING AN ORE CRUSHER IN A PROCESSING FACILITY.
- For managers, write the function managed. For example: MANAGING CONSTRUCTION PROJECTS, MANAGING A HOTEL, MANAGING HUMAN RESOURCES.

Tasks or duties


Tasks or duties


**40 For the main job held last week, what was the employer's business name?**

- For self-employed persons, write the name of the person's business.
- For teachers, write the name of the school.

Business name


Business name


**Person 3**

**Person 4**

**15**

**Person 5**

**Person 6**

<input type="checkbox"/> Yes, worked for payment or profit <input type="checkbox"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down <input type="checkbox"/> Yes, unpaid work in a family business ► <b>Go to 38</b> <input type="checkbox"/> Yes, other unpaid work ► <b>Go to 46</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 46</b>	<input type="checkbox"/> Yes, worked for payment or profit <input type="checkbox"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down <input type="checkbox"/> Yes, unpaid work in a family business ► <b>Go to 38</b> <input type="checkbox"/> Yes, other unpaid work ► <b>Go to 46</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 46</b>	<input type="checkbox"/> Yes, worked for payment or profit <input type="checkbox"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down <input type="checkbox"/> Yes, unpaid work in a family business ► <b>Go to 38</b> <input type="checkbox"/> Yes, other unpaid work ► <b>Go to 46</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 46</b>	<input type="checkbox"/> Yes, worked for payment or profit <input type="checkbox"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down <input type="checkbox"/> Yes, unpaid work in a family business ► <b>Go to 38</b> <input type="checkbox"/> Yes, other unpaid work ► <b>Go to 46</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 46</b>																																																																																																																																																																																																								
<input type="checkbox"/> Working for an employer? ► <b>Go to 38</b> <input type="checkbox"/> Working in own business? ► <b>Go to 36</b>	<input type="checkbox"/> Working for an employer? ► <b>Go to 38</b> <input type="checkbox"/> Working in own business? ► <b>Go to 36</b>	<input type="checkbox"/> Working for an employer? ► <b>Go to 38</b> <input type="checkbox"/> Working in own business? ► <b>Go to 36</b>	<input type="checkbox"/> Working for an employer? ► <b>Go to 38</b> <input type="checkbox"/> Working in own business? ► <b>Go to 36</b>																																																																																																																																																																																																								
<input type="checkbox"/> Unincorporated? <input type="checkbox"/> Incorporated (e.g. Pty Ltd)?	<input type="checkbox"/> Unincorporated? <input type="checkbox"/> Incorporated (e.g. Pty Ltd)?	<input type="checkbox"/> Unincorporated? <input type="checkbox"/> Incorporated (e.g. Pty Ltd)?	<input type="checkbox"/> Unincorporated? <input type="checkbox"/> Incorporated (e.g. Pty Ltd)?																																																																																																																																																																																																								
<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees																																																																																																																																																																																																								
<p>Occupation</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																			<p>Occupation</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																			<p>Occupation</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																			<p>Occupation</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																		
<p>Tasks or duties</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																			<p>Tasks or duties</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																			<p>Tasks or duties</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																			<p>Tasks or duties</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																		
<p>Business name</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																			<p>Business name</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																			<p>Business name</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																			<p>Business name</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																		

SAMPLE ONLY

**41 For the main job held last week, what was the person's workplace address?**

- For persons who usually worked from home, write the home address.
- For persons with no fixed place of work:
  - if the person usually travels to a depot to start work, write the depot address;
  - otherwise write 'NONE' in 'Suburb/Locality' box.
- This information is used to calculate daytime populations and to plan transport activities.

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) for more information.

Street number







Street name











Suburb/Locality











State/Territory

Postcode











Property/Building name (if any)











Street number







Street name











Suburb/Locality











State/Territory

Postcode











Property/Building name (if any)










**42 What best describes the industry or business of the employer at the location where the person works?**

- Examples for industry or business of the employer: SECONDARY SCHOOL EDUCATION, GOLD MINING, IT CONSULTING SERVICE, DOMESTIC CLEANING SERVICE, APARTMENT CONSTRUCTION.

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) for more information.

Industry/business of the employer











Industry/business of the employer










**43 What are the main goods produced or main services provided by the employer's business?**

- Describe as fully as possible, using two words or more.
- For example: PROVIDING EDUCATION TO SECONDARY SCHOOL STUDENTS, MINING GOLD ORE, PROVIDING INFORMATION TECHNOLOGY ADVICE, HOUSE CLEANING, CONSTRUCTION OF RESIDENTIAL BUILDINGS.

Goods produced/services provided











Goods produced/services provided










**44 Last week, how many hours did the person work in all jobs?**

- Add any overtime or extra time worked and subtract any time off.



Hours worked

None



Hours worked

None

**45 How did the person get to work on Tuesday, 9 August 2016?**

- If the person used more than one method of travel to work, mark all methods used.
- Remember to mark the box like this:

 Train Bus Ferry Tram (including light rail) Taxi Car – as driver Car – as passenger Truck Motorbike or motor scooter Bicycle Walked only Worked at home Other Did not go to work Train Bus Ferry Tram (including light rail) Taxi Car – as driver Car – as passenger Truck Motorbike or motor scooter Bicycle Walked only Worked at home Other Did not go to work

Person 3

Person 4

17

Person 5

Person 6

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Property/Building name (if any)

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Property/Building name (if any)

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Property/Building name (if any)

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Property/Building name (if any)

Industry/business of the employer

Industry/business of the employer

Industry/business of the employer

Industry/business of the employer

Goods produced/services provided

Goods produced/services provided

Goods produced/services provided

Goods produced/services provided

Hours worked

None

Hours worked

None

Hours worked

None

Hours worked

None

Train

Bus

Ferry

Tram (including light rail)

Taxi

Car – as driver

Car – as passenger

Truck

Motorbike or motor scooter

Bicycle

Walked only

Worked at home

Other

Did not go to work

Train

Bus

Ferry

Tram (including light rail)

Taxi

Car – as driver

Car – as passenger

Truck

Motorbike or motor scooter

Bicycle

Walked only

Worked at home

Other

Did not go to work

Train

Bus

Ferry

Tram (including light rail)

Taxi

Car – as driver

Car – as passenger

Truck

Motorbike or motor scooter

Bicycle

Walked only

Worked at home

Other

Did not go to work

Train

Bus

Ferry

Tram (including light rail)

Taxi

Car – as driver

Car – as passenger

Truck

Motorbike or motor scooter

Bicycle

Walked only

Worked at home

Other

Did not go to work

SAMPLE ONLY



**46 Did the person *actively* look for work at any time in the *last four weeks*?**

- Full-time work means 35 hours or more per week.
- Examples of *actively* looking for work include:
  - writing, telephoning or applying to an employer for work;
  - having a job interview;
  - checking or registering with an employment agency;
  - taking steps to purchase or start own business;
  - advertising or tendering for work;
  - contacting friends or relatives in order to obtain work.

- No, did not look for work  
▶ **Go to 48**
- Yes, looked for full-time work
- Yes, looked for part-time work

- No, did not look for work  
▶ **Go to 48**
- Yes, looked for full-time work
- Yes, looked for part-time work

**47 If the person had found a job, could the person have started work *last week*?**

- Remember to mark the box like this:

- Yes, could have started work last week
- No, already had a job to go to
- No, temporarily ill or injured
- No, other reason

- Yes, could have started work last week
- No, already had a job to go to
- No, temporarily ill or injured
- No, other reason

**48 In the *last week* did the person spend time doing unpaid domestic work for their household?**

- Include all housework, food/drink preparation and cleanup, laundry, gardening, home maintenance and repairs, and household shopping and finance management.

**i** Go to [census.abs.gov.au](http://census.abs.gov.au) for more information.

- No, did not do any unpaid domestic work in the last week
- Yes, less than 5 hours
- Yes, 5 to 14 hours
- Yes, 15 to 29 hours
- Yes, 30 hours or more

- No, did not do any unpaid domestic work in the last week
- Yes, less than 5 hours
- Yes, 5 to 14 hours
- Yes, 15 to 29 hours
- Yes, 30 hours or more

**49 In the *last two weeks* did the person spend time providing unpaid care, help or assistance to family members or others because of a disability, a long term health condition or problems related to old age?**

- 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.

- No, did not provide unpaid care, help or assistance
- Yes, provided unpaid care, help or assistance

- No, did not provide unpaid care, help or assistance
- Yes, provided unpaid care, help or assistance

**50 In the *last two weeks* did the person spend time looking after a child, *without pay*?**

- Only include children who were less than 15 years of age.
- Mark all applicable responses.

- No
- Yes, looked after own child
- Yes, looked after a child other than own child

- No
- Yes, looked after own child
- Yes, looked after a child other than own child

**51 In the *last twelve months* did the person spend any time doing voluntary work through an organisation or group?**

- Include voluntary work for sporting teams, youth groups, schools or religious organisations.
- Exclude work in a family business or paid employment.
- Exclude work to qualify for a government benefit or to obtain an educational qualification or due to a community/court order.

- No, did not do voluntary work
- Yes, did voluntary work

- No, did not do voluntary work
- Yes, did voluntary work

**Person 3**

**Person 4**

19

**Person 5**

**Person 6**

<input type="checkbox"/> No, did not look for work <input checked="" type="checkbox"/> <b>Go to 48</b> <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> No, did not look for work <input checked="" type="checkbox"/> <b>Go to 48</b> <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> No, did not look for work <input checked="" type="checkbox"/> <b>Go to 48</b> <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> No, did not look for work <input checked="" type="checkbox"/> <b>Go to 48</b> <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work
<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason
<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more
<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance
<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child
<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work

**52 Were there any people away on the night of Tuesday, 9 August 2016 who usually live in this dwelling?**

• 'Usually live' means the person has lived, or intends to live, at this address for a total of six months or more in 2016.

