

Household Continuation Questionnaire

Northern Ireland



Return to: FREEPOST 2011 Census, Processing Centre

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							1	Post	code	5					
								L							

Declaration

This questionnaire has been completed to the best of my knowledge and belief.

Signature	
Date	Telephone number

We may contact you if we need to collect missing information.

What do you need to do?

The householder is responsible for ensuring that this questionnaire is completed on 27 March 2011, or as soon as possible afterwards. The completed questionnaire should be posted back separately using the pre-paid envelope supplied.

If there are more than six people in your household:

- complete the relationship question (pages 2 and 3 of this questionnaire);
- answer the remaining questions for every member of your household not included on your first Household Questionnaire;
- if there are more than 11 people in your household, you will need an additional Continuation Questionnaire.

If there are more than three visitors in your household:

- complete the Visitor questions on the back page of this questionnaire (page 24).
 Include every visitor staying overnight on 27 March 2011 not included on your first Household Questionnaire;
- if there are more than six visitors, you will need an additional Continuation Ouestionnaire.

Please post your Continuation Questionnaire back separately in the pre-paid envelope supplied.

If you have lost your envelope, return to: FREEPOST 2011 Census, Processing Centre.

Where can you get help?



www.census.gov.uk/ni



Census helpline 0300 0201 120



Text Relay 18001 0300 0201 170

Help is available in large print and Braille.





Household questions

How are members of this household related to each other? If members are not related, tick the 'Unrelated' box.

Write the name of Person 1 from your first Household Questionnaire in the first column.

Example:

This shows the relationship information for Robert Smith, who is Person 1, and his remaining 3 children (Michael, Amanda and Richard), who were not included on the the first Household Questionnaire.

Name of Person 1 irst name ROBERT ast name SMITH	Name of Person 7 First name MICHAEL Last name SMITH How is Person 7 relat to Person:	ed 1	Name of Person 8 First name AMANDA Last name SMITH How is Person 8 related to Persons: 1 7		
	Husband or wife		Husband or wife		
	Same-sex civil partner		Same-sex civil partner		
	Partner		Partner		
	Son or daughter	✓	Son or daughter	7	
	Stepchild		Stepchild		
	Brother or sister		Brother or sister		

- Use the remaining columns to write the names of each person who was not included on your first Household Questionnaire. Remember to include children and babies and people who have requested an Individual Questionnaire. Do not include visitors.
- Tick a box to show the relationship of each person to each of the other members of your household you have listed.

l	
	ENTER NAME OF
	PERSON 1 FROM
	YOUR FIRST
	HOUSEHOLD

QUESTIONNAIRE

Name of Person 1

First name

Last name

Name of Person 7 First name Last name		Name of Person 8 First name Last name		
How is Person 7 relate to Person:	1	How is Person 8 relator Persons:	ated 7	
Husband or wife Same-sex civil		Husband or wife Same-sex civil		
partner		partner		
Partner		Partner		
Son or daughter		Son or daughter		
Stepchild		Stepchild		
Brother or sister		Brother or sister		
Stepbrother or stepsister		Stepbrother or stepsister		
Mother or father		Mother or father		
Stepmother or stepfather		Stepmother or stepfather		
Grandchild		Grandchild		
Grandparent		Grandparent		
Relation - other		Relation - other		
Unrelated (including foster child)		Unrelated (including foster child)		







elpline 0300 0201 120	Ø	www
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Name of Person 9 First name RICHARD Last name SMITH		Name of Person 10 First name Last name	0	Name of Person 11 First name Last name			
How is Person 9 relatored to Persons:	ted 1 7 8	How is Person 10 r to Persons:	related 9	How is Person 11 re	elated 9 10		
Husband or wife		Husband or wife		Husband or wife			
Same-sex civil partner		Same-sex civil partner		Same-sex civil partner			
Partner		Partner		Partner			
Son or daughter	Z	Son or daughter		Son or daughter			
Stepchild		Stepchild		Stepchild			
Brother or sister		Brother or sister		Brother or sister			
			•				
Name of Borson	. 0	Name	of Porcon 10		Name of Person 11		

Name of Person 9 First name		Name of Person 10 First name		Name of Person 11 First name			
Last name		Last name		Last name			
How is Person 9 relat to Persons:	ed 1 7 8	How is Person 10 r to Persons:	elated 1 7 8 9	How is Person 11 r to Persons:	elated 9 10		
Husband or wife		Husband or wife		Husband or wife			
Same-sex civil partner		Same-sex civil partner		Same-sex civil partner			
Partner		Partner		Partner			
Son or daughter		Son or daughter		Son or daughter			
Stepchild		Stepchild		Stepchild			
Brother or sister		Brother or sister		Brother or sister			
Stepbrother or stepsister		Stepbrother or stepsister		Stepbrother or stepsister			
Mother or father		Mother or father		Mother or father			
Stepmother or stepfather		Stepmother or stepfather		Stepmother or stepfather			
Grandchild		Grandchild		Grandchild			
Grandparent		Grandparent		Grandparent			
Relation - other		Relation - other		Relation - other			
Unrelated (including foster child)		Unrelated (including foster child)		Unrelated (including foster child)			

Individual questions - Person 7 start here

1	What is your name? (First name Last name	(Person 7 on page 2)	9	Including the time you have already spent in the United Kingdom, how long do you intend to stay in the UK? Less than 6 months 6 months or more but less than 12 months			
2	What is your sex?			12 months or more			
	☐ Male ☐	Female	10	Have you lived outside Northern Ireland for a			
3	What is your date of	birth?	continuous period of one year or more?				
	Day Month Yea			Yes			
				□ No → Goto 13			
4	On 27 March 2011, w same-sex civil partner	rhat is your legal marital or rship status?	1	During this time outside Northern Ireland, what was the last country you lived in?			
	Never married and civil partnership	never registered a same-sex					
	Married	In a registered same-sex civil partnership	12	Northern Ireland?			
	Separated, but still legally married	Separated, but still legally in a same-sex civil partnership		Month Year			
	Divorced	Formerly in a same-sex civil partnership which is now legally dissolved	13	One year ago, what was your usual address? If you had no usual address one year ago, state the address where you were staying.			
	Widowed	Surviving partner from a same-sex civil partnership		Same as Person 1			
5	Are you a schoolchild education?	l or student in full-time		The address on the front of this questionnaire Student term-time/boarding school address in the UK, write in term-time address below			
	Yes			Another address in the UK, write in below			
	□ No → Goto 7			, underlier address in the ork, white in Science			
6	During term time, do	you live:					
	at the address on	the front of this questionnaire?					
	at another addres	s? → Goto 45					
7	What is your country	of birth?		Postcode			
•	Northern Ireland						
	☐ England → Got		OR	Outside the UK, write in country			
	☐ Scotland → Go	to 10					
		10	4	What passports do you hold?			
	Republic of Ireland	d	14	Tick all that apply.			
	Elsewhere, write in	n the current name of country		United Kingdom			
				Ireland			
	If you arrived to live in	a the United Kingdon		Other, write in			
8		the United Kingdom:					
	on or after 27 Marchbefore 27 March 20			None			
	before 27 ivial cit 20	7 40 to 10		LI INOTIE			



