

ISLE OF MAN CENSUS 2011

FORM FOR PRIVATE HOUSEHOLDS H1.11

Reiltys Ellan Vanni:

Signature(s)

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Date

IMPORTANT INFORMATION

WHO SHOULD YOU INCLUDE ON THE FORM?

Include everyone who spends Census Night (evening of Sunday 27th March to morning of Monday 28th March) in your household EXCEPT anyone who lives elsewhere on the Isle of Man (see below).

Include anyone who normally lives in your household but spends Census Night elsewhere (for example at work or with a friend in the Isle of Man, on business or at university in the UK or elsewhere, on holiday or serving with the Armed Forces, etc) EXCEPT anyone who spends Census Night in an institution (see below).

DO NOT INCLUDE:-

FORM

Anyone who lives elsewhere in the Isle of Man. These persons must be included in a form at their own address.

Anyone who spends Census Night in an institution (hospital, nursing home, prison etc.). These persons must be included in a return from the institution.

	e anyone else that has not been included (such as visitors) because there
15 110 10	WII OH HIE LOUIL
Yes No	s (PLEASE ASK YOUR ENUMERATOR FOR ANOTHER FORM)
	e Enumerator telephone you if he or she has a query about your form? ease write the number below
DIEAS	E REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF THE

Lift this page for Question H1 of Household Questions

GUIDANCE FOR COMPLETING QUESTION 3 ON PAGE 4

Please read the following information to assist you in completing question 3 - relationship in the household

• The example shows how to provide the relationship information requested in question 3 for David Cubbon, his wife (Alison) and their two children (Ruth and John).

PERSON 1 (Head or Joint Head of Household)	PERSON 2	PERSON 3	PERSON 4
Sumame Cubbon Forename(s) David	Sumame Cubbon Forename(s) Alison	Sumame Cubbon Forename(s) Ruth	Sumame Cubbon Forename(s) John
	EX	MPI	3
	Relationship of person 2 to person: 1 Husband or wife Partner Son or Daughter Father or mother Grandchild Brother or Sister Other relative Unrelated	Relationship of person 3 to person: 1 2 Husband or wife Partner Son or Daughter Father or mother Grandchild Brother or Sister Other relative Unrelated	Relationship of person 4 to person: 1 2 3 Husband or wife Partner Son or Daughter Father or mother Grandchild Brother or Sister Other relative Unrelated

HOUSEHOLD QUESTIONS

H1 Accommodation	1 House or bungalow not shared with another household
What type of accommodation does the household occupy? Please tick one box only. Aself contained flat has its room(s) and facilities (i.e. bath or shower and W.C. and kitchen) behind its own private door.	2 House or bungation has a red with another household 3 Self-contained flat not shared with another household 4 Self-contained flat shared with another household 5 Flat or bedsit not self-contained 6 Other (please specify)
H2 Tenure	
In what capacity do you and your household occupy your accommodation?	As an owner occupier 1
H3 Motor Vehicles	1 Car(s)
How many motor vehicles are normally available for use by you or by members of your household? • Enter the number of vehicles of each type in the appropriate box.	2 Van(s) 3 Motorcycle(s), Scooter(s), Moped(s)
 Enter the number of vehicles of each type in the appropriate box. Include any vehicles provided by employers if used exclusively by you or by members of your household, but exclude vans used solely for carriage of goods. 	4 Other (please specify)
17. € 7.7773	5 No motor vehicles

HOUSEHOLD QUESTIONS

H4 Rooms	Please enter the number of rooms in this box
How many rooms are there in your household's accommodation?	
 A large room divided by a fixed or sliding partition should be counted as two rooms. A room divided by curtains or portable screens should be counted as one room. 	Do not include: kitchens less than 6 feet wide; bathrooms and/or toilets; landings or halls; cellars or attics; garages or rooms that can only be used for storage such as cupboards or larders. Offices or shops used solely for business purposes should be excluded.
H5 Household Heating	4 Disease
(i) What is your household's main form of heating? • Please tick one box only.	1 Electricity 2 Gas 3 Oil 4 Coal or other solid fuel 5 Other, (please specify)
(ii) Is your main form of heating a central heating system?	1 Yes 2 No