No, no-one away **▶ Go to 54**

Yes, someone away **▶ Go to 53**

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

<p><b>Name of each person who usually lives in this dwelling but was away on Tuesday, 9 August 2016.</b></p>	<p>First or given name  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>                  Surname or family name  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>First or given name  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>                  Surname or family name  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>First or given name  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>                  Surname or family name  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p><b>Is the person male or female?</b>                  • Mark one box for each person away.</p>	<p><input type="checkbox"/> Male  <input type="checkbox"/> Female</p>	<p><input type="checkbox"/> Male  <input type="checkbox"/> Female</p>	<p><input type="checkbox"/> Male  <input type="checkbox"/> Female</p>
<p><b>What is the person's date of birth or age?</b>                  • If date of birth not known, please give age. Example:                  Day Month Year  <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <b>OR</b>                  Age  <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Years</p>	<p>Day Month Year  <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <b>OR</b>                  Age  <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Years</p>	<p>Day Month Year  <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <b>OR</b>                  Age  <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Years</p>	<p>Day Month Year  <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <b>OR</b>                  Age  <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Years</p>
<p><b>Is the person of Aboriginal or Torres Strait Islander origin?</b>                  • For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</p>	<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><input type="checkbox"/> No  <input type="checkbox"/> Yes, Aboriginal  <input type="checkbox"/> Yes, Torres Strait Islander</p>
<p><b>Is the person a full-time student?</b></p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
<p><b>What is the person's relationship to Person 1/Person 2?</b>                  • Examples of other relationships: SON-IN-LAW, GRAND-DAUGHTER, UNCLE, BOARDER.</p>	<p><input type="checkbox"/> Husband or wife of Person 1  <input type="checkbox"/> De facto partner of Person 1  <input type="checkbox"/> Child of both Person 1 and Person 2  <input type="checkbox"/> Child of Person 1 only  <input type="checkbox"/> Child of Person 2 only  <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1                  Other relationship to Person 1 (please specify)  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p><input type="checkbox"/> Husband or wife of Person 1  <input type="checkbox"/> De facto partner of Person 1  <input type="checkbox"/> Child of both Person 1 and Person 2  <input type="checkbox"/> Child of Person 1 only  <input type="checkbox"/> Child of Person 2 only  <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1                  Other relationship to Person 1 (please specify)  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p><input type="checkbox"/> Husband or wife of Person 1  <input type="checkbox"/> De facto partner of Person 1  <input type="checkbox"/> Child of both Person 1 and Person 2  <input type="checkbox"/> Child of Person 1 only  <input type="checkbox"/> Child of Person 2 only  <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1                  Other relationship to Person 1 (please specify)  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>

**Please answer the following questions for this dwelling**

**54 How many registered motor vehicles owned or used by residents of this dwelling were garaged or parked at or near this dwelling on the night of Tuesday, 9 August 2016?**

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

Motor vehicles

None



## Field Staff Use Only

CCF

<input type="checkbox"/>	1
--------------------------	---

## Office Use Only

DCC

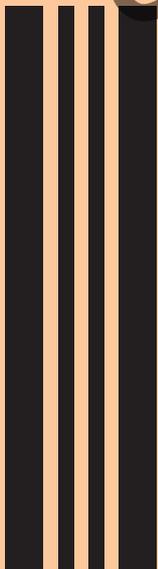
<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

TF

<input type="checkbox"/>	1
--------------------------	---

UO

<input type="checkbox"/>	1
--------------------------	---





# YOUR MOMENT TO MAKE A DIFFERENCE



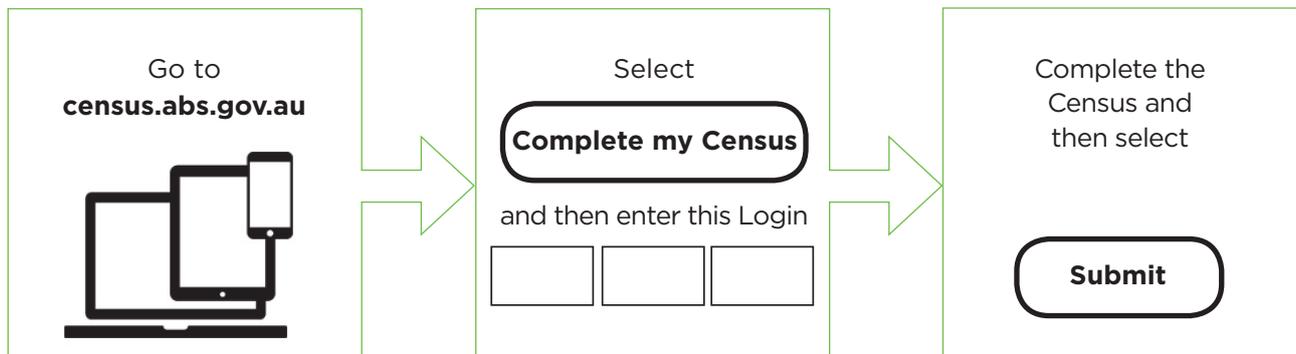
**Your Census Login below.  
Keep this safe and save the date.**

Dear Resident,

Please complete the Census on **Tuesday, 9 August 2016.**

The Census is your moment to make a difference and help shape Australia's future.

Just follow the simple instructions below.



If you can't go online, please call 1300 820 275 to request a paper form now. You'll need the 12 digit Census Login above.

If you are deaf, or have a hearing or speech impairment, please contact us through the National Relay Service.

Thanks for playing your part.

Yours sincerely,

Duncan Young  
Program Manager  
Census of Population and Housing  
Australian Bureau of Statistics

**All responses are kept strictly confidential by law.**

The Census Privacy Statement is available at [census.abs.gov.au](http://census.abs.gov.au)

For more information  [census.abs.gov.au](http://census.abs.gov.au)  1300 214 531

## HELP IN OTHER LANGUAGES

If you require an interpreter to assist you to complete the Census, please call the Translating and Interpreting Service (TIS National) on 131 450.

Se ti serve un interprete per completare il Census (censimento), chiama il Servizio traduzioni e interpreti (TIS National) al numero 131 450.

如果您需要口译员协助您完成Census (人口普查), 请致电翻译与口译服务 (TIS National) 电话: 131 450。

如果您需要傳譯員協助您完成Census (人口普查), 請致電131 450聯絡翻譯及傳譯服務 (TIS National)。

Αν χρειάζεστε διερμηνέα για να σας βοηθήσει να συμπληρώσετε το Census (Απογραφή), παρακαλούμε καλέστε την Μεταφραστική και Διερμηνευτική Υπηρεσία (TIS National) στο 131 450.

إذا كنت بحاجة لمترجم باللغة العربية لمساعدتك على ملء الـ Census (الإحصاء) يُرجى الاتصال بخدمة الترجمة الخطية والشفهية (TIS National) على الرقم 131 450.

Nếu cần thông dịch viên giúp quý vị điền tờ khai Census (Kiểm Tra Dân Số), xin quý vị điện thoại cho Dịch Vụ Thông Ngôn và Phiên Dịch (TIS National) số 131 450.

Si necesita un intérprete que le ayude a completar el Census (Censo), llame al Servicio de Traducción e Interpretación (TIS National) al 131 450.

Census(인구조사)를 작성하시는데 통역의 도움이 필요하시면 131 450번의 통번역 서비스(TIS National)로 전화하시기 바랍니다.

Ако ви треба преведувач да ви помогне при пополнување на Census (Пописот), ве молиме телефонирајте на Службата за преведување и толкување (TIS National) на 131 450.

Census (Nüfus Sayımı) formunu doldurmak için bir tercümanın yardımına gerek duyuyorsanız lütfen 131 450 numaradan Yazılı ve Sözlü Tercüme Servisini (TIS National) arayın.

Census (மக்கள்தொகைக் கணக்கெடுப்பினைப்) பூர்த்தி செய்வதில் உங்களுக்கு உதவ ஒரு உரைபெயர்ப்பாளர் தேவையாயின் 'உரைபெயர்ப்பு மற்றும் மொழிபெயர்ப்பு சேவையை (TIS National) 131 450 இல் அழைக்கவும்.

اگر برای تکمیل کردن Census (احصائیه گیری) ضرورت به دریافت کمک از یک ترجمان دارید، لطفاً با خدمات ترجمانی شفاهی و کتبی (TIS National) به تلیفون 131 450 زنگ بزنید.

اگر مترجمی لازم دارید که در پر کردن فرم Census (سرشماری) کمکتان کند، لطفاً به سرویس ترجمه کتبی و شفاهی (TIS National) شماره 131 450 تلفن بزنید.

Census(သန်းခေါင်စာရင်း/လူဦးရေစစ်တမ်း) ဖြည့်စွက်ရန် စကားပြန်အကူအညီလိုအပ်ပါက၊ ကျေးဇူးပြု၍ ဘာသာပြန်နှင့်စကားပြန်ဝန်ဆောင်မှုဌာန (TIS National) ၁၃၁ ၄၅၀ သို့ ဖုန်းဆက်ပါ။



# Census

Every stat tells a story.

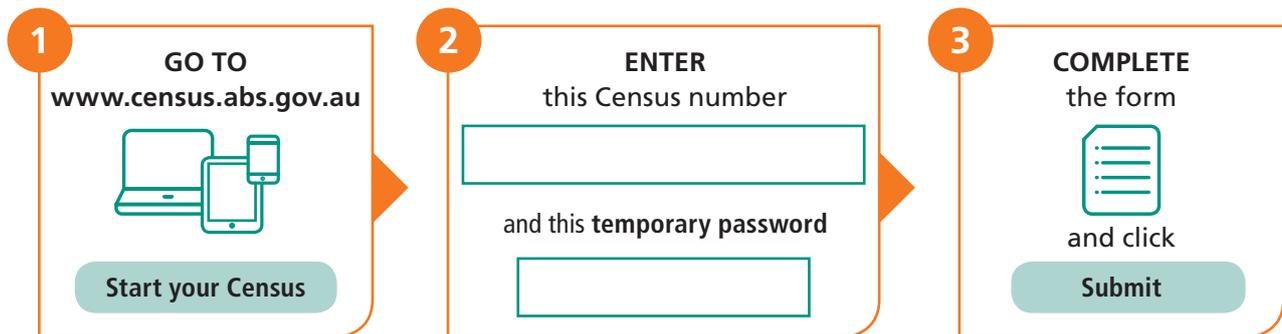
## It's time to complete your Census – online form open now

Dear Resident(s)

This letter provides instructions on how to complete your Census.

The information you provide is used to inform important decisions about transport, schools, health care, infrastructure and business. It also helps plan local services for individuals, families and communities.

**Your participation is important.** You can complete your online form **now** by following these steps:



The Census is compulsory\*. It asks questions about everyone staying at this address on the night of **Tuesday 10 August 2021**, including visitors and babies.

We will contact you by letter or in person if you have not submitted your form by **Thursday 12 August 2021**.

### Need help?

Go to [www.census.abs.gov.au/help](http://www.census.abs.gov.au/help). If you can't complete your Census online, call our 24-hour automated service on 1800 130 250 to request a paper form.

Thank you for taking part.

Chris Libreri

General Manager, Census Division

\*See the 2021 Census Privacy Statement at [www.census.abs.gov.au/privacy](http://www.census.abs.gov.au/privacy)

The ABS collects your information and keeps that information confidential under the authority of the *Census and Statistics Act 1905*.

For more information [www.census.abs.gov.au](http://www.census.abs.gov.au) 1800 512 441

## HELP IN OTHER LANGUAGES

For more information visit [www.census.abs.gov.au](http://www.census.abs.gov.au) or call the Translating and Interpreting Service (TIS National) on 131 450.

### Arabic

للمزيد من المعلومات، تفضل بزيارة [www.census.abs.gov.au](http://www.census.abs.gov.au) أو اتصل بخدمة الترجمة التحريرية والشفهية (Translating and Interpreting Service - TIS National) على الرقم 131 450.