(Text Relay 18001 0300 0201 170	helpline 0300 0201 120 www.census.gov.uk/ni
15	How would you describe your national identity? Tick all that apply. British Irish Northern Irish English Scottish Welsh	What is your main language? □ English → Go to 21 □ Other, write in (including British/Irish Sign Languages)
16	Other, write in What is your ethnic group?	How well can you speak English? Very well Well Not well Not at all
	Tick one box only. White Chinese Irish Traveller Indian Pakistani Bangladeshi Black Caribbean Black African Black Other Mixed ethnic group, write in Any other ethnic group, write in	Can you understand, speak, read or write Irish or Ulster-Scots? Tick all that apply. No ability Understand Speak Read Write Irish Ulster-Scots Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. Yes, limited a lot Yes, limited a little No
77	you belong to? Roman Catholic → Go to 19 Presbyterian Church in Ireland → Go to 19 Church of Ireland → Go to 19 Methodist Church in Ireland → Go to 19 Other, write in → Go to 19 None	Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months? Tick all that apply. Deafness or partial hearing loss Blindness or partial sight loss Communication difficulty (a difficulty with speaking or making yourself understood) A mobility or dexterity difficulty (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying) A learning difficulty, an intellectual difficulty, or a social or behavioural difficulty An emotional, psychological or mental health
18	What religion, religious denomination or body were you brought up in?	condition (such as depression or schizophrenia)

Roman Catholic

Church of Ireland

Other, write in

None

Presbyterian Church in Ireland

Methodist Church in Ireland



Long-term pain or discomfort

heart disease or epilepsy)

asthma)

No condition

Shortness of breath or difficulty breathing (such as

Frequent periods of confusion or memory loss

A chronic illness (such as cancer, HIV, diabetes,

Person 7 - continued

24	How	is your	health in	general?			28		the past year, have you helped with or carried
	Very	good	Good	Fair	Bad	Very bad		out	it any voluntary work without pay?
									Yes No
25			after, or g				29	Last	st week, were you:
		use of e		as, rieignis	001501	others		C	Tick all that apply.
		_	n physical o related to		-health/d	lisability?		C	Include any paid work, including casual or temporary work, even if only for one hour.
	•	Do not employi	,	ning you do	as part o	of your paid			working as an employee? → Go to 35
	□ No								on a government sponsored → Go to 35 training scheme?
			19 hours a						self-employed or freelance? - Go to 35
		Yes, 20	- 49 hours	a week					working, paid or unpaid, for your
		Yes, 50	or more ho	urs a week					own or your family's business? → Go to 35
26			ged 16 or c			<u> </u>			away from work ill, on maternity leave, on holiday or temporarily laid off? → Go to 35
	It yo	u are ag	ged 15 or u	ınder → (30 to 4	3			doing any other kind of paid work? → Go to 35
27	Whi	ch of th	ese qualifi	cations do	you hav	e?			none of the above
	C		ery box tha ations listed		you have	any of the	30	Wer	ere you actively looking for any kind of paid
	C		JK qualifica ntains its ne			the box			ork during the last four weeks?
	C	UK, tick		at indicates		nined outside the nis and the nearest		If a	Yès No No a job had been available last week, could you
			evels/CSEs tion Diploma		grades),	Entry Level,	31	hav	ve started it within two weeks?
		NVQ Lev	vel 1, Found	ation GNVQ	, Basic/E	ssential Skills			Yes No
		(grades	vels (passes A*-C), Sch Levels/VCE	ool Certifica	ate, 1 A I		32		st week, were you waiting to start a job already stained?
			vel 2, Intern TEC First/G						Yes No
		Apprent	ticeship				33	Last	st week, were you:
			vels/VCEs, ate, Progress					C	Tick all that apply.
		NVQ Le	vel 3, Advar ed Craft, Ol vanced Dipl	nced GNVQ NC, OND, B	, City an	d Guilds			retired (whether receiving a pension or not)? a student? looking after home or family?
		_	(for exampl mple, MA, l		_	degree			long-term sick or disabled?
			vel 4-5, HN igher Level,		_	r Diploma,			other
		Professi	onal qualific , accountan	cations (for	_	teaching,	34	Hav	ave you ever worked? Yes, write in the year that you last worked
			ocational/w	•	qualifica	ntions			→ Go to 35
			ations gaine		•				7 40 10 55
			ifications						No, have never worked \rightarrow Go to 43