Pease answer questions for every member of your household, then sign the obtained on the first of this form. Full Name	QUESTIONS FOR INDIVIDUALS	PERSON 1	PERSON 2		
Please write the names in BLOCK CAPITALS starting with the head or joint head of the household. For a baby not yet named, enter the sumame and write 'BABY'. Is this person a visitor? A visitor's a person whose usual place of residence is outside the Isle of Man. This includes persons who are visiting the Isle of Man on holdsy, on business or to work for a temporary period and who do not intend to take up residence on the Island. If BOX 3 is folded please answer no further questions for this person. Relationship in Household Please state the nature of the person's relationship to the other members of the household by ticking the relevant box The term Son or Daughter' includes a step-child or adopted child. Likewise the term' Brother or Sister' includes step-brothers and step-sisters. For guidance on completing this question please refer to the example on the fold-out page at the front of this booklet. Assert to Male Bease enter day, month and year in figures, showing all four digits of the year. For example 28th April 1976 should be entered as: Please enter day, month and year in figures, showing all four digits of the year. For example 28th April 1976 should be entered as: Day Month Year Day Day		(Head or Joint Head of Household)			
For a beby not yet named, enter the sumame and write 'BABY'. Foreame(s) Forea	1 Full Name	Sumame	Surrame		
2 Visitors Is this person a visitor? A visitor is person a visitor? A visitor is person whose usual place of residence is outside the last of Man. This includes persons who are visiting the last of Man on holiday, on business or to work for a temporary period and who do not intend to lake up residence on the Island. If BOX 3 is toked please answer no further questions for this person. 3 Relationship in Household Please state the nature of the person's relationship to the other members of the household by ticking the relevant box The term Son or Daughter' includes a step-child or adopted child. Likewise the term Brother or Sister includes step-brothers and step-sisters. For guidance on completing this question please refer to the example on the fold-out page at the front of this booklet. 1 Male 2 Female Day Month Year		Forename(s)	Forename(s)		
Is this person a visitor? A visitor is a person whose usual place of residence is outside the late of Man. This includes persons who are visiting the late of Man on holday, on business or to work for a temporary period and who do not intend to take up residence on the Island. If BOX 3 is ticked please answer no further questions for this person. Relationship in Household Please state the nature of the person's relationship to the other members of the household by ticking the relevant box. The term 'Son or Daughter' includes a step-child or adopted child. Likewise the form 'Brother or Sister' includes step-brothers and step-sisters. For guidance on completing this question please refer to the example on the fold-out page at the front of this booklet. Date of Birth Please enter day, month and year in figures, showing all four digits of the year. For example 28th April 1976 should be entered as: 2	For a baby not yet named, enter the surname and write 'BABY'.				
A visitor is a person whose usual place of residence is outside the Isla of Man. This includes persons who are visiting the Isla of Man. This includes persons who are visiting the Isla of Man. This includes persons who are visiting the Isla of Man on holidary, on business or to work for a temporary period and who do not intend to take up residence on the Island. If BOX 3 is ticked please answer no further questions for this person. Relationship in Household Please state the nature of the person's relationship to the other members of the household by ticking the relevant box. The term Son or Daughter includes a step-child or adopted child. Likewise the term Brother or Sister' includes step-brothers and step-sisters. For guidance on completing this question please refer to the example on the fold-out page at the front of this booklet. The term Son or Daughter includes a step-child or adopted child. Likewise the term Brother or Sister' includes step-brothers and step-sisters. For guidance on completing this question please refer to the example on the fold-out page at the front of this booklet. Askert for Britth Please enter day, month and year in figures, showing all four digits of the year. For example 28th April 1976 should be entered as: Day Morth Year Day Morth Year Day Morth Year Day Morth Year Day Absent from this address but elsewhere in the Isla of Man.	2 Visitors				
Isle of Man. This includes persons who are visiting the Isle of Man on holiday, on business or to work for a temporary period and who do not liment to take up residence on the Island. If BOX 3 is ticked please answer no further questions for this person. Relationship in Household Please state the nature of the person's relationship to the other members of the household by ticking the relevant box The term 'Son or Daughter' includes a step-child or adopted child. Likewise the term 'Brother or Sister' includes step-brothers and step-sisters. For guidance on completing this question please refer to the example on the fold-out page at the front of this booklet. If Male The serm of Birth Please enter day, month and year in figures, showing all four digits of the year. For example 28th April 1976 should be entered as: Date of Birth	Is this person a visitor?	1 No	1 No		
BOX 3's locked please answer no further questions for this person. holdary Answer no further questions holdary Alsewise the nature of the person? to person? to person? to person? to person? holdary	Isle of Man. This includes persons who are visiting the Isle of Man on holiday, on business or to work for a temporary period and who do not intend to take up residence on the Island.	temporary period (more than 3 days) 3 Yes - working for 3 days or less or	temporary period (more than 3 days) 3 Yes - working for 3 days or less or		
Please state the nature of the person's relationship to the other members of the household by ticking the relevant box The term 'Son or Daughter' includes a step-child or adopted child. Likewise the term 'Brother or Sister' includes step-brothers and step-sisters. For guidance on completing this question please refer to the example on the fold-out page at the front of this booklet. Sex Maie 1 Maie 1 Maie 2 Female 2 Female 2 Female 2 Female 2 Female 2 Female 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Absent from this address but elsewhere in the Isle of Man 2 Abse	If BOX 3 is ticked please answer no further questions for this person.	holiday)	holiday)		
the other members of the household by ticking the relevant box The term 'Son or Daughter' includes a step-child or adopted child. Likewise the term 'Brother or Sister' includes step-brothers and step-sisters. For guidance on completing this question please refer to the example on the fold-out page at the front of this booklet. Son or Daughter Pather or Mother Grandhid Brother or Sister Other relative Unrelated 4	3 Relationship in Household				
on the fold-out page at the front of this booklet. Grandchild Brother or Sister Other relative Unrelated	the other members of the household by ticking the relevant box The term 'Son or Daughter' includes a step-child or adopted child. Likewise the term 'Brother or Sister' includes step-brothers and step-sisters.		Husband or Wife Partner Son or Daughter		
1 Male 2 Female 1 Pemale 1 Present 1 Present 2 Absent from this address but elsewhere in the Isle of Man	on the fold-out page at the front of this booklet.		Grandchild		
2 Female 2 Female 2 Female 2 Female 5 Date of Birth • Please enter day, month and year in figures, showing all four digits of the year. For example 28th April 1976 should be entered as: 2 8 0 4 1 9 7 6 6 Whereabouts on Census Night Was the person present or absent from this address on Census night? 1 Present 2 Absent from this address but elsewhere in the Isle of Man	4 Sex	and the second s			
Please enter day, month and year in figures, showing all four digits of the year. For example 28th April 1976 should be entered as: Day Month Year Day Month Year					
of the year. For example 28th April 1976 should be entered as: 2 8 0 4 1 9 7 6 6 Whereabouts on Census Night Was the person present or absent from this address on Census night? 1 Present 2 Absent from this address but elsewhere in the Isle of Man	5 Date of Birth				
Was the person present or absent from this address on Census night? 1 Present 2 Absent from this address but elsewhere in the Isle of Man 1 Present 2 Absent from this address but elsewhere in the Isle of Man	of the year. For example 28th April 1976 should be entered as:	Day Month Year	Day Month Year		
Census night? 2 Absent from this address but elsewhere in the Isle of Man elsewhere in the Isle of Man	6 Whereabouts on Census Night				
		2 Absent from this address but elsewhere in the Isle of Man	2 Absent from this address but elsewhere in the Isle of Man		