### Burmese

ပိုမိုသိရှိလိုသော အချက်အလက်များကို ဝက်ဘ်ဆိုက် [www.census.abs.gov.au](http://www.census.abs.gov.au) တွင်ကြည့်ရှုပါ သို့မဟုတ် ဘာသာပြန်နှင့်စကားပြန်ဌာန (Translating and Interpreting Service - TIS National) ဖုန်း 131 450 ကိုခေါ်ပါ။

### Dari

برای معلومات بیشتر از وبسایت [www.census.abs.gov.au](http://www.census.abs.gov.au) دیدن کرده یا به خدمات ترجمانی تحریری و شفاهی (Translating and Interpreting Service - TIS National) شماره 131 450 تلفون کنید.

### Greek

Για περισσότερες πληροφορίες, επισκεφθείτε τον ιστότοπο [www.census.abs.gov.au](http://www.census.abs.gov.au) ή καλέστε την Υπηρεσία Μεταφράσεων και Διερμηνείας (Translating and Interpreting Service - TIS National) στον αριθμό 131 450.

### Italian

Per maggiori informazioni visita [www.census.abs.gov.au](http://www.census.abs.gov.au) o chiama il Servizio di traduzione e interpretariato (Translating and Interpreting Service - TIS National) al numero 131 450.

### Korean

더 자세한 정보가 필요하시면, [www.census.abs.gov.au](http://www.census.abs.gov.au)를 참고하시거나, 통번역서비스 (Translating and Interpreting Service - TIS National, 전화번호 131 450 번)로 전화하시기 바랍니다.

### Punjabi

ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲਈ [www.census.abs.gov.au](http://www.census.abs.gov.au) 'ਤੇ ਜਾਓ ਜਾਂ 131 450 'ਤੇ ਅਨੁਵਾਦ ਅਤੇ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾ (ਟੀ.ਆਈ.ਐਸ ਨੈਸ਼ਨਲ) (Translating and Interpreting Service - TIS National) ਨੂੰ ਫ਼ੋਨ ਕਰੋ।

### Simplified Chinese

要获取更多信息，请访问网站 [www.census.abs.gov.au](http://www.census.abs.gov.au) 或拨打 131 450，联系口笔译服务署 (Translating and Interpreting Service - TIS National)。

### Spanish

[www.census.abs.gov.au](http://www.census.abs.gov.au) o llame al Servicio de Traductores e Intérpretes TIS National (Translating and Interpreting Service - TIS National) en el 131 450.

### Tamil

மேலதிக தகவல்களுக்கு [www.census.abs.gov.au](http://www.census.abs.gov.au) ஐ பாருங்கள் அல்லது மொழிபெயர்ப்பு மற்றும் உரைபெயர்ப்பு சேவை (Translating and Interpreting Service - TIS National) ஐ 131 450 இல் அழையுங்கள்.

### Thai

สำหรับข้อมูลเพิ่มเติม โปรดไปที่ [www.census.abs.gov.au](http://www.census.abs.gov.au) หรือโทรหาหน่วยงานบริการแปลและล่าม (Translating and Interpreting Service - TIS National) ที่หมายเลข 131 450.

### Traditional Chinese

查詢詳情，請瀏覽 [www.census.abs.gov.au](http://www.census.abs.gov.au) 或致電 131 450，聯絡翻譯和傳譯服務中心 (Translating and Interpreting Service - TIS National)。

### Turkish

Daha fazla bilgi için [www.census.abs.gov.au](http://www.census.abs.gov.au) adresine gidin veya 131 450 numaralı telefondan Sözlü ve Yazılı Çeviri Hizmetlerini (Translating and Interpreting Service - TIS National) arayın.

### Vietnamese

Để có thêm thông tin, hãy vào trang [www.census.abs.gov.au](http://www.census.abs.gov.au) hoặc gọi Dịch vụ Thông Biên dịch (Translating and Interpreting Service - TIS National) ở số 131 450.



# Frequently Asked Questions

Census night is Tuesday 10 August 2021



## What is the Census?

The Census is a snapshot of Australia's people and housing, and tells the story of how we are changing. It is used to estimate Australia's population, distribute government funds, and plan services for communities right around Australia.

This form asks questions about health, education, cultural background, employment and living situations. This information helps make sure the right services are available to individuals, families and communities, where and when they are needed.

Go to [www.census.abs.gov.au](http://www.census.abs.gov.au) to find out more about why the Census is important.



## Who do I include on the form?

Make sure every person who stayed at this address on Census night is included on this form, including visitors and babies.

We collect information based on a specific date to give us the most accurate snapshot. The Census collects information on everyone in Australia, including people from overseas.



## What if I want a separate form for privacy reasons?

To request an extra form to complete your Census separately from other household members, go to [www.census.abs.gov.au/paper-form](http://www.census.abs.gov.au/paper-form) or call our 24-hour automated paper form request service on **1800 130 250**. You will need the Census number from the front of this form.



## Do I have to complete the Census?

Yes, the Census is compulsory. Everyone in Australia on Tuesday 10 August 2021 must be included on a Census form. This information is collected under the authority of the *Census and Statistics Act 1905*.

Go to [www.census.abs.gov.au/privacy](http://www.census.abs.gov.au/privacy) to find out more about why the Census is compulsory.



## Is my information confidential?

Yes, the information you provide is confidential. The ABS is legally required to keep data secure and not release information in a way that will identify any individual, household or business. Your data is protected by the secrecy provisions of the *Census and Statistics Act 1905*.

Go to [www.census.abs.gov.au/privacy](http://www.census.abs.gov.au/privacy) to find out more about how we keep your information secure.



## What if there are more than six people staying on Census night?

If there are more than six people at this address on Census night, the easiest way to complete your Census is online.

Alternatively, to request an extra paper form go to [www.census.abs.gov.au/paper-form](http://www.census.abs.gov.au/paper-form) or call our 24-hour automated paper form request service on **1800 130 250**. You will need the Census number from the front of this form.



## What if no one is home on Census night?

If this address is unoccupied on Census night, please go to [www.census.abs.gov.au](http://www.census.abs.gov.au) or call us on **1800 512 441** to let us know.



## Need more help?

Help is available at [www.census.abs.gov.au/help](http://www.census.abs.gov.au/help)

There is a range of information and self-service options to help you complete your Census.

If you'd prefer to speak to someone, you can call us on **1800 512 441**.

## All people must complete their Census where they spent Census night

### 2 Who spent the night of Tuesday 10 August 2021 in this dwelling?

- If no one is home on Census night, please go to [www.census.abs.gov.au](http://www.census.abs.gov.au) to let us know.
- Mark **all** that apply, like this:

- Me
- Spouse/partner
- Adult family members (including adult children, parents, siblings and extended family members)
- Babies, children and teenagers
- Unrelated housemates, flatmates or boarders
- Visitors or friends who spent the night of Tuesday 10 August 2021 in this dwelling

### 3 In total, how many people spent the night of Tuesday 10 August 2021 in this dwelling?

- Include any person who usually lives in this dwelling who returned on Wednesday 11 August 2021 without being included on a form elsewhere (for example, shift workers).

Number of people present

**i** If there are more than six people present, please complete your form online or call our automated paper form request service on **1800 130 250**. You will need the Census number from the front of this form.

### 4 Who was *away* on the night of Tuesday 10 August 2021, but usually lives in this dwelling?

- 'Usually lives' means the person has lived, or intends to live, at this address for a total of six months or more in 2021.
- Mark **all** that apply, like this:

- People away on holiday, including people who are overseas
- People away for work, in hospital or away for another reason overnight or longer
- People staying with relatives or friends
- Students away at boarding school
- Children in shared care arrangements staying elsewhere on Tuesday 10 August 2021

**OR**

- No one away

### 5 In total, how many people were *away* on the night of Tuesday 10 August 2021?

Number of people away

**OR**

- No one away

**i** For each person away, please complete Questions 58 and 59 only. Remember that each person away will also need to complete a Census form for where they were in Australia on Census night.

## Please read this before continuing

The next section asks about people who were present on Census night (people included in Questions 2 and 3). The order people are listed helps us work out household and family relationships for the people who were present on Census night. To make it easier for you to answer later questions, please ensure that:

**Person 1** is the *householder* if present, otherwise any **adult** member of the household.

**People 2–6** can be **any other person present** including spouses, partners, adult family members, teenagers, children, babies, housemates or visitors.





**12 Where does the person usually live?**

- For people who usually live in another country and who are visiting Australia for less than one year, mark 'Other country'.
- For other people, 'usually live' means the address at which the person has lived, or intends to live, for a total of six months or more in 2021.
- For people who have no fixed or return address (for example, due to family conflict or eviction), write 'NONE' in the 'Suburb/Locality' box.
- For boarders at boarding school, write the address of the boarding school or college.
- Mark box, like this:

Same as in Question 1

Elsewhere in Australia (please specify address)

Apartment/Flat/Unit number  
     (if any)

Street number

Street name

Suburb/Locality

State/Territory    Postcode

**Other country**

Same as in Question 1

Elsewhere in Australia (please specify address)

Apartment/Flat/Unit number  
     (if any)

Street number

Street name

Suburb/Locality

State/Territory    Postcode

**Other country**

**13 Where did the person usually live one year ago (at 10 August 2020)?**

- If the person is less than one year old, leave blank.
- For people who had no usual address on 10 August 2020, write the address at which they were then living.
- Mark box, like this:

Same as in Question 12

Elsewhere in Australia (please specify address)

Apartment/Flat/Unit number  
     (if any)

Street number

Street name

Suburb/Locality

State/Territory    Postcode

**Other country**

Same as in Question 12

Elsewhere in Australia (please specify address)

Apartment/Flat/Unit number  
     (if any)

Street number

Street name

Suburb/Locality

State/Territory    Postcode

**Other country**

**14 Where did the person usually live five years ago (at 10 August 2016)?**

- If the person is less than five years old, leave blank.
- For people who had no usual address on 10 August 2016, write the address at which they were then living.
- Mark box, like this:

Same as in Question 12

Same as in Question 13

Elsewhere in Australia (please specify address)

Apartment/Flat/Unit number  
     (if any)

Street number

Street name

Suburb/Locality

State/Territory    Postcode

**Other country**

Same as in Question 12

Same as in Question 13

Elsewhere in Australia (please specify address)

Apartment/Flat/Unit number  
     (if any)