(Text Relay 18001 0300 0201 170 Census	helpline 0300 0201 120 www.census.gov.uk/ni
35	Answer questions 36 to 42 for your main job or, if not working, your last main job. Your main job is the job in which you usually work (worked) the most hours.	In your main job, how many hours a week do (did) you usually work? Include paid and unpaid overtime. 15 or less 16 - 30
36	In your main job, are (were) you: an employee? self-employed or freelance without employees? self-employed with employees? What is (was) your full and specific job title? For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER. Do not state your grade or pay band.	 31 - 48 49 or more What address do you travel to for your main job or course of study (including school)? Answer for the place where you spend the most time. If you report to a depot, write in the depot address. Not currently working or studying → Go to 45 Work or study mainly at or → Go to 45
50	Briefly describe what you do (did) in your main job.	No fixed place Offshore installation The address below, write in
38		Country
39	 Do (did) you supervise any employees? Supervision involves overseeing the work of other employees on a day-to-day basis. Yes No 	Postcode
40	At your workplace, what is (was) the main activity of your employer or business? For example, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING. If you are (were) a civil servant, write GOVERNMENT. If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of the department you work (worked) for.	How do you usually travel to your main place of work or study (including school)? Tick one box only. Tick the box for the longest part, by distance, of your usual journey to place of work or study. Train Bus, minibus or coach (public or private) Motorcycle, scooter or moped Driving a car or van Car or van pool, sharing driving Passenger in a car or van Taxi Bicycle
41)	In your main job, what is (was) the name of the organisation you work (worked) for? If you are (were) self-employed in your own organisation, write in the business name.	On foot Other There are no more questions for Person 7. → Go to questions for Person 8.
	No organisation (for example, self-employed, freelance, or work (worked) for a private individual)	 OR If there are no more people in this household, → Go to the Visitor questions on the back page. OR If there are no visitors staying here overnight, → Go to the Declaration on the front page.

Individual questions - Person 8 start here

1	What is your name? (Perirst name) Last name	erson 8 on page 2)	9	Including the time you have already spent in the United Kingdom, how long do you intend to stay in the UK? Less than 6 months 6 months or more but less than 12 months					
2	What is your sex?			12 months or more					
	☐ Male ☐	Female	10	Have you lived outside Northern Ireland for a					
3	What is your date of bi	irth?		continuous period of one year or more?					
	Day Month Year			Yes					
				□ No → Goto 13					
4	On 27 March 2011, who	at is your legal marital or hip status?	1	During this time outside Northern Ireland, what was the last country you lived in?					
	Never married and n civil partnership	ever registered a same-sex							
	Married	In a registered same-sex civil partnership	12	Northern Ireland?					
	Separated, but still legally married	Separated, but still legally in a same-sex civil partnership		Month Year					
	Divorced	Formerly in a same-sex civil partnership which is now legally dissolved	B	One year ago, what was your usual address? If you had no usual address one year ago, state the address where you were staying.					
	Widowed	Surviving partner from a same-sex civil partnership		Same as Person 1					
5	Are you a schoolchild c education?	or student in full-time		The address on the front of this questionnaire Student term-time/boarding school address in the UK, write in term-time address below					
	Yes			Another address in the UK, write in below					
	□ No → Go to 7								
6	During term time, do y	ou live:							
	at the address on the	ne front of this questionnaire?							
	at another address?	→ Go to 45							
7	What is your country o	f birth?		Postcode					
	☐ Northern Ireland ■	Go to 10							
	☐ England → Go to	10	OR	Outside the UK, write in country					
	☐ Scotland → Goto	10							
	Wales → Go to 1	0	14	What passports do you hold?					
	Republic of Ireland		لت	Tick all that apply.					
	Elsewhere, write in the current name of country			☐ United Kingdom					
				☐ Ireland					
8	If you arrived to live in t	the United Kinadom:		Other, write in					
U	• on or after 27 March 2								
	 before 27 March 201 			None					



(Text Relay 18001 0300 0201 170 Census	helpl	ine 0	300 0201 120 www.census.gov.uk/ni
15	Hov	v would you describe your national identity?	19	Wha	at is your main language?
	C	Tick all that apply.			English → Go to 21
		British			Other, write in (including British/Irish Sign Languages)
		English Scottish Welsh			
		Other, write in			
				How Very	well can you speak English? well Well Not well Not at all
16	Wha	at is your ethnic group?			
	0	Tick one box only.	21		you understand, speak, read or write Irish or
		White		Ulst	er-Scots?
		Chinese			Tick all that apply.
		Irish Traveller			ability Understand Speak Read Write
		Indian		Irish	
		Pakistani Bangladeshi		Ulste	er-Scots
		Black Caribbean			
		Black African	22		your day to-day activities limited because of a the problem or disability which has lasted, or is
		Black Other			ected to last, at least 12 months?
		Mixed ethnic group, write in		2	Include problems related to old age.
					Yes, limited a lot
		Any other ethnic group, write in			Yes, limited a little
		Any other ethnic gloup, write in			No
	Ш		23		ou have any of the following conditions which
17		at religion, religious denomination or body do		1 ave	lasted, or are expected to last, at least 12 months? Tick all that apply.
	you	belong to?			Deafness or partial hearing loss
		Roman Catholic → Go to 19			Blindness or partial sight loss
		Presbyterian Church in Ireland • Go to			Communication difficulty (a difficulty with
		Church of Ireland Go to 12			speaking or making yourself understood)
		Methodist Church in Ireland → Go to 19			A mobility or dexterity difficulty (a condition that substantially limits one or more basic physical
		Other, write in → Go to 19			activities such as walking, climbing stairs, lifting or carrying)
					A learning difficulty, an intellectual difficulty, or a
		None			social or behavioural difficulty
18	Wha	at religion, religious denomination or body			An emotional, psychological or mental health

Long-term pain or discomfort Roman Catholic Shortness of breath or difficulty breathing (such as Presbyterian Church in Ireland asthma) Church of Ireland Frequent periods of confusion or memory loss Methodist Church in Ireland A chronic illness (such as cancer, HIV, diabetes, Other, write in heart disease or epilepsy) Other condition No condition None

were you brought up in?



condition (such as depression or schizophrenia)