PERSON 3	PERSON 4	PERSON 5	PERSON 6		
Sumane [Forename(s)	Sumame Forename(s)	Sumame [Forename(s)	Sumame Forerame(s)		
No Yes - working in the Isle of Man for a temporary period (more than 3 days) Yes - working for 3 days or less or visiting for other purposes (eg - holiday) Answer no further questions	temporary period (more than 3 days)	No Yes - working in the Isle of Man for a temporary period (more than 3 days) Yes - working for 3 days or less or visiting for other purposes (eg - holiday) Answer no further questions	No Yes - working in the Isle of Man for a temporary period (more than 3 days) Yes - working for 3 days or less or visiting for other purposes (eg - holiday) Answer no further questions		
Relationship of person 3 to person: 1 2 Husband or Wife Partner Son or Daughter Father or Mother Grandchild Brother or Sister Other relative Unrelated	Relationship of person 4 to person: 1 2 3 Husband or Wife Partner Son or Daughter Father or Mother Grandchild Brother or Sister Other relative Unrelated	Relationship of person 5 to person: 1 2 3 4 Husband or Wife Partner Son or Daughter Father or Mother Grandchild Brother or Sister Other relative Unrelated	Relationship of person 6 to person: 1 2 3 4 5 Husband or Wife		
1 Male 2 Female Day Month Year	1 Male 2 Female Day Month Year	1 Male 2 Female Day Month Year	1 Male 2 Female Day Month Year		
Present Absent from this address but elsewhere in the Isle of Man Absent from the Isle of Man	Present Absent from this address but elsewhere in the Isle of Man Absent from the Isle of Man	1 Present 2 Absent from this address but elsewhere in the Isle of Man 3 Absent from the Isle of Man	Present Absent from this address but elsewhere in the Isle of Man Absent from the Isle of Man		
			NEXT PAGE		