Street number

Street name

Suburb/Locality

State/Territory    Postcode

**Other country**

Person 3

Person 4

07

Person 5

Person 6

Same as in Question 1  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
       
 State/Territory Postcode  
       
 **Other country**

Same as in Question 1  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
       
 State/Territory Postcode  
       
 **Other country**

Same as in Question 1  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
       
 State/Territory Postcode  
       
 **Other country**

Same as in Question 1  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
       
 State/Territory Postcode  
       
 **Other country**

Same as in Question 12  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
       
 State/Territory Postcode  
       
 **Other country**

Same as in Question 12  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
       
 State/Territory Postcode  
       
 **Other country**

Same as in Question 12  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
       
 State/Territory Postcode  
       
 **Other country**

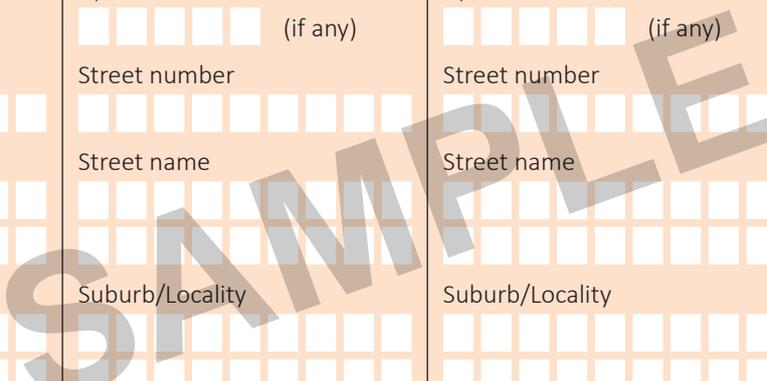
Same as in Question 12  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
       
 State/Territory Postcode  
       
 **Other country**

Same as in Question 12  
 Same as in Question 13  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
       
 State/Territory Postcode  
       
 **Other country**

Same as in Question 12  
 Same as in Question 13  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
       
 State/Territory Postcode  
       
 **Other country**

Same as in Question 12  
 Same as in Question 13  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
       
 State/Territory Postcode  
       
 **Other country**

Same as in Question 12  
 Same as in Question 13  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
       
 State/Territory Postcode  
       
 **Other country**



<p><b>15 Is the person an Australian citizen?</b></p> <ul style="list-style-type: none"> <li>Mark one box, like this: <input type="checkbox"/></li> </ul>	<p><input type="checkbox"/> Yes, Australian citizen</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes, Australian citizen</p> <p><input type="checkbox"/> No</p>																																																												
<p><b>16 In which country was the person born?</b></p> <ul style="list-style-type: none"> <li>Mark one box, like this: <input type="checkbox"/></li> </ul>	<p><input type="checkbox"/> Australia ► <b>Go to 18</b></p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> New Zealand</p> <p><input type="checkbox"/> India</p> <p><input type="checkbox"/> Philippines</p> <p><input type="checkbox"/> Vietnam</p> <p><input type="checkbox"/> Italy</p> <p>Other (please specify)</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></tr> <tr><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></tr> </table>																															<p><input type="checkbox"/> Australia ► <b>Go to 18</b></p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> New Zealand</p> <p><input type="checkbox"/> India</p> <p><input type="checkbox"/> Philippines</p> <p><input type="checkbox"/> Vietnam</p> <p><input type="checkbox"/> Italy</p> <p>Other (please specify)</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></tr> <tr><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></tr> </table>																														
<p><b>17 In what year did the person first arrive in Australia to live for one year or more?</b></p> <ul style="list-style-type: none"> <li>For example, for arrival in 1987 write: <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="7"/></li> </ul>	<p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Year</p> <p><input type="checkbox"/> Will be in Australia for less than one year</p>	<p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Year</p> <p><input type="checkbox"/> Will be in Australia for less than one year</p>																																																												
<p><b>18 In which country was the person's father born?</b></p> <ul style="list-style-type: none"> <li>If the person does not know their birth father, and has a second parent, please include the country of birth of the second parent here.</li> <li>If the person has same-sex parents, include the country of birth of one of the two parents here.</li> </ul>	<p><input type="checkbox"/> Australia</p> <p>Other (please specify)</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></tr> <tr><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></tr> </table>																															<p><input type="checkbox"/> Australia</p> <p>Other (please specify)</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></tr> <tr><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></tr> </table>																														
<p><b>19 In which country was the person's mother born?</b></p> <ul style="list-style-type: none"> <li>If the person does not know their birth mother, and has a second parent, please include the country of birth of the second parent here.</li> <li>If the person has same-sex parents, include the country of birth of one of the two parents here.</li> </ul>	<p><input type="checkbox"/> Australia</p> <p>Other (please specify)</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></tr> <tr><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></tr> </table>																															<p><input type="checkbox"/> Australia</p> <p>Other (please specify)</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></tr> <tr><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></tr> </table>																														
<p><b>20 Does the person use a language other than English at home?</b></p> <ul style="list-style-type: none"> <li>If more than one language other than English, write the one that is used most often.</li> <li>Include use of sign languages (for example, AUSLAN) in the 'please specify' option.</li> <li>Include use of Aboriginal or Torres Strait Islander languages in the 'please specify' option.</li> <li>Mark one box, like this: <input type="checkbox"/></li> </ul>	<p><input type="checkbox"/> No, English only ► <b>Go to 22</b></p> <p><input type="checkbox"/> Yes, Mandarin</p> <p><input type="checkbox"/> Yes, Arabic</p> <p><input type="checkbox"/> Yes, Cantonese</p> <p><input type="checkbox"/> Yes, Vietnamese</p> <p><input type="checkbox"/> Yes, Italian</p> <p><input type="checkbox"/> Yes, Greek</p> <p>Yes, other language (please specify)</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></tr> <tr><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></tr> </table>																															<p><input type="checkbox"/> No, English only ► <b>Go to 22</b></p> <p><input type="checkbox"/> Yes, Mandarin</p> <p><input type="checkbox"/> Yes, Arabic</p> <p><input type="checkbox"/> Yes, Cantonese</p> <p><input type="checkbox"/> Yes, Vietnamese</p> <p><input type="checkbox"/> Yes, Italian</p> <p><input type="checkbox"/> Yes, Greek</p> <p>Yes, other language (please specify)</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></tr> <tr><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></tr> </table>																														
<p><b>21 How well does the person speak English?</b></p> <ul style="list-style-type: none"> <li>Mark one box, like this: <input type="checkbox"/></li> </ul>	<p><input type="checkbox"/> Very well</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Not well</p> <p><input type="checkbox"/> Not at all</p>	<p><input type="checkbox"/> Very well</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Not well</p> <p><input type="checkbox"/> Not at all</p>																																																												

**Person 3**

**Person 4**

**09**

**Person 5**

**Person 6**

<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No																																																																																																																								
<input type="checkbox"/> Australia ► <b>Go to 18</b> <input type="checkbox"/> England <input type="checkbox"/> New Zealand <input type="checkbox"/> India <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> Italy Other (please specify) <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></tr> <tr><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></tr> </table>																															<input type="checkbox"/> Australia ► <b>Go to 18</b> <input type="checkbox"/> England <input type="checkbox"/> New Zealand <input type="checkbox"/> India <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> Italy Other (please specify) <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></tr> <tr><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></tr> </table>																															<input type="checkbox"/> Australia ► <b>Go to 18</b> <input type="checkbox"/> England <input type="checkbox"/> New Zealand <input type="checkbox"/> India <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> Italy Other (please specify) <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></tr> <tr><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></tr> </table>																															<input type="checkbox"/> Australia ► <b>Go to 18</b> <input type="checkbox"/> England <input type="checkbox"/> New Zealand <input type="checkbox"/> India <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> Italy Other (please specify) <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></tr> <tr><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></tr> </table>																														
<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></tr> </table> Year <input type="checkbox"/> Will be in Australia for less than one year											<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></tr> </table> Year <input type="checkbox"/> Will be in Australia for less than one year											<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></tr> </table> Year <input type="checkbox"/> Will be in Australia for less than one year											<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></tr> </table> Year <input type="checkbox"/> Will be in Australia for less than one year																																																																																										
<input type="checkbox"/> Australia Other (please specify) <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></tr> <tr><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></tr> </table>																															<input type="checkbox"/> Australia Other (please specify) <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></tr> <tr><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></tr> </table>																															<input type="checkbox"/> Australia Other (please specify) <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></tr> <tr><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></tr> </table>																															<input type="checkbox"/> Australia Other (please specify) <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></tr> <tr><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></tr> </table>																														
<input type="checkbox"/> Australia Other (please specify) <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></tr> <tr><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></tr> </table>																															<input type="checkbox"/> Australia Other (please specify) <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></tr> <tr><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></tr> </table>																															<input type="checkbox"/> Australia Other (please specify) <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></tr> <tr><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></tr> </table>																															<input type="checkbox"/> Australia Other (please specify) <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></tr> <tr><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></tr> </table>																														
<input type="checkbox"/> No, English only ► <b>Go to 22</b> <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Vietnamese <input type="checkbox"/> Yes, Italian <input type="checkbox"/> Yes, Greek Yes, other language (please specify) <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></tr> <tr><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></tr> </table>																															<input type="checkbox"/> No, English only ► <b>Go to 22</b> <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Vietnamese <input type="checkbox"/> Yes, Italian <input type="checkbox"/> Yes, Greek Yes, other language (please specify) <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></tr> <tr><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></tr> </table>																															<input type="checkbox"/> No, English only ► <b>Go to 22</b> <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Vietnamese <input type="checkbox"/> Yes, Italian <input type="checkbox"/> Yes, Greek Yes, other language (please specify) <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></tr> <tr><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></tr> </table>																															<input type="checkbox"/> No, English only ► <b>Go to 22</b> <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Vietnamese <input type="checkbox"/> Yes, Italian <input type="checkbox"/> Yes, Greek Yes, other language (please specify) <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></tr> <tr><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></tr> </table>																														
<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all																																																																																																																								

SAMPLE



22

**What is the person's ancestry?**

- Provide up to **two** ancestries only.
  - Examples of 'Other ancestry': CROATIAN, SERBIAN, FILIPINO, TAMIL, SINHALESE, HMONG, MAORI, PITCAIRN, AUSTRALIAN SOUTH SEA ISLANDER.
  - Mark box, like this:
- i** Go to [www.census.abs.gov.au/questions](http://www.census.abs.gov.au/questions) for more information.

- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


23

**What is the person's religion?**

- Answering this question is **OPTIONAL**.
- Examples of 'Other': LUTHERAN, SALVATION ARMY, JUDAISM, TAOISM, ATHEISM.
- Mark one box, like this:

- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Islam
- Buddhism
- Presbyterian
- Hinduism
- Greek Orthodox
- Baptist

Other (please specify)


- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Islam
- Buddhism
- Presbyterian
- Hinduism
- Greek Orthodox
- Baptist

Other (please specify)


24

**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.

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

25

**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

26

**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

11

Person 5

Person 6

- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Islam
- Buddhism
- Presbyterian
- Hinduism
- Greek Orthodox
- Baptist

Other (please specify)


- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Islam
- Buddhism
- Presbyterian
- Hinduism
- Greek Orthodox
- Baptist

Other (please specify)


- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Islam
- Buddhism
- Presbyterian
- Hinduism
- Greek Orthodox
- Baptist

Other (please specify)


- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Islam
- Buddhism
- Presbyterian
- Hinduism
- Greek Orthodox
- Baptist

Other (please specify)


- Yes, always
- Yes, sometimes
- No

<p><b>27</b> What are the reasons for the need for assistance or supervision shown in Questions 24, 25 and 26?</p> <ul style="list-style-type: none"> <li>Mark all that apply, like this: <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No need for assistance</li> <li><input type="checkbox"/> Short-term health condition (lasting less than six months)</li> <li><input type="checkbox"/> Long-term health condition (lasting six months or more)</li> <li><input type="checkbox"/> Disability (lasting six months or more)</li> <li><input type="checkbox"/> Old or young age</li> <li><input type="checkbox"/> Difficulty with English language</li> <li><input type="checkbox"/> Other reason</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No need for assistance</li> <li><input type="checkbox"/> Short-term health condition (lasting less than six months)</li> <li><input type="checkbox"/> Long-term health condition (lasting six months or more)</li> <li><input type="checkbox"/> Disability (lasting six months or more)</li> <li><input type="checkbox"/> Old or young age</li> <li><input type="checkbox"/> Difficulty with English language</li> <li><input type="checkbox"/> Other reason</li> </ul>
<p><b>28</b> Has the person been told by a doctor or nurse that they have any of these long-term health conditions?</p> <ul style="list-style-type: none"> <li>Include health conditions that have lasted or are expected to last for six months or more.</li> <li>Include health conditions that: <ul style="list-style-type: none"> <li>- may recur from time to time, or</li> <li>- are controlled by medication, or</li> <li>- are in remission.</li> </ul> </li> <li>Mark all that apply, like this: <input type="checkbox"/></li> </ul> <p><b>i</b> Go to <a href="http://www.census.abs.gov.au/questions">www.census.abs.gov.au/questions</a> for more information.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Arthritis</li> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Cancer (including remission)</li> <li><input type="checkbox"/> Dementia (including Alzheimer's)</li> <li><input type="checkbox"/> Diabetes (excluding gestational diabetes)</li> <li><input type="checkbox"/> Heart disease (including heart attack or angina)</li> <li><input type="checkbox"/> Kidney disease</li> <li><input type="checkbox"/> Lung condition (including COPD or emphysema)</li> <li><input type="checkbox"/> Mental health condition (including depression or anxiety)</li> <li><input type="checkbox"/> Stroke</li> <li><input type="checkbox"/> Any other long-term health condition(s)</li> <li><input type="checkbox"/> <b>No long-term health condition</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Arthritis</li> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Cancer (including remission)</li> <li><input type="checkbox"/> Dementia (including Alzheimer's)</li> <li><input type="checkbox"/> Diabetes (excluding gestational diabetes)</li> <li><input type="checkbox"/> Heart disease (including heart attack or angina)</li> <li><input type="checkbox"/> Kidney disease</li> <li><input type="checkbox"/> Lung condition (including COPD or emphysema)</li> <li><input type="checkbox"/> Mental health condition (including depression or anxiety)</li> <li><input type="checkbox"/> Stroke</li> <li><input type="checkbox"/> Any other long-term health condition(s)</li> <li><input type="checkbox"/> <b>No long-term health condition</b></li> </ul>
<p><b>29</b> Is the person attending a school or other education institution?</p> <ul style="list-style-type: none"> <li>Include preschool, online, external or correspondence study.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No ► <b>Go to 31</b></li> <li><input type="checkbox"/> Yes, full-time student</li> <li><input type="checkbox"/> Yes, part-time student</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No ► <b>Go to 31</b></li> <li><input type="checkbox"/> Yes, full-time student</li> <li><input type="checkbox"/> Yes, part-time student</li> </ul>
<p><b>30</b> What type of education institution is the person attending?</p> <ul style="list-style-type: none"> <li>Include preschool, early childhood education and centre-based day care providers. This should be marked as 'Preschool'.</li> <li>Include secondary colleges and senior high schools under the 'Secondary school' category.</li> <li>For external, online or correspondence students, mark the type of institution in which they are enrolled.</li> <li>Mark one box, like this: <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Preschool</b></li> <li><b>Primary school</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Government</li> <li><input type="checkbox"/> Catholic</li> <li><input type="checkbox"/> Other non-government</li> </ul> </li> <li><b>Secondary school</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Government</li> <li><input type="checkbox"/> Catholic</li> <li><input type="checkbox"/> Other non-government</li> </ul> </li> <li><b>Tertiary</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vocational education (including TAFE and private training providers)</li> <li><input type="checkbox"/> University or other higher education</li> </ul> </li> <li><input type="checkbox"/> <b>Other education institution</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Preschool</b></li> <li><b>Primary school</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Government</li> <li><input type="checkbox"/> Catholic</li> <li><input type="checkbox"/> Other non-government</li> </ul> </li> <li><b>Secondary school</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Government</li> <li><input type="checkbox"/> Catholic</li> <li><input type="checkbox"/> Other non-government</li> </ul> </li> <li><b>Tertiary</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vocational education (including TAFE and private training providers)</li> <li><input type="checkbox"/> University or other higher education</li> </ul> </li> <li><input type="checkbox"/> <b>Other education institution</b></li> </ul>

Person 3	Person 4	13	Person 5	Person 6
<input type="checkbox"/> No need for assistance <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 reason	<input type="checkbox"/> No need for assistance <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 reason	<input type="checkbox"/> No need for assistance <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 reason	<input type="checkbox"/> No need for assistance <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 reason	
<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> <b>No long-term health condition</b>	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> <b>No long-term health condition</b>	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> <b>No long-term health condition</b>	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> <b>No long-term health condition</b>	
<input type="checkbox"/> No ► <b>Go to 31</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► <b>Go to 31</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► <b>Go to 31</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► <b>Go to 31</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	
<input type="checkbox"/> <b>Preschool</b>  <b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Tertiary</b> <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> <b>Other education institution</b>	<input type="checkbox"/> <b>Preschool</b>  <b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Tertiary</b> <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> <b>Other education institution</b>	<input type="checkbox"/> <b>Preschool</b>  <b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Tertiary</b> <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> <b>Other education institution</b>	<input type="checkbox"/> <b>Preschool</b>  <b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Tertiary</b> <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> <b>Other education institution</b>	

# 31 Only continue for people aged 15 years or more

## 32 What is the highest year of primary or secondary school the person has *completed*?

- For people currently at school, mark the highest year of schooling they have completed, not the year they are currently undertaking.
- Mark one box, like this:

- 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

## 33 Has the person *completed* any educational qualification?

- Include certificate, diploma or degree in 'Yes, other qualification'.
- Mark one box, like this:

- No ► **Go to 37**
- No, still studying for first qualification ► **Go to 37**
- Yes, trade certificate/apprenticeship
- Yes, other qualification

- No ► **Go to 37**
- No, still studying for first qualification ► **Go to 37**
- Yes, trade certificate/apprenticeship
- Yes, other qualification

## 34 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


## 35 What is the main field of study for the person's *highest* qualification *completed*?

- For example: PLUMBING, PRIMARY SCHOOL TEACHING, ACCOUNTING, HAIRDRESSING, PSYCHOLOGY, HOSPITALITY.
- If the person has two qualifications of the same level, completed at the same time (for example, double degrees), select the qualification considered the most important to them.

Field of study


Field of study


## 36 Did the person *complete* this qualification before 1998?

- Mark one box, like this:

- Yes, before 1998
- No, 1998 or later

- Yes, before 1998
- No, 1998 or later

## 37 For each female, how many babies has she ever given birth to?

- Exclude adopted, foster and step children.

 Go to [www.census.abs.gov.au/questions](http://www.census.abs.gov.au/questions) for more information.

- Number of babies
- None

- Number of babies
- None

# Only continue for people 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 ► <b>Go to 37</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 37</b> <input type="checkbox"/> Yes, trade certificate/ apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► <b>Go to 37</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 37</b> <input type="checkbox"/> Yes, trade certificate/ apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► <b>Go to 37</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 37</b> <input type="checkbox"/> Yes, trade certificate/ apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► <b>Go to 37</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 37</b> <input type="checkbox"/> Yes, trade certificate/ apprenticeship <input type="checkbox"/> Yes, other qualification																																																																																																																																																																																																																																																																																																																																																																																																																
<p>Level of qualification</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																					<p>Level of qualification</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																					<p>Level of qualification</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																					<p>Level of qualification</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																				
<p>Field of study</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																					<p>Field of study</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																					<p>Field of study</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																					<p>Field of study</p> <table border="1"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																				
<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="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None																																																																																																																																																																																																																																																																																																																																																																																																																

SAMPLE

**38** What is the *total* of all income the person usually receives?

- **Do not deduct:** tax, superannuation contributions, amounts salary sacrificed, or any other automatic deductions.

- **Include:**

**Wages and salaries**

- Regular overtime
- Commissions and bonuses

**Government pensions, benefits and allowances**

- Age Pension
- Family Tax Benefit
- Parenting Payment
- Disability Support Pension
- JobSeeker Payment
- Youth and student allowances
- Carer Allowance
- Any other government pension, benefit or allowance

**Profit or loss from**

- Unincorporated business/farm (for example, sole traders, partnerships)
- Rental properties

**Other income**

- Income from superannuation
- Private pensions
- Child support
- Interest
- Dividends from shares
- Workers compensation
- Any other income

- Mark one box, like this:

- Information from this question provides an indication of living standards in different areas.