Person 8 - continued

24		<mark>/ is your</mark> good	health in g	eneral? Fair	Bad	Very bad	28			r, have you helped with or carried ary work without pay?
									Yes	No
25	fam	ily mem	after, or gi bers, friend				29	Last	week, wer	
		because of either:						J	Tick all tha	t apply.
	long-term physical or mental ill-health/disability?problems related to old age?							C	,	paid work, including casual or work, even if only for one hour.
	C	Do not count anything you do as part of your paid employment.							working as	an employee? → Go to 35
		No							on a gover training sch	nment sponsored → Go to 35 neme?
			19 hours a v						self-employ	yed or freelance? → Go to 35
		Yes, 20	- 49 hours a	week						aid or unpaid, for your
		Yes, 50	or more hou	ırs a week					own or you	ur family's business? → Go to 35
26			ged 16 or o		_					work ill, on maternity leave, or temporarily laid off? → Go to 35
	II yo	u are ag	ged 15 or ui	ider 🔫 C	10 10 45				doing any o	other kind of paid work? Goto 35
27	Whi	ch of th	ese qualific	ations do	you have	e?			none of the	e above
	C		ery box that ations listed.	applies if y	ou have	any of the	30	Wer	e you activ	rely looking for any kind of paid
	C		JK qualificat ntains its nea			the box			k during th	ne last four weeks?
	C	UK, tick	ave qualifica the box tha ivalents (if kr	t indicates			31	If a	iob had be	No en available last week, could you
			evels/CSEs/ tion Diploma		grades),	Entry Level,		hav	e started it	within two weeks?
		NVQ Lev	vel 1, Founda	tion GNVQ	, Basic/Es	sential Skills			Yes	No
		(grades	evels (passes) A*-C), Scho Levels/VCEs	ol Certifica	ate, 1 A L		32		week, wer ained?	re you waiting to start a job already
			vel 2, Interm TEC First/Ge						Yes	No
		Apprent	ticeship				33	Last	week, wer	re you:
			vels/VCEs, 4 ate, Progressi					C	Tick all tha	
			vel 3, Advan ed Craft, ON						retired (wh a student?	ether receiving a pension or not)?
			vanced Diplo		TEC Hatic	51101,				er home or family?
		_	(for example mple, MA, P		Higher d	egree			_	sick or disabled?
		NVQ Le	vel 4-5, HN0 igher Level, F	C, HND, RS	_	Diploma,			other	
			_		_	toaching	34	Hav	e you ever	worked?
			onal qualifica , accountanc		ехаптріе,	teaching,			Yes, write in	n the year that you last worked
		Other v	ocational/w	ork-related	qualifica	tions				→ Go to 35
		Qualific	ations gaine	d outside t	he UK					_
		No qual	ifications						No, nave n	ever worked → Go to 43





	Text Relay 18001 0300 0201 170 Census	helpline 0300 0201 120 www.census.gov.uk/ni
35	Answer questions 36 to 42 for your main job or, if not working, your last main job. Your main job is the job in which you usually work (worked) the most hours. In your main job, are (were) you: an employee? self-employed or freelance without employees? self-employed with employees?	In your main job, how many hours a week do (did) you usually work? Include paid and unpaid overtime. 15 or less 16 - 30 31 - 48 49 or more What address do you travel to for your main job or course of study (including school)? Answer for the place where you spend the most time.
37	 What is (was) your full and specific job title? For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER. Do not state your grade or pay band. 	 If you report to a depot, write in the depot address. Not currently working or studying → Go to 45 Work or study mainly at or → Go to 45 from home No fixed place Offshore installation The address below, write in
38	Briefly describe what you do (did) in your main job.	Country
39	 Do (did) you supervise any employees? Supervision involves overseeing the work of other employees on a day-to-day basis. Yes No 	Postcode
40	At your workplace, what is (was) the main activity of your employer or business? For example, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING. If you are (were) a civil servant, write GOVERNMENT. If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of the department you work (worked) for.	How do you usually travel to your main place of work or study (including school)? Tick one box only. Tick the box for the longest part, by distance, of your usual journey to place of work or study. Train Bus, minibus or coach (public or private) Motorcycle, scooter or moped Driving a car or van Car or van pool, sharing driving Passenger in a car or van Taxi Bicycle
41)	In your main job, what is (was) the name of the organisation you work (worked) for? If you are (were) self-employed in your own organisation, write in the business name. No organisation (for example, self-employed, freelance, or work (worked) for a private individual)	On foot Other There are no more questions for Person 8. Go to questions for Person 9. OR If there are no more people in this household, Go to the Visitor questions on the back page. OR If there are no visitors staying here overnight, Go to the Declaration on the front page.

Individual questions - Person 9 start here

1	What is your name? (First name Last name	Person 9 on page 3)	9	Including the time you have already spent in the United Kingdom, how long do you intend to stay in the UK? Less than 6 months 6 months or more but less than 12 months					
2	What is your sex?			12 months or more					
	☐ Male ☐	Female	10	Have you lived outside Northern Ireland for a					
3	What is your date of k	pirth?		continuous period of one year or more?					
	Day Month Year			Yes					
				□ No → Go to 13					
4	On 27 March 2011, wh same-sex civil partners	hat is your legal marital or ship status?	1	During this time outside Northern Ireland, what was the last country you lived in?					
	Never married and civil partnership	never registered a same-sex							
	Married	In a registered same-sex civil partnership	12	Northern Ireland?					
	Separated, but still legally married	Separated, but still legally in a same-sex civil partnership		Month Year					
	Divorced	Formerly in a same-sex civil partnership which is now legally dissolved	B	One year ago, what was your usual address? If you had no usual address one year ago, state the address where you were staying.					
	Widowed	Surviving partner from a same-sex civil partnership		Same as Person 1					
5	Are you a schoolchild education?	or student in full-time		The address on the front of this questionnaire Student term-time/boarding school address in the UK, write in term-time address below					
	Yes			Another address in the UK, write in below					
	□ No → Go to 7								
6	During term time, do	you live:							
	at the address on t	the front of this questionnaire?							
	at another address	? → Go to 45							
7	What is your country	of birth?		Postcode					
	☐ Northern Ireland ■	→ Go to 10							
	☐ England → Got	0 10	OR	Outside the UK, write in country					
	☐ Scotland → Got	to 10							
	Wales → Goto	10	14	What passports do you hold?					
	Republic of Ireland		لت	Tick all that apply.					
	Elsewhere, write in the current name of country			☐ United Kingdom					
				☐ Ireland					
8	If you arrived to live in	the United Kingdom		Other, write in					
U	• on or after 27 March								
	 before 27 March 20 			None					