QUESTIONS FOR INDIVIDUALS Please answer questions for every member of your household, then sign the declaration on the front of this form.	PERSON 1 (Head or Joint Head of Household)	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6
1 Full Name	Suname	Sumame	Sumame	Surrame	Sumame	Sumame
Please write the names in BLOCK CAPITALS starting with the	Surane					Engange (n)
head or joint head of the household.	Forename(s)	Forename(s)	Forename(s)	Forename(s)	Forename(s)	Forename(s)
For a baby not yet named, enter the sumame and write 'BABY'.						
t of a sale) that just have been a second						
7 Place of Birth						
(i) What is the person's nationality?						
(i) What is the person of an income,				5.05.00	To Office Use	For Office Use
	For Office Use	For Office Use	For Office Use	For Office Use	For Office Use	
(ii) Where was the person born?	0 Isle of Man	0 sie of Man	0 Isle of Man	0 Isle of Man	0 Isle of Man	0 Isle of Man
CTV Countries and the Countries of the C	1 England	1 England	1 England	1 England	1 England	1 England
	2 Wales	2 Wales	2 Wales	2 Wales	2 Wales	2 Wales
		3 Scotland	3 Scotland	3 Scotland	3 Scotland	3 Scotland
	3 Scotland		4 Northern Ireland	4 Northern Ireland	4 Northern Ireland	4 Northern Ireland
	4 Northern Ireland	4 Northern Ireland		5 Republic of Ireland	5 Republic of Ireland	5 Republic of Ireland
	5 Republic of Ireland	5 Republic of Ireland	5 Republic of Ireland	The state of the s		6 Channel Islands
	6 Channel Islands	6 Channel Islands	6 Channel Islands	6 Channel Islands		
	7 Elsewhere (please specify)	7 Elsewhere (please specify)	7 Elsewhere (please specify)	7 Elsewhere (please specify)	7 Elsewhere (please specify)	7 Elsewhere (please specify)
						-
	For Office Use	For Office Use	For Office Use	For Office Use	For Office Use	For Office Use
(iii) If the person was born in the Isle of Man were	1 Yes	1 Yes	1 Yes	1 Yes	1 Yes	1 Yes
any of their parents or grandparents born in		2 No	2 No	2 No	2 No	2 No
England, Scotland, Wales or Northern Ireland?	2 No		- I III	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(iv) If the person was not born in the Isle of Man	1 Yes	1 Yes	1 Yes	1 Yes	1 Yes	1 Yes
were either of their parents born in the Isle of	2 No	2 No	2 No	2 No	2 No	2 No
Man?	- Claus	1 White	1 White	1 White	1 White	1 White
(v) What is your ethnic group?	1 White			2 Mixed	2 Mixed	2 Mixed
	2 Mixed	2 Mixed	2 Mixed		The second secon	3 Asian or Asian British
	3 Asian or Asian British	3 Asian or Asian British	3 Asian or Asian British	3 Asian or Asian British	3 Asian or Asian British	
	4 Black or Black British	4 Black or Black British	4 Black or Black British	4 Black or Black British	4 Black or Black British	4 Black or Black British
	5 Other ethnic group (please specify	y) 5 Other ethnic group (please specify)	5 Other ethnic group (please speci	fy) 5 Other ethnic group (please specif	Other ethnic group (please specify)	5 Other ethnic group (please specify)
					1	NEYT PAGE

Q	UESTIONS FOR INDIVIDUALS	PERSON1	PERSON 2		
	ase answer questions for every member of your household, then sign the laration on the front of this form.	(Head or Joint Head of Household)			
1	Full Name	Surname	Sumame		
•	Please write the names in BLOCK CAPITALS starting with the head or joint head of the household.	Forename(s)	Forename(s)		
*	For a baby not yet named, enter the surname and write 'BABY'.				
8	Full time Students				
(i)	Is this person in full time education?	1 Yes 2 No (Now go to question 9)	1 Yes 2 No (Now go to question 9)		
(ii)	Does this person live at the address shown at the front of this form during the school, college or university term?	Yes - lives at this address during term-time No - lives elsewhere in the Isle of Man during term-time No - lives elsewhere outside the Isle of Man during term-time	Yes - lives at this address during term-time No - lives elsewhere in the Isle of Man during term-time No - lives elsewhere outside the Isle of Man during term-time		
9	Manx Language	A CONTRACTOR OF THE PARTY OF TH	7		
Car	n the person speak, read or write Manx Gaelic?	No - cannot speak, read or write Manx	No - cannot speak, read or write Manx		
•	Please tick the appropriate box or boxes. If the person does not speak, read or write Manx Gaelic, or only knows a few words or phrases, tick BOX 1.	2 Yes-speaks Manx 3 Yes-reads Manx 4 Yes-writes Manx	Yes-speaks Manx Yes-reads Manx Yes-reads Manx		
10	Present Marital Status				
Wh	nat is the person's current marital status? Tick one box only.	1 Single (never married) 2 Married (first marriage) 3 Re-married 4 Separated, but still legally married 5 Wildowed 6 Divorced	1 Single (never married) 2 Married (first marriage) 3 Re-married 4 Separated, but still legally married 5 Widowed 6 Divorced		
11	Carers				
sup	es this person look after or give any significant help or pport to family members or friends, neighbours and ters because of their:	1 Family members 2 Friends, neighbours and others	1 Family members 2 Friends, neighbours and others		
*	long-term physical or mental ill-health or disability, $$\operatorname{\textsc{OR}}$$	No - person does not provide any significant help/support.	No - person does not provide any significant help/support.		
*	problems related to old age?				
*	Do not count anything you do as part of your paid employment.				
*:	If the person does not provide any significant help or support please tick BOX 3 and go to question 12,				
8					