<input type="checkbox"/>	\$3,500 or more per week \$182,000 or more per year	<input type="checkbox"/>	\$3,500 or more per week \$182,000 or more per year
<input type="checkbox"/>	\$3,000 - \$3,499 per week \$156,000 - \$181,999 per year	<input type="checkbox"/>	\$3,000 - \$3,499 per week \$156,000 - \$181,999 per year
<input type="checkbox"/>	\$2,000 - \$2,999 per week \$104,000 - \$155,999 per year	<input type="checkbox"/>	\$2,000 - \$2,999 per week \$104,000 - \$155,999 per year
<input type="checkbox"/>	\$1,750 - \$1,999 per week \$91,000 - \$103,999 per year	<input type="checkbox"/>	\$1,750 - \$1,999 per week \$91,000 - \$103,999 per year
<input type="checkbox"/>	\$1,500 - \$1,749 per week \$78,000 - \$90,999 per year	<input type="checkbox"/>	\$1,500 - \$1,749 per week \$78,000 - \$90,999 per year
<input type="checkbox"/>	\$1,250 - \$1,499 per week \$65,000 - \$77,999 per year	<input type="checkbox"/>	\$1,250 - \$1,499 per week \$65,000 - \$77,999 per year
<input type="checkbox"/>	\$1,000 - \$1,249 per week \$52,000 - \$64,999 per year	<input type="checkbox"/>	\$1,000 - \$1,249 per week \$52,000 - \$64,999 per year
<input type="checkbox"/>	\$800 - \$999 per week \$41,600 - \$51,999 per year	<input type="checkbox"/>	\$800 - \$999 per week \$41,600 - \$51,999 per year
<input type="checkbox"/>	\$650 - \$799 per week \$33,800 - \$41,599 per year	<input type="checkbox"/>	\$650 - \$799 per week \$33,800 - \$41,599 per year
<input type="checkbox"/>	\$500 - \$649 per week \$26,000 - \$33,799 per year	<input type="checkbox"/>	\$500 - \$649 per week \$26,000 - \$33,799 per year
<input type="checkbox"/>	\$400 - \$499 per week \$20,800 - \$25,999 per year	<input type="checkbox"/>	\$400 - \$499 per week \$20,800 - \$25,999 per year
<input type="checkbox"/>	\$300 - \$399 per week \$15,600 - \$20,799 per year	<input type="checkbox"/>	\$300 - \$399 per week \$15,600 - \$20,799 per year
<input type="checkbox"/>	\$150 - \$299 per week \$7,800 - \$15,599 per year	<input type="checkbox"/>	\$150 - \$299 per week \$7,800 - \$15,599 per year
<input type="checkbox"/>	\$1 - \$149 per week \$1 - \$7,799 per year	<input type="checkbox"/>	\$1 - \$149 per week \$1 - \$7,799 per year
<input type="checkbox"/>	\$0 or nil income	<input type="checkbox"/>	\$0 or nil income
<input type="checkbox"/>	Negative income	<input type="checkbox"/>	Negative income

**39** Last week, did the person have a job of any kind?

- A 'job' means any type of work including casual, temporary, part-time or full-time work, if it was for one hour or more.

- Mark one box, like this:

-  Go to [www.census.abs.gov.au/questions](http://www.census.abs.gov.au/questions) for more information.

<input type="checkbox"/>	Yes, worked for payment or profit <b>▶ Go to 40</b>	<input type="checkbox"/>	Yes, worked for payment or profit <b>▶ Go to 40</b>
<input type="checkbox"/>	Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down <b>▶ Go to 40</b>	<input type="checkbox"/>	Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down <b>▶ Go to 40</b>
<input type="checkbox"/>	Yes, unpaid work in a family business <b>▶ Go to 43</b>	<input type="checkbox"/>	Yes, unpaid work in a family business <b>▶ Go to 43</b>
<input type="checkbox"/>	Yes, other unpaid work <b>▶ Go to 51</b>	<input type="checkbox"/>	Yes, other unpaid work <b>▶ Go to 51</b>
<input type="checkbox"/>	No, did not have a job <b>▶ Go to 51</b>	<input type="checkbox"/>	No, did not have a job <b>▶ Go to 51</b>

**40** In the main job held last week, was the person:

- If the person had more than one job last week, then 'main job' refers to the job in which the person usually works the most hours.
- For all people conducting their own business, including those with their own incorporated (e.g. Pty Ltd) company, as well as sole traders, partnerships and contractors, mark 'Working in own business'.
- Mark one box, like this:

<input type="checkbox"/>	Working for an employer <b>▶ Go to 43</b>	<input type="checkbox"/>	Working for an employer <b>▶ Go to 43</b>
<input type="checkbox"/>	Working in own business	<input type="checkbox"/>	Working in own business

**Person 3**

**Person 4**

**17**

**Person 5**

**Person 6**

<input type="checkbox"/> \$3,500 or more per week \$182,000 or more per year	<input type="checkbox"/> \$3,500 or more per week \$182,000 or more per year	<input type="checkbox"/> \$3,500 or more per week \$182,000 or more per year	<input type="checkbox"/> \$3,500 or more per week \$182,000 or more per year
<input type="checkbox"/> \$3,000 - \$3,499 per week \$156,000 - \$181,999 per year	<input type="checkbox"/> \$3,000 - \$3,499 per week \$156,000 - \$181,999 per year	<input type="checkbox"/> \$3,000 - \$3,499 per week \$156,000 - \$181,999 per year	<input type="checkbox"/> \$3,000 - \$3,499 per week \$156,000 - \$181,999 per year
<input type="checkbox"/> \$2,000 - \$2,999 per week \$104,000 - \$155,999 per year	<input type="checkbox"/> \$2,000 - \$2,999 per week \$104,000 - \$155,999 per year	<input type="checkbox"/> \$2,000 - \$2,999 per week \$104,000 - \$155,999 per year	<input type="checkbox"/> \$2,000 - \$2,999 per week \$104,000 - \$155,999 per year
<input type="checkbox"/> \$1,750 - \$1,999 per week \$91,000 - \$103,999 per year	<input type="checkbox"/> \$1,750 - \$1,999 per week \$91,000 - \$103,999 per year	<input type="checkbox"/> \$1,750 - \$1,999 per week \$91,000 - \$103,999 per year	<input type="checkbox"/> \$1,750 - \$1,999 per week \$91,000 - \$103,999 per year
<input type="checkbox"/> \$1,500 - \$1,749 per week \$78,000 - \$90,999 per year	<input type="checkbox"/> \$1,500 - \$1,749 per week \$78,000 - \$90,999 per year	<input type="checkbox"/> \$1,500 - \$1,749 per week \$78,000 - \$90,999 per year	<input type="checkbox"/> \$1,500 - \$1,749 per week \$78,000 - \$90,999 per year
<input type="checkbox"/> \$1,250 - \$1,499 per week \$65,000 - \$77,999 per year	<input type="checkbox"/> \$1,250 - \$1,499 per week \$65,000 - \$77,999 per year	<input type="checkbox"/> \$1,250 - \$1,499 per week \$65,000 - \$77,999 per year	<input type="checkbox"/> \$1,250 - \$1,499 per week \$65,000 - \$77,999 per year
<input type="checkbox"/> \$1,000 - \$1,249 per week \$52,000 - \$64,999 per year	<input type="checkbox"/> \$1,000 - \$1,249 per week \$52,000 - \$64,999 per year	<input type="checkbox"/> \$1,000 - \$1,249 per week \$52,000 - \$64,999 per year	<input type="checkbox"/> \$1,000 - \$1,249 per week \$52,000 - \$64,999 per year
<input type="checkbox"/> \$800 - \$999 per week \$41,600 - \$51,999 per year	<input type="checkbox"/> \$800 - \$999 per week \$41,600 - \$51,999 per year	<input type="checkbox"/> \$800 - \$999 per week \$41,600 - \$51,999 per year	<input type="checkbox"/> \$800 - \$999 per week \$41,600 - \$51,999 per year
<input type="checkbox"/> \$650 - \$799 per week \$33,800 - \$41,599 per year	<input type="checkbox"/> \$650 - \$799 per week \$33,800 - \$41,599 per year	<input type="checkbox"/> \$650 - \$799 per week \$33,800 - \$41,599 per year	<input type="checkbox"/> \$650 - \$799 per week \$33,800 - \$41,599 per year
<input type="checkbox"/> \$500 - \$649 per week \$26,000 - \$33,799 per year	<input type="checkbox"/> \$500 - \$649 per week \$26,000 - \$33,799 per year	<input type="checkbox"/> \$500 - \$649 per week \$26,000 - \$33,799 per year	<input type="checkbox"/> \$500 - \$649 per week \$26,000 - \$33,799 per year
<input type="checkbox"/> \$400 - \$499 per week \$20,800 - \$25,999 per year	<input type="checkbox"/> \$400 - \$499 per week \$20,800 - \$25,999 per year	<input type="checkbox"/> \$400 - \$499 per week \$20,800 - \$25,999 per year	<input type="checkbox"/> \$400 - \$499 per week \$20,800 - \$25,999 per year
<input type="checkbox"/> \$300 - \$399 per week \$15,600 - \$20,799 per year	<input type="checkbox"/> \$300 - \$399 per week \$15,600 - \$20,799 per year	<input type="checkbox"/> \$300 - \$399 per week \$15,600 - \$20,799 per year	<input type="checkbox"/> \$300 - \$399 per week \$15,600 - \$20,799 per year
<input type="checkbox"/> \$150 - \$299 per week \$7,800 - \$15,599 per year	<input type="checkbox"/> \$150 - \$299 per week \$7,800 - \$15,599 per year	<input type="checkbox"/> \$150 - \$299 per week \$7,800 - \$15,599 per year	<input type="checkbox"/> \$150 - \$299 per week \$7,800 - \$15,599 per year
<input type="checkbox"/> \$1 - \$149 per week \$1 - \$7,799 per year	<input type="checkbox"/> \$1 - \$149 per week \$1 - \$7,799 per year	<input type="checkbox"/> \$1 - \$149 per week \$1 - \$7,799 per year	<input type="checkbox"/> \$1 - \$149 per week \$1 - \$7,799 per year
<input type="checkbox"/> \$0 or nil income			
<input type="checkbox"/> Negative income			
<input type="checkbox"/> Yes, worked for payment or profit ▶ <b>Go to 40</b>	<input type="checkbox"/> Yes, worked for payment or profit ▶ <b>Go to 40</b>	<input type="checkbox"/> Yes, worked for payment or profit ▶ <b>Go to 40</b>	<input type="checkbox"/> Yes, worked for payment or profit ▶ <b>Go to 40</b>
<input type="checkbox"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down ▶ <b>Go to 40</b>	<input type="checkbox"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down ▶ <b>Go to 40</b>	<input type="checkbox"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down ▶ <b>Go to 40</b>	<input type="checkbox"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down ▶ <b>Go to 40</b>
<input type="checkbox"/> Yes, unpaid work in a family business ▶ <b>Go to 43</b>	<input type="checkbox"/> Yes, unpaid work in a family business ▶ <b>Go to 43</b>	<input type="checkbox"/> Yes, unpaid work in a family business ▶ <b>Go to 43</b>	<input type="checkbox"/> Yes, unpaid work in a family business ▶ <b>Go to 43</b>
<input type="checkbox"/> Yes, other unpaid work ▶ <b>Go to 51</b>	<input type="checkbox"/> Yes, other unpaid work ▶ <b>Go to 51</b>	<input type="checkbox"/> Yes, other unpaid work ▶ <b>Go to 51</b>	<input type="checkbox"/> Yes, other unpaid work ▶ <b>Go to 51</b>
<input type="checkbox"/> No, did not have a job ▶ <b>Go to 51</b>	<input type="checkbox"/> No, did not have a job ▶ <b>Go to 51</b>	<input type="checkbox"/> No, did not have a job ▶ <b>Go to 51</b>	<input type="checkbox"/> No, did not have a job ▶ <b>Go to 51</b>
<input type="checkbox"/> Working for an employer ▶ <b>Go to 43</b>	<input type="checkbox"/> Working for an employer ▶ <b>Go to 43</b>	<input type="checkbox"/> Working for an employer ▶ <b>Go to 43</b>	<input type="checkbox"/> Working for an employer ▶ <b>Go to 43</b>
<input type="checkbox"/> Working in own business			