Text Relay 18001 0300 0201 170 Census	helpline 0300 0201 120 www.census.gov.uk/ni
How would you describe your national identity? Tick all that apply. British Irish Northern Irish English Scottish Welsh	What is your main language? □ English → Go to 21 □ Other, write in (including British/Irish Sign Languages)
Other, write in What is your ethnic group? Tick one box only. White Chinese Irish Traveller Indian Pakistani Bangladeshi Black Caribbean Black African Black Other Mixed ethnic group, write in	How well can you speak English? Very well Well Not well Not at all Can you understand, speak, read or write Irish or Ulster-Scots? Tick all that apply. No ability Understand Speak Read Write Irish Ulster-Scots Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. Yes, limited a lot Yes, limited a little
Any other ethnic group, write in	No No
7 What religion, religious denomination or body do you belong to? □ Roman Catholic → Go to 19 □ Presbyterian Church in Ireland → Go to 19 □ Church of Ireland → Go to 19 □ Methodist Church in Ireland → Go to 19 □ Other, write in → Go to 19 □ None	Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months? Tick all that apply. Deafness or partial hearing loss Blindness or partial sight loss Communication difficulty (a difficulty with speaking or making yourself understood) A mobility or dexterity difficulty (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying) A learning difficulty, an intellectual difficulty, or a social or behavioural difficulty
8 What religion, religious denomination or body were you brought up in?	An emotional, psychological or mental health condition (such as depression or schizophrenia)

Roman Catholic

Church of Ireland

Other, write in

None

Presbyterian Church in Ireland

Methodist Church in Ireland



Long-term pain or discomfort

heart disease or epilepsy)

Other condition

No condition

asthma)

Shortness of breath or difficulty breathing (such as

Frequent periods of confusion or memory loss

A chronic illness (such as cancer, HIV, diabetes,

Person 9 - continued

24		-	health in g				28				e you helped with or	carried
	Very	good	Good	Fair	Bad	Very bad		out	any volunta	ry w	ork without pay?	
	L								Yes [No	
25			after, or g bers, frienc				29	Last	week, were	you	:	
		ause of e		is, fielgilb	Juis Oi C	otileis		C	Tick all that	apply	у.	
		_	n physical or related to		health/c	lisability?		C			work, including casual even if only for one ho	
	C	Do not employ	count anyth ment.	ing you do	as part c	of your paid			working as	an er	mployee? → Goto	15
		No							on a govern training sch		t sponsored Goto	35
		Yes, 1 -	19 hours a	week					self-employe	ed or	freelance? → Go to	35
		Yes, 20	- 49 hours a	week							unpaid, for your	3
		Yes, 50	or more hou	ırs a week							ily's business? ⇒ Go	to 35
26			ged 16 or o			a .					ill, on maternity leave, nporarily laid off? →	
	іт ус	u are ag	ged 15 or u	nder 🕶 🤇	10 to <u>4</u>				doing any ot	ther k	kind of paid work? 🔷	Go to 🔢
27	Whi	ch of th	ese qualific	ations do	you hav	e?			none of the	abov	/e	
	C		ery box that ations listed.		ou have	any of the	30	Wer	e you active	ely lo	oking for any kind o	f paid
	•		JK qualificat ntains its nea			the box				e last	four weeks?	
	C	UK, tick	ave qualifica the box tha valents (if k	nt indicates			31	If a	iob had bee		No ailable last week, coι	ıld you
			evels/CSEs/ tion Diploma		grades),	Entry Level,		have		withi	n two weeks?	and you
		NVQ Lev	vel 1, Founda	ition GNVQ	, Basic/Es	ssential Skills			Yes		No	
		(grades	vels (passes) A*-C), Scho Levels/VCEs	ool Certifica	ate, 1 A L		32		week, were	you	ı waiting to start a jo	b already
			vel 2, Interm TEC First/Ge						Yes [No	
		Appren	ticeship				33	Last	week, were	you	:	
			vels/VCEs, ate, Progressi					C	Tick all that		•	
		NVQ Le	vel 3, Advan	ced GNVQ	, City and	d Guilds			retired (whe a student?	ther	receiving a pension or	not)?
			vanced Diplo		120 1100	orial,				r hor	ne or family?	
		_	(for example mple, MA, P		_	degree			long-term si		•	
			vel 4-5, HN igher Level, I		_	Diploma,			other			
		Professi	onal qualific , accountanc	ations (for		teaching,	34	Hav	e you ever v Yes, write in		ed? rear that you last worked	d
		_	ocational/w		qualifica	itions				→ G	o to 35	
		Qualific	ations gaine	d outside t	he UK							
			ifications						No, have ne	ver v	vorked 🔷 Goto 43	





	Text Relay 18001 0300 0201 170 Census	nelpline	0300 0201 120 www.census.gov.uk/ni
35	an employee?	you ⊃	your main job, how many hours a week do (did) u usually work? Include paid and unpaid overtime. 15 or less
	self-employed or freelance without employees?self-employed with employees?		urse of study (including school)? Answer for the place where you spend the most time.
37	 What is (was) your full and specific job title? For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER. Do not state your grade or pay band. 		If you report to a depot, write in the depot address. Not currently working or studying → Go to 45 Work or study mainly at or → Go to 45 from home No fixed place Offshore installation The address below, write in
38	Briefly describe what you do (did) in your main job.		
39	 Do (did) you supervise any employees? Supervision involves overseeing the work of other employees on a day-to-day basis. Yes No 	Pos	toode
40	At your workplace, what is (was) the main activity of your employer or business? For example, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING. If you are (were) a civil servant, write GOVERNMENT. If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of the department you work (worked) for.		w do you usually travel to your main place of ork or study (including school)? Tick one box only. Tick the box for the longest part, by distance, of your usual journey to place of work or study. Train Bus, minibus or coach (public or private) Motorcycle, scooter or moped Driving a car or van Car or van pool, sharing driving Passenger in a car or van Taxi Bicycle
41	In your main job, what is (was) the name of the organisation you work (worked) for? If you are (were) self-employed in your own organisation, write in the business name.	OR If t	On foot Other ere are no more questions for Person 9. Go to questions for Person 10. here are no more people in this household, Go to the Visitor questions on the back page.
	No organisation (for example, self-employed, freelance, or work (worked) for a private individual)		here are no visitors staying here overnight, Goto the Declaration on the front page.