PERSON 3	PERSON 4		PERSON 6		
Sumame	Suriame	Surrame	Surname		
Forename(s)	Forename(s)	Forename(s)	Forename(s)		
1 Yes 2 No (Now go to question 9) 1 Yes - lives at this address during term-time 2 No - lives elsewhere in the Isle of Man during term-time 3 No - lives elsewhere outside the Isle of Man during term-time 1 No - cannot speak, read or write Manx 2 Yes - speaks Manx 3 Yes - reads Manx 4 Yes - writes Manx 1 Single (never married) 2 Married (first marriage) 3 Re-married 4 Separated, but still legally married 5 Widowed 6 Divorced 1 Family members 2 Friends, neighbours and others 3 No - person does not provide any significant help/support.	1 Yes 2 No (Now go to question 9) 1 Yes-lives at this address during term-time 2 No-lives elsewhere in the Isle of Manduring term-time 3 No-lives elsewhere outside the Isle of Manduring term-time 1 No-cannot speak, read or write Manx 2 Yes-speaks Manx 3 Yes-reads Manx 4 Yes-writes Manx 1 Single (never married) 2 Married (first marriage) 3 Re-married 4 Separated, but still legally married 5 Widowed 6 Divorced 1 Family members 2 Friends, neighbours and others 3 No-person does not provide any significant help/support.	1 Yes 2 No (Now go to question 9) 1 Yes-lives at this address during term-time 2 No-lives elsewhere in the Isle of Man during term-time 3 No-lives elsewhere outside the Isle of Man during term-time 1 No-cannot speak, read or write Manx 2 Yes-speaks Manx 3 Yes-reads Manx 4 Yes-writes Manx 1 Single (never married) 2 Married (first marriage) 3 Re-married 4 Separated, but still legally married 5 Widowed 6 Divorced 1 Family members 2 Friends, neighbours and others 3 No-person does not provide any significant help/support.	1 Yes 2 No (Now go to question 9) 1 Yes - lives at this address during term-time 2 No - lives elsewhere in the Isle of Man during term-time 3 No - lives elsewhere outside the Isle of Man during term-time 1 No - cannot speak, read or write Manx 2 Yes - speaks Manx 3 Yes - reads Manx 4 Yes - writes Manx 1 Single (never married) 2 Married (first marriage) 3 Re-married 4 Separated, but still legally married 5 Wildowed 6 Divorced 1 Family members 2 Friends, neighbours and others 3 No - person does not provide any significant help/support.		