<p><b>41 Was the person's business:</b></p> <ul style="list-style-type: none"> <li>Incorporated means a limited liability company.</li> <li>Mark one box, like this: <input type="checkbox"/></li> </ul>	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)																																																																																																																																																																																																								
<p><b>42 Does the person's business employ people?</b></p> <ul style="list-style-type: none"> <li>Exclude owner(s) of the business.</li> <li>Mark one box, like this: <input type="checkbox"/></li> </ul>	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees																																																																																																																																																																																																								
<p><b>43 In the main job held last week, what was the person's occupation?</b></p> <ul style="list-style-type: none"> <li>Give full title.</li> <li>For example: REGISTERED AGED CARE NURSE, HOUSE CLEANER, RETAIL SALES ASSISTANT, ORE CRUSHING MACHINE OPERATOR.</li> <li>For public servants, write occupation title and level. For example: CUSTOMER SERVICE OFFICER APS5.</li> <li>For armed services personnel, write rank and occupation.</li> </ul>	Occupation <table border="1" style="width: 100%; height: 100%;"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																					Occupation <table border="1" style="width: 100%; height: 100%;"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																				
<p><b>44 What are the main tasks that the person usually performs in that occupation?</b></p> <ul style="list-style-type: none"> <li>Give full details.</li> <li>For example: NURSING THE AGED, CLEANING HOUSES, SELLING CLOTHING IN A DEPARTMENT STORE, OPERATING AN ORE CRUSHER IN A PROCESSING FACILITY.</li> <li>For managers, write the function managed. For example: MANAGING CONSTRUCTION PROJECTS, MANAGING A HOTEL, MANAGING HUMAN RESOURCES.</li> </ul>	Tasks or duties <table border="1" style="width: 100%; height: 100%;"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																					Tasks or duties <table border="1" style="width: 100%; height: 100%;"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																				
<p><b>45 For the main job held last week, what was the employer's business name?</b></p> <ul style="list-style-type: none"> <li>For self-employed people, write the name of their business.</li> <li>For teachers, write the name of the school.</li> </ul>	Business name <table border="1" style="width: 100%; height: 100%;"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																					Business name <table border="1" style="width: 100%; height: 100%;"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																				
<p><b>46 What best describes the industry or business of the employer at the location where the person works?</b></p> <ul style="list-style-type: none"> <li>Examples for industry or business of the employer: SECONDARY SCHOOL EDUCATION, GOLD MINING, IT CONSULTING SERVICE, DOMESTIC CLEANING SERVICE, APARTMENT CONSTRUCTION.</li> </ul>	Industry/business of the employer <table border="1" style="width: 100%; height: 100%;"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																					Industry/business of the employer <table border="1" style="width: 100%; height: 100%;"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																				
<p><b>47 What are the main goods produced or main services provided by the employer's business?</b></p> <ul style="list-style-type: none"> <li>Describe as fully as possible, using two words or more.</li> <li>For example: PROVIDING EDUCATION TO SECONDARY SCHOOL STUDENTS, MINING GOLD ORE, PROVIDING INFORMATION TECHNOLOGY ADVICE, HOUSE CLEANING, CONSTRUCTION OF RESIDENTIAL BUILDINGS.</li> </ul>	Goods produced/services provided <table border="1" style="width: 100%; height: 100%;"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																					Goods produced/services provided <table border="1" style="width: 100%; height: 100%;"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																																																																				

**Person 3**

**Person 4**

**19**

**Person 5**

**Person 6**

<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)																																																																																																																																																																																																								
<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees																																																																																																																																																																																																								
Occupation <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Occupation <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Occupation <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Occupation <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																		
Tasks or duties <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Tasks or duties <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Tasks or duties <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Tasks or duties <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																		
Business name <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Business name <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Business name <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Business name <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																		
Industry/business of the employer <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Industry/business of the employer <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Industry/business of the employer <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Industry/business of the employer <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																		
Goods produced/services provided <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Goods produced/services provided <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Goods produced/services provided <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			Goods produced/services provided <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																		

SAMPLE





<p><b>53 Has the person ever served in the Australian Defence Force?</b></p> <ul style="list-style-type: none"> <li>• Include Royal Australian Navy, Australian Army, Royal Australian Air Force, Second Australian Imperial Force, National Service and NORFORCE.</li> <li>• Exclude service for non-Australian defence forces.</li> <li>• Mark all that apply, like this: <input type="checkbox"/> <input type="checkbox"/></li> </ul> <p><b>i</b> Go to <a href="http://www.census.abs.gov.au/questions">www.census.abs.gov.au/questions</a> for more information.</p>	<p><input type="checkbox"/> No</p> <p><b>Regular Service</b></p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p><b>Reserves Service</b></p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>	<p><input type="checkbox"/> No</p> <p><b>Regular Service</b></p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p><b>Reserves Service</b></p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>
<p><b>54 In the last twelve months did the person spend any time doing unpaid voluntary work for an organisation or group?</b></p> <ul style="list-style-type: none"> <li>• Include unpaid voluntary work for sporting teams, youth groups, schools or religious organisations.</li> <li>• Exclude work in a family business or paid employment.</li> <li>• Exclude work to qualify for a government benefit, to obtain an educational qualification or due to a community/court order.</li> <li>• Mark one box, like this: <input type="checkbox"/></li> </ul>	<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>	<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>
<p><b>55 In the last week did the person spend time doing unpaid domestic work for their household?</b></p> <ul style="list-style-type: none"> <li>• Include all housework, food/drink preparation and clean-up, laundry, gardening, home maintenance and repairs, household shopping and finance management.</li> <li>• Mark one box, like this: <input type="checkbox"/></li> </ul>	<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 - 14 hours</p> <p><input type="checkbox"/> Yes, 15 - 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 - 14 hours</p> <p><input type="checkbox"/> Yes, 15 - 29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</p>
<p><b>56 In the last two weeks did the person spend time providing unpaid care, help or assistance to family members or others because of a disability, a long-term health condition or problems related to old age?</b></p> <ul style="list-style-type: none"> <li>• People who receive Carer Allowance or Carer Payment should mark 'Yes, provided unpaid care, help or assistance'.</li> <li>• Occasional help or assistance, such as shopping, should only be included if the person needs this type of assistance because of their condition.</li> <li>• Do not include work done through a voluntary organisation or group.</li> <li>• Mark one box, like this: <input type="checkbox"/></li> </ul>	<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><b>57 In the last two weeks did the person spend time looking after a child, without pay?</b></p> <ul style="list-style-type: none"> <li>• Only include children who were less than 15 years of age.</li> <li>• Mark all that apply, like this: <input type="checkbox"/> <input type="checkbox"/></li> </ul>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>

**Person 3**

**Person 4**

**23**

**Person 5**

**Person 6**

<p><input type="checkbox"/> <b>No</b></p> <p><b>Regular Service</b></p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p><b>Reserves Service</b></p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>	<p><input type="checkbox"/> <b>No</b></p> <p><b>Regular Service</b></p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p><b>Reserves Service</b></p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>	<p><input type="checkbox"/> <b>No</b></p> <p><b>Regular Service</b></p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p><b>Reserves Service</b></p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>	<p><input type="checkbox"/> <b>No</b></p> <p><b>Regular Service</b></p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p><b>Reserves Service</b></p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>
<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>	<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>	<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>	<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</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 - 14 hours</p> <p><input type="checkbox"/> Yes, 15 - 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 - 14 hours</p> <p><input checked="" type="checkbox"/> Yes, 15 - 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 - 14 hours</p> <p><input type="checkbox"/> Yes, 15 - 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 - 14 hours</p> <p><input type="checkbox"/> Yes, 15 - 29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</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><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><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</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>



**58** Were there any people *away* on the night of Tuesday 10 August 2021 who usually live in this dwelling?

- ‘Usually live’ means the person has lived, or intends to live, at this address for a total of six months or more in 2021.
- Include people counted as away in Questions 4 and 5.

- No, no one away **▶ Go to 60**
- Yes, someone away **▶ Go to 59**

**59** For each person *away*, complete the following questions

Remember that each person away will also need to complete a Census form for where they were in Australia on Census night.

<p><b>Name of each person who usually lives in this dwelling, but was away on Tuesday 10 August 2021.</b></p>	<p>First or given name</p> <table border="1"> <tr><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></tr> </table> <p>Surname or family name</p> <table border="1"> <tr><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></tr> </table>																																									<p>First or given name</p> <table border="1"> <tr><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></tr> </table> <p>Surname or family name</p> <table border="1"> <tr><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></tr> </table>																																									<p>First or given name</p> <table border="1"> <tr><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></tr> </table> <p>Surname or family name</p> <table border="1"> <tr><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></tr> </table>																																								
<p><b>Is the person:</b></p> <ul style="list-style-type: none"> <li>• Mark box, like this: <input checked="" type="checkbox"/></li> </ul>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Non-binary sex</p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Non-binary sex</p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Non-binary sex</p>																																																																																																																								
<p><b>What is the person’s date of birth and age?</b></p> <ul style="list-style-type: none"> <li>• If date of birth is not known, please give age. Example:</li> </ul> <p>Day Month Year</p> <p><input type="text" value="1"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="3"/></p> <p>AND</p> <p>Age</p> <p><input type="text" value="2"/> <input type="text" value="8"/> Years</p>	<p>Day Month Year</p> <table border="1"> <tr><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></tr> </table> <p><b>AND</b></p> <p>Age</p> <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> </table> <p>Years</p>																									<p>Day Month Year</p> <table border="1"> <tr><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></tr> </table> <p><b>AND</b></p> <p>Age</p> <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> </table> <p>Years</p>																									<p>Day Month Year</p> <table border="1"> <tr><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></tr> </table> <p><b>AND</b></p> <p>Age</p> <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> </table> <p>Years</p>																																																																								
<p><b>Is the person of Aboriginal or Torres Strait Islander origin?</b></p> <ul style="list-style-type: none"> <li>• For people of <b>both</b> Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes.</li> </ul>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>																																																																																																																								
<p><b>Is the person a full-time student?</b></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>																																																																																																																								
<p><b>What is the person’s relationship to Person 1/Person 2?</b></p> <ul style="list-style-type: none"> <li>• Examples of other relationships: SON-IN-LAW, GRAND-DAUGHTER, UNCLE, BOARDER.</li> </ul>	<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 both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</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"> <tr><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></tr> </table>																					<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 both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</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"> <tr><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></tr> </table>																					<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 both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</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"> <tr><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></tr> </table>																																																																																



# Thank you for taking part.



## Need help to complete your Census?

We are here to help – online, in person or over the phone.  
 Go to [www.census.abs.gov.au/help](http://www.census.abs.gov.au/help) for frequently asked questions, self-service options, and information about getting help in person.  
 You can also call us on **1800 512 441**.



### National Relay Service

If you are deaf, hard of hearing and/or have a speech impairment, you can contact us through the National Relay Service.