Individual questions - Person 10 start here

	1011110101011						
1	What is your name? (First name Last name	Person 10 on page 3)	9	Including the time you have already spent in the United Kingdom, how long do you intend to stay in the UK? Less than 6 months 6 months or more but less than 12 months			
5	What is your sex?			12 months or more			
4							
	Male	Female	10	Have you lived outside Northern Ireland for a			
3	What is your date of	birth?		continuous period of one year or more?			
	Day Month Year			Yes			
				□ No → Goto 13			
				_			
4	On 27 March 2011, w same-sex civil partner	hat is your legal marital or ship status?	111	During this time outside Northern Ireland, what was the last country you lived in?			
	Never married and civil partnership	never registered a same-sex					
	Married	In a registered same-sex civil partnership	12	Northern Ireland?			
	Separated, but	Separated, but still		Month Year			
	still legally married	legally in a same-sex civil partnership					
	Divorced	Formerly in a same-sex	(F)	One year ago, what was your usual address?			
	Divorced	civil partnership which is now legally dissolved	13	If you had no usual address one year ago, state			
	Widowed	Surviving partner from a		the address where you were staying.			
		same-sex civil partnership		Same as Person 1			
5	Are you a schoolchild	or student in full-time		The address on the front of this questionnaire			
	education?	or student in run time		Student term-time/boarding school address in			
	Yes			the UK, write in term-time address below			
	□ No → Goto 7			Another address in the UK, write in below			
6	During term time, do	you live:					
	at the address on	the front of this questionnaire?					
	at another address	s? → Go to 45					
	What is your country	of hirth?		Postcode			
7							
	Northern Ireland		OR	Outside the UK, write in country			
	☐ England → Got		OK	Outside the ork, write in country			
	☐ Scotland → Go						
	Wales → Goto	10	14	What passports do you hold?			
	Republic of Ireland	d	لقا	Tick all that apply.			
Elsewhere, write in the current n		n the current name of country		_			
				United Kingdom			
				Ireland			
8	If you arrived to live in	the United Kingdom:		Other, write in			
	• on or after 27 March	n <u>2010</u> → Go to 9					
	• before 27 March 20	<u>110</u> → Go to 10		None			



Text Relay 18001 0300 0201 170 Census	helpline 0300 0201 120 www.census.gov.uk/ni
 How would you describe your national identity? Tick all that apply. British □ Irish □ Northern Irish English □ Scottish □ Welsh Other, write in 	What is your main language? □ English → Go to 21 □ Other, write in (including British/Irish Sign Languages)
 What is your ethnic group? → Tick one box only. White Chinese Irish Traveller Indian Pakistani Bangladeshi 	How well can you speak English? Very well Well Not well Not at all Can you understand, speak, read or write Irish or Ulster-Scots? Tick all that apply. No ability Understand Speak Read Write Irish
Black Caribbean Black African Black Other Mixed ethnic group, write in Any other ethnic group, write in	Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. Yes, limited a lot Yes, limited a little No Do you have any of the following conditions which
7 What religion, religious denomination or body do you belong to? Roman Catholic → Go to 19 Presbyterian Church in Ireland → Go to 19 Church of Ireland → Go to 19 Methodist Church in Ireland → Go to 19 Other, write in → Go to 19 None	have lasted, or are expected to last, at least 12 months? Tick all that apply. Deafness or partial hearing loss Blindness or partial sight loss Communication difficulty (a difficulty with speaking or making yourself understood) A mobility or dexterity difficulty (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying) A learning difficulty, an intellectual difficulty, or a social or behavioural difficulty
8 What religion, religious denomination or body were you brought up in?	An emotional, psychological or mental health condition (such as depression or schizophrenia)

Roman Catholic

Church of Ireland

Other, write in

None

Presbyterian Church in Ireland

Methodist Church in Ireland

A learning difficulty, an intellectual difficulty, or a social or behavioural difficulty

An emotional, psychological or mental health condition (such as depression or schizophrenia)

Long-term pain or discomfort

Shortness of breath or difficulty breathing (such as asthma)

Frequent periods of confusion or memory loss

A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)

Other condition

No condition



Page 17

Person 10 - continued

24		-	health in g				28				e you helped with or	carried
	Very	good	Good	Fair	Bad	Very bad		out	any volunta	ry w	ork without pay?	
	L								Yes [No	
25			after, or g bers, frienc				29	Last	week, were	you	:	
		ause of e		is, fielgilb	Juis Oi C	otileis		C	Tick all that	apply	у.	
		_	n physical or related to		health/c	lisability?		C			work, including casual even if only for one ho	
	C	Do not employ	count anyth ment.	ing you do	as part c	of your paid			working as	an er	mployee? → Goto	15
		No							on a govern training sch		t sponsored Goto	35
		Yes, 1 -	19 hours a	week					self-employe	ed or	freelance? → Go to	35
		Yes, 20	- 49 hours a	week							unpaid, for your	3
		Yes, 50	or more hou	ırs a week							ily's business? ⇒ Go	to 35
26			ged 16 or o			a .					ill, on maternity leave, nporarily laid off? →	
	іт ус	u are ag	ged 15 or u	nder 🕶 🤇	10 to <u>4</u>				doing any ot	ther k	kind of paid work? 🔷	Go to 🔢
27	Whi	ch of th	ese qualific	ations do	you hav	e?			none of the	abov	/e	
	C		ery box that ations listed.		ou have	any of the	30	Wer	e you active	ely lo	oking for any kind o	f paid
	•		JK qualificat ntains its nea			the box				e last	four weeks?	
	C	UK, tick	ave qualifica the box tha valents (if k	nt indicates			31	If a	iob had bee		No ailable last week, coι	ıld you
			evels/CSEs/ tion Diploma		grades),	Entry Level,		have		withi	n two weeks?	and you
		NVQ Lev	vel 1, Founda	ition GNVQ	, Basic/Es	ssential Skills			Yes		No	
		(grades	vels (passes) A*-C), Scho Levels/VCEs	ool Certifica	ate, 1 A L		32		week, were	you	ı waiting to start a jo	b already
			vel 2, Interm TEC First/Ge						Yes [No	
		Appren	ticeship				33	Last	week, were	you	:	
			vels/VCEs, ate, Progressi					C	Tick all that		•	
		NVQ Le	vel 3, Advan	ced GNVQ	, City and	d Guilds			retired (whe a student?	ther	receiving a pension or	not)?
			vanced Diplo		120 1100	orial,				r hor	ne or family?	
		_	(for example mple, MA, P		_	degree			long-term si		•	
			vel 4-5, HN igher Level, I		_	Diploma,			other			
		Professi	onal qualific , accountanc	ations (for		teaching,	34	Hav	e you ever v Yes, write in		ed? rear that you last worked	d
		_	ocational/w		qualifica	itions				→ G	o to 35	
		Qualific	ations gaine	d outside t	he UK							
			ifications						No, have ne	ver v	vorked 🔷 Goto 43	