QUESTIONS FOR INDIVIDUALS	PERSON1	PERSON 2		PERSON 3	PERSON 4	PERSON 5
Please answer questions for every member of your household, then sign the declaration on the front of this form.	(Head or Joint Head of Household)					
1 Full Name	Sumame	Sumame		Sumame	Sumarne	Sumarne
 Please write the names in BLOCK CAPITALS starting with the head or joint head of the household. 	Forename(s)	Forename(s)		Forename(s)	Forename(s)	Forename(s)
For a baby not yet named, enter the surname and write 'BABY'.						
12 Residency	l,					
(i) When did the CURRENT period of residency in the Isle of Man begin?	1 At birth (Now go to question 13)	1 At birth (Now go to question 13)		1 At birth (Now go to question 13)	1 At birth (Now go to question 13)	1 At birth (Now go to
If you ticked BOX 2, please enter the year and answer parts (ii) & (iii).	2 In	2 In		2 in	2 In	2 In
(ii) Where did the person live before taking up residency in the Isle of Man?	1 England	1 England		1 England	1 England	1 England
Tick one box only.	2 Wales	2 Wales	9	2 Wales	2 Wales	2 Wales
If you have had more than one period of residency in the Isle of	3 Scotland	3 Scotland		3 Scotland	3 Scotland	3 Scotland
Man, please indicate where you lived before taking up the current	4 Northern Ireland	4 Northern Ireland		4 Northern Ireland	4 Northern Ireland	4 Northern Ireland
period of residency.	5 Republic of Ireland	5 Republic of Ireland		5 Republic of Ireland	5 Republic of Ireland	5 Republic of Ireland
	6 Channel Islands	6 Channel Islands		6 Channel Islands	6 Channel Islands	6 Channel Islands
	7 Elsewhere (please specify)	7 Elsewhere (please specify)		The state of the s		
	/ Essewhere (piease specify)	/ cisewhere (prease specify)		7 Elsewhere (please specify)	7 Elsewhere (please specify)	7 Elsewhere (please
For office use						
(iii) What was the principal reason for taking up the	1 To live in retirement	1 To live in refirement		1 To live in retirement	1 To live in retirement	1 To live in retirement
current period of residency in the Isle of Man? Tick one box only.	To take up or to seek employment or self-employment.	2 To take up or to seek employment or self-employment		To take up or to seek employment or self-employment	2 To take up or to seek employment or self-employment	To take up or to see self-employment
That the box trilly.	3 As the spouse or dependent of a	3 As the spouse or dependent of a		3 As the spouse or dependent of a	3 As the spouse or dependent of a	3 As the spouse or
	person living in retirement	person living in retirement		person living in retirement	person living in retirement	person living in retir
	As the spouse or dependent of a person coming to take up or seek employment or self employment.	As the spouse or dependent of a person coming to take up or seek employment or self employment		As the spouse or dependent of a person coming to take up or seek employment or self employment.	As the spouse or dependent of a person coming to take up or seek employment or self employment.	As the spouse or person coming to employment or self
	5 Other reason (please specify)	5 Other reason (please specify)		5 Other reason (please specify)	5 Other reason (please specify)	5 Other reason (plea
				Ostal readult please specify	out reason (Incese spenis)	Outer teason prea
22 T						
13 Those in Compulsory Education				3-4		25-17
(i) If the person is 16 or under and in compulsory education, were they in paid employment last week?	1 Yes	1. Yes		1 Yes	1 Yes	1 Yes
education, were they in paid employment has week.	2 No	2 No		2 No	2 No	2 No
(ii) If in paid employment, how many hours did the person work last week?	Hours	Hours		Hours	Hours	Hours
ONLY ANSWER THE REMAINING QUESTIONS IF THE PERSON IS AGED 16	OR OVER AND NOT IN COMPULSORY E	DUCATION		ONLY ANSWER THE REMAINING	QUESTIONS IF THE PERSON IS AGED	16 OR OVER AND NOT IN
		1				

PERSON 6

QUESTIONS FOR INDIVIDUALS	PERSON1	PERSON 2		PERSON 3	PERSON 4	PERSON 5	PERSON 6
Please answer questions for every member of your household, then sign the declaration on the front of this form.	(Head or Joint Head of Household)						
1 Full Name	Sumame	Sumame		Sumame	Sumarne	Sumame	Sumarne
 Please write the names in BLOCK CAPITALS starting with the head or joint head of the household. For a baby not yet named, enter the surname and write 'BABY'. 	Forename(s)	Forename(s)		Forename(s)	Forename(s)	Forename(s)	Forename(s)
6 NOTE 1907 SERVED AND SERVED STOCK STOCK STOCK SERVED STOCK SERVED SER		ļ			ļ L		
14 Qualifications						2-15	
(i) Which of these qualifications does the person have? • Please tick the appropriate box or boxes.	1	1	same Lucia	1	1	1	1
	12 Professional Qualifications Please specify No Qualifications	12 Professional Qualifications Please specify 13 No Qualifications		12 Professional Qualifications Please specify 13 No Qualifications	Please specify No Qualifications	Please specify No Qualifications	Please specify No Qualifications
ii) If you have any of the qualifications described in 5, 6, 10 or 12, did you receive support in the form of a maintenance grant and/or paid tuition fees from the Isle of Man Government?	1 Yes 2 No	1 Yes 2 No		1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
12							NEXT PAGE 13