### Language support

To access in-language support, you can contact the Translating and Interpreting Service (TIS National) on **131 450**.



If you complete the Census online, please recycle this paper form.

Census data is used to inform many things, from national decisions to local services such as:



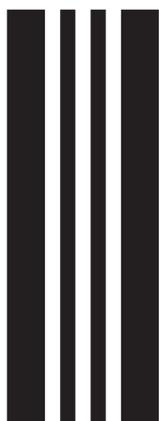
the allocation of national funding for education, health and infrastructure.



planning for aged care and improving the well-being of older Australians.



improving access to health care in regional and rural communities.



#### FIELD STAFF USE ONLY

##### RAS

CCF   
 QA

##### ASC

FOM   
 INC

##### HOM

RGH

DFA number

Record number

#### OFFICE USE ONLY

##### DCC

TRN   
 U15   
 NAH   
 UNO   
 PFR   
 COM   
 REF

##### RAS

CCF   
 QA

##### HOM

QA





# Census Personal Form

Census night is Tuesday 10 August 2021



## What is the Census?

The Census is a snapshot of Australia's people and housing, and tells the story of how we are changing. It is used to estimate Australia's population, distribute government funds, and plan services for communities right around Australia.

This form asks questions about health, education, cultural background, employment and living situations. This information helps make sure the right services are available to individuals, families and communities, where and when they are needed.

Go to [www.census.abs.gov.au](http://www.census.abs.gov.au) to find out more about why the Census is important.



## Do I have to complete the Census?

Yes, the Census is compulsory. Everyone in Australia on Tuesday 10 August 2021 must be included on a Census form. This information is collected under the authority of the *Census and Statistics Act 1905*.

Go to [www.census.abs.gov.au/privacy](http://www.census.abs.gov.au/privacy) to find out more about why the Census is compulsory.



## Is my information confidential?

Yes, the information you provide is confidential. The ABS is legally required to keep data secure and not release information in a way that will identify any individual, household or business. Your data is protected by the secrecy provisions of the *Census and Statistics Act 1905*.

Go to [www.census.abs.gov.au/privacy](http://www.census.abs.gov.au/privacy) to find out more about how we keep your information secure.



## Need more help?

Help is available at [www.census.abs.gov.au/help](http://www.census.abs.gov.au/help)

There is a range of information and self-service options to help you complete the Census.

If you'd prefer to speak to someone, you can call us on **1800 512 441**.

## 2 Name of the person.

First or given name


Surname or family name


## 3 Is the person:

• Mark box, like this:

① Go to [www.census.abs.gov.au/questions](http://www.census.abs.gov.au/questions) for more information.

- Male
- Female
- Non-binary sex

## 4 What is the person's date of birth and age?

• If date of birth is not known, please give age.

• Example: Day Month Year

1 8 0 3 1 9 9 3

AND

Age

2 8 Years

Day Month Year

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

AND

Age

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

Years

## 5 Is the dwelling in Question 1 a private home?

• A private home is a self-contained dwelling intended for long-term residential use.

- No ▶ Go to 6
- Yes ▶ Go to 7



**12 Where did the person usually live five years ago (at 10 August 2016)?**

- If the person is less than five years old, leave blank.
- For people who had no usual address on 10 August 2016, write the address at which they were then living.
- Mark box, like this:

Same as in Question 10

Same as in Question 11

Elsewhere in Australia (please specify address)

Apartment/Flat/Unit number    Street number

(if any)   

Street name

Suburb/Locality

State/Territory    Postcode

Other country

**13 Is the person an Australian citizen?**

- Mark one box, like this:
- Yes, Australian citizen
- No

**14 In which country was the person born?**

- Mark one box, like this:
- Australia ► **Go to 16**
- England
- New Zealand
- India
- Philippines
- Vietnam
- Italy
- Other (please specify)

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

- For example, for arrival in 1987 write:
- Year
- Will be in Australia for less than one year

**16 In which country was the person's father born?**

- If the person does not know their birth father, and has a second parent, please include the country of birth of the second parent here.
- If the person has same-sex parents, include the country of birth of one of the two parents here.

Australia

Other (please specify)

**17 In which country was the person's mother born?**

- If the person does not know their birth mother, and has a second parent, please include the country of birth of the second parent here.
- If the person has same-sex parents, include the country of birth of one of the two parents here.

Australia

Other (please specify)

**18 Does the person use a language other than English at home?**

- If more than one language other than English, write the one that is used most often.
- Include use of sign languages (for example, AUSLAN) in the 'please specify' option.
- Include use of Aboriginal or Torres Strait Islander languages in the 'please specify' option.
- Mark one box, like this:

- No, English only ► **Go to 20**
- Yes, Mandarin
- Yes, Arabic
- Yes, Cantonese
- Yes, Vietnamese
- Yes, Italian
- Yes, Greek
- Yes, other language (please specify)

**19 How well does the person speak English?**

- Mark one box, like this:
- Very well
- Well
- Not well
- Not at all



## 26 Has the person been told by a doctor or nurse that they have any of these long-term health conditions?

- Include health conditions that have lasted or are expected to last for six months or more.
- Include health conditions that:
  - may recur from time to time, or
  - are controlled by medication, or
  - are in remission.
- Mark all that apply, like this:

**i** Go to [www.census.abs.gov.au/questions](http://www.census.abs.gov.au/questions) for more information.

- Arthritis
- Asthma
- Cancer (including remission)
- Dementia (including Alzheimer's)
- Diabetes (excluding gestational diabetes)
- Heart disease (including heart attack or angina)
- Kidney disease
- Lung condition (including COPD or emphysema)
- Mental health condition (including depression or anxiety)
- Stroke
- Any other long-term health condition(s)
- No long-term health condition**

## 27 Is the person attending a school or other education institution?

- Include preschool, online, external or correspondence study.
- Mark one box, like this:
- No **▶ Go to 29**
- Yes, full-time student
- Yes, part-time student

## 28 What type of education institution is the person attending?

- Include preschool, early childhood education and centre-based day care providers. This should be marked as 'Preschool'.
- Include secondary colleges and senior high schools under the 'Secondary school' category.
- For external, online or correspondence students, mark the type of institution in which they are enrolled.
- Mark one box, like this:

### Preschool

#### Primary school

- Government
- Catholic

- Other non-government

#### Secondary school

- Government
- Catholic
- Other non-government

#### Tertiary

- Vocational education (including TAFE and private training providers)
- University or other higher education

- Other education institution**







**48 Last week, how many hours did the person work in all jobs?**

- Add any overtime or extra time worked and subtract any time off.

Hours worked

None

**49 Did the person actively look for work at any time in the last four weeks?**

- Full-time work means 35 hours or more per week.
- Examples of *actively* looking for work include:
  - writing, telephoning or applying to an employer for work
  - having a job interview
  - checking or registering with an employment agency
  - taking steps to purchase or start a business
  - advertising or tendering for work
  - contacting friends or relatives in order to obtain work
  - answering an advertisement for a job.

No, did not look for work ► **Go to 51**

Yes, looked for full-time work

Yes, looked for part-time work

**50 If the person had found a job, could the person have started work last week?**

- Mark one box, like this:

Yes, could have started work last week

No, already had a job to go to

No, temporarily ill or injured

No, other reason

**51 Has the person ever served in the Australian Defence Force?**

- Include Royal Australian Navy, Australian Army, Royal Australian Air Force, Second Australian Imperial Force, National Service and NORFORCE.
- Exclude service for non-Australian defence forces.
- Mark all that apply, like this:

 Go to [www.census.abs.gov.au/questions](http://www.census.abs.gov.au/questions) for more information.

No

**Regular Service**

Yes, current service

Yes, previous service

**Reserves Service**

Yes, current service

Yes, previous service

**52 In the last twelve months did the person spend any time doing unpaid voluntary work for an organisation or group?**

- Include unpaid voluntary work for sporting teams, youth groups, schools or religious organisations.
- Exclude work in a family business or paid employment.
- Exclude work to qualify for a government benefit, to obtain an educational qualification or due to a community/court order.
- Mark one box, like this:

No, did not do unpaid voluntary work

Yes, did unpaid voluntary work

**53 In the last week did the person spend time doing unpaid domestic work for their household?**

- Include all housework, food/drink preparation and clean-up, laundry, gardening, home maintenance and repairs, household shopping and finance management.
- Mark one box, like this:

No, did not do any unpaid domestic work in the last week

Yes, less than 5 hours

Yes, 5 - 14 hours

Yes, 15 - 29 hours

Yes, 30 hours or more

**54 In the last two weeks did the person spend time providing unpaid care, help or assistance to family members or others because of a disability, a long-term health condition or problems related to old age?**

- People who receive Carer Allowance or Carer Payment should mark 'Yes, provided unpaid care, help or assistance'.
  - Occasional help or assistance, such as shopping, should only be included if the person needs this type of assistance because of their condition.
  - Do not include work done through a voluntary organisation or group.
  - Mark one box, like this:
- No, did not provide unpaid care, help or assistance
- Yes, provided unpaid care, help or assistance

**55 In the last two weeks did the person spend time looking after a child, without pay?**

- Only include children who were less than 15 years of age.
- Mark all that apply, like this:

No

Yes, looked after own child

Yes, looked after a child other than own child

**56** Does the person agree to their name, 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 by the National Archives where a person does not agree or the answer is left blank.
- Information provided to the National Archives will include answers to all questions on the form including Question 26 (long-term health conditions).

**i** Go to [www.census.abs.gov.au/questions](http://www.census.abs.gov.au/questions) for more information.

- Yes, agrees
- No, does not agree

**57** Finished?

- Please make sure you have not missed any pages or questions.
- Please sign here.

Signature

Day    Month    Year

**Thank you for your participation.**

**Please return this completed form  
without delay.**

SAMPLE

# Thank you for taking part.



## Need help to complete your Census?

We are here to help – online, in person or over the phone.  
 Go to **[www.census.abs.gov.au/help](http://www.census.abs.gov.au/help)** for frequently asked questions, self-service options, and information about getting help in person.  
 You can also call us on **1800 512 441**.



### National Relay Service

If you are deaf, hard of hearing and/or have a speech impairment, you can contact us through the National Relay Service.



### Language support

To access in-language support, you can contact the Translating and Interpreting Service (TIS National) on **131 450**.



If you complete the Census online, please recycle this paper form.

Census data is used to inform many things, from national decisions to local services such as:



the discovery of medical breakthroughs, like the link between Rubella and birth defects.



giving disadvantaged students the opportunity to study at university.



planning for aged care and improving the well-being of older Australians.



#### FIELD STAFF USE ONLY

##### RAS

CCF   
 QA

##### ASC

FOM   
 INC

##### HOM

RGH

DFA number

Record number

#### OFFICE USE ONLY

##### DCC

TRN   
 U15   
 NAH   
 UNO   
 PFR   
 COM   
 REF

##### RAS

CCF   
 QA

##### HOM

QA