	Text Relay 18001 0300 0201 170 Census	helpline 0300 0201 120 www.census.gov.uk/ni
35 36	 Your main job is the job in which you usually work (worked) the most hours. 	In your main job, how many hours a week do (did) you usually work? Include paid and unpaid overtime. 15 or less 16 - 30 31 - 48 49 or more
37	 □ an employee? □ self-employed or freelance without employees? □ self-employed with employees? What is (was) your full and specific job title? ⇒ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER. ⇒ Do not state your grade or pay band. 	What address do you travel to for your main job or course of study (including school)? Answer for the place where you spend the most time. If you report to a depot, write in the depot address. Not currently working or studying → Go to 45 Work or study mainly at or → Go to 45 from home No fixed place Offshore installation The address below, write in
38	Briefly describe what you do (did) in your main job.	
39	Do (did) you supervise any employees? Supervision involves overseeing the work of other employees on a day-to-day basis. Yes No	Postcode
40	At your workplace, what is (was) the main activity of your employer or business? For example, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING. If you are (were) a civil servant, write GOVERNMENT. If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of the department you work (worked) for.	 How do you usually travel to your main place of work or study (including school)? Tick one box only. Tick the box for the longest part, by distance, of your usual journey to place of work or study. Train Bus, minibus or coach (public or private) Motorcycle, scooter or moped Driving a car or van Car or van pool, sharing driving Passenger in a car or van Taxi Bicycle
41	In your main job, what is (was) the name of the organisation you work (worked) for? If you are (were) self-employed in your own organisation, write in the business name. No organisation (for example, self-employed,	On foot Other There are no more questions for Person 10. → Go to questions for Person 11. OR If there are no more people in this household, → Go to the Visitor questions on the back page. OR If there are no visitors staying here overnight,
	freelance, or work (worked) for a private individual)	→ Go to the Declaration on the front page.

Individual questions - Person 11 start here

0	What is your name? (First name Last name	Person 11 on page 3)	9	Including the time you have already spent in the United Kingdom, how long do you intend to stay in the UK? Less than 6 months 6 months or more but less than 12 months								
2	What is your sex?			12 months or more								
	☐ Male ☐	Female	10	Have you lived outside Northern Ireland for a								
3	What is your date of	hirth?		continuous period of one year or more?								
	Day Month Year			Yes								
				□ No → Goto 13								
4	On 27 March 2011, w same-sex civil partner	hat is your legal marital or ship status?	111	During this time outside Northern Ireland, what was the last country you lived in?								
	Never married and civil partnership	never registered a same-sex										
	Married	In a registered same-sex civil partnership	12	Northern Ireland?								
	Separated, but still legally married	Separated, but still legally in a same-sex civil partnership		Month Year								
	Divorced	Formerly in a same-sex	13	One year ago, what was your usual address?								
		civil partnership which is now legally dissolved		If you had no usual address one year ago, state the address where you were staying.								
	Widowed	Surviving partner from a same-sex civil partnership		Same as Person 1								
G	Are you a schoolchild	or student in full-time		The address on the front of this questionnaire Student term-time/boarding school address in the UK, write in term-time address below Another address in the UK, write in below								
	education?	or student in run time										
	Yes											
	□ No → Goto 7			Allottier address in the OK, write in below								
6	During term time, do	you live:										
	at the address on	the front of this questionnaire?										
	at another address	s? → Go to 45										
				Postcode								
7	What is your country			1 distinguish								
	Northern Ireland	→ Go to 10										
	☐ England → Got	0 10	OR	Outside the UK, write in country								
	☐ Scotland → Go											
	Wales → Goto	10		What passports do you hold?								
	Republic of Ireland		14	What passports do you hold? Tick all that apply.								
	Elsewhere, write in	n the current name of country		_								
				United Kingdom Ireland								
				Other, write in								
8	_											
	• on or after 27 March	_										
 before 27 March <u>2010</u> → Go to <u>10</u> 				None								



	Text Relay 18001 0300 0201 170 Census	s helpline 0300 0201 120 www.census.gov.uk/ni
15	How would you describe your national identity? Tick all that apply. British Irish Northern Irish English Scottish Welsh Other, write in	What is your main language? □ English → Go to 21 □ Other, write in (including British/Irish Sign Languages)
		How well can you speak English? Very well Well Not well Not at all
16	What is your ethnic group? Tick one box only. White Chinese Irish Traveller Indian Pakistani Bangladeshi Black Caribbean Black African Black Other Mixed ethnic group, write in Any other ethnic group, write in	Can you understand, speak, read or write Irish or Ulster-Scots? Tick all that apply. No ability Understand Speak Read Write Irish
7	What religion, religious denomination or body do you belong to? Roman Catholic → Go to 19 Presbyterian Church in Ireland → Go to 19 Church of Ireland → Go to 19 Methodist Church in Ireland → Go to 19 Other, write in → Go to 19	 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months? Tick all that apply. Deafness or partial hearing loss Blindness or partial sight loss Communication difficulty (a difficulty with speaking or making yourself understood) A mobility or dexterity difficulty (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying) A learning difficulty, an intellectual difficulty, or a social or behavioural difficulty
18	What religion, religious denomination or body were you brought up in? Roman Catholic Presbyterian Church in Ireland Church of Ireland	 An emotional, psychological or mental health condition (such as depression or schizophrenia) Long-term pain or discomfort Shortness of breath or difficulty breathing (such as asthma)
		Frequent periods of confusion or memory loss

Methodist Church in Ireland

Other, write in

None



A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)