QUESTIONS FOR INDIVIDUALS Please answer questions for every member of your household, then sign the	PERSON 1 (Head or Joint Head of Household)	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6
declaration on the front of this form.						
1 Full Name	Surname	Surname	Sumame	Sumame	Sumame	Surname
 Please write the names in BLOCK CAPITALS starting with the head or joint head of the household. 	Forename(s)	Forename(s)	Forename(s)	Forename(s)	Forename(s)	Forename(s)
For a baby not yet named, enter the surname and write 'BABY'.						
15 Employment Status						
Last week was the person employed either:	1 Yes	1 Yes	1 Yes	1 Yes	1 Yes	1 Yes
 as an employee 	2 No (Now answer Question 21)	2 No (Now answer Question 21)	2 No (Now answer Question 21)	2 No (Now answer Question 21)	2 No (Now answer Question 21)	2 No (Now answer Question 21)
on a government approved training scheme		** ***********************************				
 as paid or unpaid self employed/freelance 						
 or in their own or family business? 						
 Tick 'Yes' if away from work ill, on maternity leave, on holiday or temporarily laid off. 						
Tick 'Yes' for any paid work, including casual or temporary work.						
16 Basis of Employment		16				
On what basis is the person currently employed?	Works for an employer full-time (30 hours or more per week)	Works for an employer full-time (30 hours or more per week)	1 Works for an employer full-time (30 hours or more per week)	1 Works for an employer full-time (30 hours or more per week)	1 Works for an employer full-time (30 hours or more per week)	Works for an employer full-time (30 hours or more per week)
In the case of a person with more than one job:	2 Works for an employer part-time	2 Works for an employer part-time	2 Works for an employer part-time	2 Works for an employer part-time	2 Works for an employer part-time	2 Works for an employer part-time
(a) If working for one employer full-time and another part-time, tick	(less than 30 hours per week)	(less than 30 hours per week)	(less than 30 hours per week)	(less than 30 hours per week)	(less than 30 hours per week)	(less than 30 hours per week)
BOXES 1 and 2;	3 Works for more than one employer	3 Works for more than one employer	3 Works for more than one employer			
(b) If working for an employer full-time and self employed part-time, tick BOX 1 and either BOX 4 or 5;	part-time (less than 30 hours per week)	part-time (less than 30 hours per week)	part-time (less than 30 hours per week)	part-time (less than 30 hours per week)	part-time (less than 30 hours per week)	week)
(c) If working part-time for more than one employer, tick BOX 3 .	4 self employed, employing others 5 self employed, not employing others	4 sself employed, employing others 5 sself employed, not employing others	4 self employed, employing others 5 self employed, not employing others	4 s self employed, employing others 5 self employed, not employing others	Is self employed, employing others Is self employed, not employing others	
Women on maternity leave with a formal job attachment should count themselves as employed.						
Nia -						NEXT PAGE > 15
4						115 NEW TO 115

QUESTIONS FOR INDIVIDUALS Please answer questions for every member of your household, then sign the declaration on the front of this form.	PERSON 1 (Head or Joint Head of Household)	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6
1 Full Name	Surrame	Sumame	Sumame	Sumarne	Sumarne	Sumame
 Please write the names in BLOCK CAPITALS starting with the head or joint head of the household. 	Forename(s)	Forename(s)	Forename(s)	Forename(s)	Forename(s)	Forename(s)
For a baby not yet named, enter the surname and write 'BABY'.						
17 Name/Address and Business of Employer	1 Name of Employer	1 Name of Employer	1 Name of Employer	1 Name of Employer	1 Name of Employer	1 Name of Employer
 In BOX 1 please give the name of the person's employer. 						
Use the trading name, if applicable (do not use abbreviations). If self-employed state this in BOX 1 .						
 In BOX 2 please state the employer's address for your usual place of work. (This might not be the company headquarters). 	2 Address of Employer	2 Address of Employer	2 Address of Employer	2 Address of Employer	2 Address of Employer	2 Address of Employer
 In BOX 3 describe clearly what the employer (or self-employed person) makes or does, for example: 'provides office cleaning services'; 'manufactures electrical goods'. 						
 Civil Service - give name of Government Department in BOX 1 and Government Division in BOX 3; 						
Officers of Douglas Corporation/Local Commissioners - give name of the employing authority in BOX 1 and leave BOXES 2 and 3 blank;	3 Description of Employer's Business	3 Description of Employer's Business	3 Description of Employer's Business	3 Description of Employer's Business	3 Description of Employer's Business	3 Description of Employer's Business
Armed Forces - enter 'ARMED FORCES' in BOX 1, leave BOXES 2 and 3 blank.						
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rui uince use	ic is	ic is	ic is	IC IS	ic is	is is
	☐ PG	PG	PG	PG	PG	PG
18 Occupation	1 Full Job Title	1 Full Job Title	1 Full Job Title	1 Full Job Title	1 Full Job Title	1 Full Job Title
What is the person's main occupation?						
 In BOX 1 give the full title by which the job is known. For example: 'gas fitter'; 'accounts clerk'; 'packing machinist'; rather than a general title like 'fitter'; 'clerk'; 'machinist'. If the job is known in the industry by a special name, use that name, but do not use abbreviations. 						
 In BOX 2 give the main tasks actually done in the job, for example 'audio-typing'; 'managing accounts for private clients'; 'repairing agricultural machinery'; 'delivering goods to customers'. 	2 Main tasks done in job	2 Main tasks done in job	2 Main tasks done in job	2 Main tasks done in job	2 Main tasks done in job	2 Main tasks done in job
 Civil Service - give job title and grade in BOX 1 and leave BOX 2 blank; 						
Armed Forces - enter rank in BOX 1 and leave BOX 2 blank.						
For office use						
						NEXT PAGE > 12

QUESTIONS FOR INDIVIDUALS	PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6
Please answer questions for every member of your household, then sign the declaration on the front of this form.	(Head or Joint Head of Household)					
1 Full Name	Sumame	Surrame	Sumame	Sumarne	Surname	Sumanie
Please write the names in BLOCK CAPITALS starting with the head or joint head of the household.	Forename(s)	Forename(s)	Forename(s)	Forename(s)	Forename(s)	Forename(s)
For a baby not yet named, enter the surname and write 'BABY'.						
19 Work Permits	. The			1 Yes	1 Yes	1 Yes
Does the person hold a current work permit?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	2 No	2 No	2 No
20 Transport to Work						
How did the person travel to work last week? Tick one box only.	Public transport Bus/coach/minibus provided by	Public transport Bus/coach/minibus provided by	Public transport Bus/coach/minibus provided by employer			
Indicate the principal means by which the person travels to work.	employer 3 Driving a car, van or motorcycle	employer 3 Driving a car, van or motorcycle	3 Driving a car, van or motorcycle	3 Driving a car, van or motorcycle	3 Driving a car, van or motorcycle	3 Driving a car, van or motorcycle
	Passenger in a car, van or motorcycle	Passenger in a car, van or motorcycle	Passenger in a car, van or motorcycle	Passenger in a car, van or motorcycle	Passenger in a car, van or motorcycle	4 Passenger in a car, van or motorcycle
	5 Pedal cycle	5 Pedal cycle	5 Pedal cycle	5 Pedal cycle	5 Pedal cycle	5 Pedal cycle
	6 On foot	6 On foot	6 On foot	6 On foot	6 On foot	6 On foot
	7 Other means of travel	7 Other means of travel	7 Other means of travel	7 Other means of travel	7 Other means of travel	7 Other means of travel
	8 Works mainly from home	8 Works mainly from home	8 Works mainly from home	8 Works mainly from home	8 Works mainly from home	8 Works mainly from home
	C Tronsmany neutrons				100 100 100 100 100 100 100 100 100 100	
QUESTION 21 OVERLEAF IS FOR PERSONS NOT CURRENTLY IN EMPLO	DYMENT.		QUESTION 21 OVERLEAF IS FOR I	PERSONS NOT CURRENTLY IN EMPLO	YMENT.	
PLEASE REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF T	HIS FORM.		PLEASE REMEMBER TO SIGN THE	E DECLARATION ON THE FRONT OF TH	HIS FORM.	
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PERSON 2	na scotto a wa esa	QUESTIONS FOR INDIVIDUALS	
	(Head or Joint Head of Household)	e answer questions for every member of your household, then sign the ration on the front of this form.	
Sumame	Sumame	1 Full Name	
Forename(s)	Forename(s)	 Please write the names in BLOCK CAPITALS starting with the head or joint head of the household. 	
		For a baby not yet named, enter the surname and write 'BABY'.	
		Persons Without Work	21
tion 1 Is at school or in full-time education 2 Is retired	Is at school or in full-time education Is retired	If the person is without work, which of the following reasons apply?	(i)
/) 3 Looks after home/family (solely)	3 Looks after home/family (solely)	Tick one box only.	•
4 Is unable to work because of	4 s unable to work because of	BOX 1: Do not count training given or paid for by an employer.	
5 Is unable to work because of	permanent long-term sickness 5 Is unable to work because of	BOX 6: Include any person wanting a job but prevented from looking by a temporary illness.	•
5 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	permanent long-term disability	IF BOX 6 HAS BEEN TICKED	
work 6 sunemployed and looking for wo 7 None of the above	6 sunemployed and looking for work 7 None of the above	PLEASE ANSWER QUESTIONS (ii) TO (v)	
1 Yes 2 No-	1 Yes 2 No	Has the person looked for work in the previous four weeks?	(ii)
1 Yes 2 No	1 Yes 2 No	Is the person available to start work within two weeks?	(iii)
1 Yes 2 No	1 Yes 2 No	Is the person waiting to start work which has already been obtained?	(iv)
1 Yes 2 No	1 Yes 2 No	Is the person available for part time work (less than 30 hours per week)?	(v)
	IS FORM	ASE REMEMBER TO SIGN THE DECLARATION ON THE FRONT OF TH	PLE
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ē			

PERSON 3	PERSON 4	PERSON 5	PERSON 6	
Sumame Forename(s)	Sumane Forename(s)	Sumame Forename(s)	Sumame Forename(s) 1	
Is at school or in full-time education Is retired Looks after homelfamily (solely) Is unable to work because of permanent long-term sickness Is unable to work because of permanent long-term disability Is unemployed and looking for work In yes	1	1		
PLEASE REMEMBER TO SIGN THE D	ECLARATION ON THE FRONT OF THIS	SFORM.		