Other condition

No condition

Person 11 - continued

24		ow is your health in general?						In the past year, have you helped with or carried out any voluntary work without pay?								
	Very	good	Good	Fair	Bad	Very bad		out	any volunt	tary w	ork withou	ut pay?				
									Yes		No					
25	Do you look after, or give any help or support to family members, friends, neighbours or others because of either:						29	Last	week, we	re you	ı:					
								C	Tick all that apply.							
		ong-term roblems	lisability?		C		ude any paid work, including casual or apporary work, even if only for one hour.									
	C	Do not count anything you do as part of your paid employment.							working as	→ Go to	35					
	No Yes, 1 - 19 hours a week Yes, 20 - 49 hours a week								on a gover training sc		it sponsored ?	→Got	to 35			
												→ Go to	o 35			
									self-employed or freelance? Go to 35 working, paid or unpaid, for your							
		Yes, 50 or more hours a week									nily's busines		to 35			
26				over → G							till, on mate mporarily lai		Go to 35			
	If you are aged 15 or under → Go to 43								doing any	other k	kind of paid	work? 👈	Go to 🔢			
27	Which of these qualifications do you have?							none of th	e abo	ve						
	C		ery box tha ations listed	t applies if g	you have	any of the	30	Wer	e you activ	ely lo	ooking for	any kind (of paid			
	C			ition is not l earest equiv		the box			k during th	ne las		ks?				
	•	UK, tick				utside the the nearest	31)		yes job had be	en av	No vailable last	t week. co	ould you			
			evels/CSEs tion Diplom		grades),	Entry Level,		hav	e started it		in two wee	-				
		NVQ Le	vel 1, Found	ation GNVC	, Basic/E	ssential Skills			Yes		No					
		(grades	A*-C), Sch	s)/CSEs (gra lool Certific Es, Higher D	ate, 1 A I		32		week, wei ained?	re you	u waiting t	o start a j	ob already			
				mediate GN Jeneral Dipl					Yes		No					
		Apprenticeship						Last	week, were you:							
				VCEs, 4+ AS Levels, Higher School ogression/Advanced Diploma						Tick all that apply.						
		Advanc		nced GNVC NC, OND, E loma					a student?	whether receiving a pension or not)? nt? after home or family?						
		_		le, BA, BSc) PhD, PGCE)	_	degree			•		r disabled?	, .				
				IC, HND, RS Foundation	_	r Diploma,			other							
		Professi	_	cations (for	34	Hav	ve you ever worked? Yes, write in the year that you last worked									
		Other vocational/work-related qualifications Qualifications gained outside the UK														
									→ Go to 35							
			ifications						No, have n	never v	worked 👈	Go to 4	3			





(Text Relay 18001 0300 0201 170 Census	helpline 0300 0201 120 www.census.gov.uk/ni
35	Answer questions 36 to 42 for your main job or, if not working, your last main job. Your main job is the job in which you usually work (worked) the most hours. In your main job, are (were) you: an employee? self-employed or freelance without employees? self-employed with employees?	In your main job, how many hours a week do (did) you usually work? Include paid and unpaid overtime. 15 or less 16 - 30 31 - 48 49 or more What address do you travel to for your main job or course of study (including school)? Answer for the place where you spend the most time.
37	What is (was) your full and specific job title? For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER. Do not state your grade or pay band.	If you report to a depot, write in the depot address. Not currently working or studying → Go to 45 Work or study mainly at or → Go to 45 from home No fixed place Offshore installation The address below, write in
38	Briefly describe what you do (did) in your main job.	County
39	Do (did) you supervise any employees? Supervision involves overseeing the work of other employees on a day-to-day basis. No	Postsode
40	At your workplace, what is (was) the main activity of your employer or business? For example, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING. If you are (were) a civil servant, write GOVERNMENT. If you are (were) a local government officer, write LOCAL GOVERNMENT and give the name of the department you work (worked) for. In your main job, what is (was) the name of the	How do you usually travel to your main place of work or study (including school)? Tick one box only. Tick the box for the longest part, by distance, of your usual journey to place of work or study. Train Bus, minibus or coach (public or private) Motorcycle, scooter or moped Driving a car or van Car or van pool, sharing driving Passenger in a car or van Taxi Bicycle On foot
	organisation you work (worked) for? If you are (were) self-employed in your own organisation, write in the business name. No organisation (for example, self-employed, freelance, or work (worked) for a private individual)	Other There are no more questions for Person 11. If there are more people in your household, contact us to request an additional Continuation Questionnaire. OR If there are no more people in this household, → Go to the Visitor questions on the back page. OR If there are no visitors staying here overnight, → Go to the Declaration on the front page.



V	isitor questions												
V	How many additional visitors not listed on your first Household Questionnaire are staying overnight here on 27 March 2011?												
	None → Go to the Declaration on the front page												
	1 or more - answer questions V1 to V4 below for the first three additional visitors. Any further visitors should be included on an additional Continuation Questionnaire												
Vis	Visitor D												
V1	What is this person's name?	V 4	What is this person's usual UK address?										
	First name												
	Last name												
V 2	What is this person's sex?												
W	Male Female						$\overline{}$	Post	code				
							Ш	1			>		
V 3	What is this person's date of birth? Day Month Year	OR		Outsid	e the	UK, 1	vrite	in cou	untry				
	Day Month Year							4					
Vie	sitor E												
W).			\//h	at is thi	s noi	ccop's	NCLLS		addro)))			
VI	What is this person's name? First name	V4	VVI	Same		`			auure	:55:			
		OR		Same	addit	,33 d3	VISITO						
	Last name	On	7										
V 2	What is this person's sex?												
	☐ Male ☐ Female							Post	tcode				
V3	What is this person's date of birth?	OR	L										
	Day Month Year			Outsid	e the	UK, v	vrite	in cou	untry				
Vi	sitor F												
W)		V 4	\//h	at is thi	c no.	rcon'r		d HZ	addro) ()			
V	What is this person's name? First name			What is this person's usual UK address? Same address as Visitor D									
				Jame	Jadare	.55 45	VISICO						
	Last name	OR											
V 2	What is this person's sex?												
	☐ Male ☐ Female							Post	tcode				
V 3	What is this person's date of birth?		L										
	Day Month Year			Outside the UK, write in country									

Now

Go to the Declaration on the front page.

