

# Census Household Form

Census night is Tuesday, 9 August 2016

For ABS Use Only

## What you need to do

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

## Complete the Census online

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

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



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

**3** Complete the  
Census and then  
select

**Submit**

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

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

## Why a Census?

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

## The Census is compulsory

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

## Confidentiality

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

## Need help?

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

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

## How to write your answers

Mark boxes like this:

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

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

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

or

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

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

## 1 What is the address of this dwelling?

Please use CAPITAL letters only

Apartment/Flat/Unit number

(if any)

Street number

Street name (Examples: GRAHAM AVENUE, GEORGE STREET)

Suburb/Locality

State/Territory

Postcode

Property/Building name (if any)

## Person 1

## Person 2

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

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

Please use **CAPITAL** letters only.

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

First or given name


Surname or family name


First or given name


Surname or family name


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

- Mark one box for each person, like this:

Male

Female

Male

Female

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

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

1 3 0 1 1 9 6 8

OR

4 8  Years

Day Month Year


OR

Age

--	--	--	--

Years

Day Month Year


OR

Age

--	--	--	--

Years

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

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

No answer required for Person 1

Husband or wife of Person 1

De facto partner of Person 1

Child of Person 1

Stepchild of Person 1

Brother or sister of Person 1

Unrelated flatmate or co-tenant of Person 1

Other relationship to Person 1 (please specify)


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

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

Never married

Widowed

Divorced

Separated but not divorced

Married

Never married

Widowed

Divorced

Separated but not divorced

Married

**7 Is the person of Aboriginal or Torres Strait Islander origin?**

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

No

Yes, Aboriginal

Yes, Torres Strait Islander

No

Yes, Aboriginal

Yes, Torres Strait Islander

**Person 3**

**Person 4**

**Person 5**

**Person 6**

Any other person present in the household.

<p>First or given name</p> <input type="text"/>			
<p>Surname or family name</p> <input type="text"/>			
<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>			
<p>Day Month Year</p> <input type="text"/>			
<p><b>OR</b></p> <p>Age</p> <input type="text"/> Years			
<p><input type="checkbox"/> Child of both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</p> <p><input type="checkbox"/> Brother or sister of Person 1</p> <p><input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1</p> <p>Other relationship to Person 1 (please specify)</p> <input type="text"/>	<p><input type="checkbox"/> Child of both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</p> <p><input type="checkbox"/> Brother or sister of Person 1</p> <p><input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1</p> <p>Other relationship to Person 1 (please specify)</p> <input type="text"/>	<p><input type="checkbox"/> Child of both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</p> <p><input type="checkbox"/> Brother or sister of Person 1</p> <p><input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1</p> <p>Other relationship to Person 1 (please specify)</p> <input type="text"/>	<p><input type="checkbox"/> Child of both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</p> <p><input type="checkbox"/> Brother or sister of Person 1</p> <p><input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1</p> <p>Other relationship to Person 1 (please specify)</p> <input type="text"/>
<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>
<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>

SAMPLE ONLY



Person 3

Person 4

05

Person 5

Person 6

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

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

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

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

Other country

Other country

Other country

Other country

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

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

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

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

Other country

Other country

Other country

Other country

Same as in Question 8  
 Same as in Question 9  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number (if any)  
 Street number  
 Street name  
 Suburb/Locality  
 State/Territory    Postcode

Same as in Question 8  
 Same as in Question 9  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number (if any)  
 Street number  
 Street name  
 Suburb/Locality  
 State/Territory    Postcode

Same as in Question 8  
 Same as in Question 9  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number (if any)  
 Street number  
 Street name  
 Suburb/Locality  
 State/Territory    Postcode

Same as in Question 8  
 Same as in Question 9  
 Elsewhere in Australia (please specify address)  
 Apartment/Flat/Unit number (if any)  
 Street number  
 Street name  
 Suburb/Locality  
 State/Territory    Postcode

Other country

Other country

Other country

Other country



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

- Yes, Australian citizen
- No

- Yes, Australian citizen
- No

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

• Remember to mark the box like this:

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

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

Other (please specify)

Other (please specify)



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

• For example, for arrival in 1987 write:

Year

Year

Will be in Australia less than one year

Will be in Australia less than one year

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

- Australia
- Other (please specify)

- Australia
- Other (please specify)



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

- Australia
- Other (please specify)

- Australia
- Other (please specify)



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

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

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

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

Yes, other (please specify)

Yes, other (please specify)



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

• Remember to mark the box like this:

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

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

Person 3

Person 4

07

Person 5

Person 6

<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No																																																																																																																																																																																																																																																
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SAMPLE ONLY



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

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

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

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

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


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

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


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

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

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

Other (please specify)


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

Other (please specify)


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

- For example: doing everyday activities such as eating, showering, dressing or toileting.

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

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

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

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

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

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

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

SAMPLE ONLY

Person 3

Person 4

09

Person 5

Person 6

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

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


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

Other (please specify)


- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

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

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


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

Other (please specify)


- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

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

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


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

Other (please specify)


- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

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

Other ancestry 1 (please specify)


Other ancestry 2 (please specify)


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

Other (please specify)


- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

SAMPLE ONLY



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

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

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

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

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

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

- Include preschool and external or correspondence students.

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

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

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

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

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

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

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

**26 Only continue for persons aged 15 years or more****27 What is the highest year of primary or secondary school the person has completed?**

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

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

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

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

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

- Mark one box only.

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

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

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

Person 3	Person 4	Person 5	Person 6
<input type="checkbox"/> No need for help or supervision <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause	<input type="checkbox"/> No need for help or supervision <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause	<input type="checkbox"/> No need for help or supervision <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause	<input type="checkbox"/> No need for help or supervision <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause

<input type="checkbox"/> No ► <b>Go to 26</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► <b>Go to 26</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► <b>Go to 26</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► <b>Go to 26</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
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<input type="checkbox"/> <b>Preschool</b> <b>Infants/Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Tertiary institution</b> <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> <b>Other educational institution</b>	<input type="checkbox"/> <b>Preschool</b> <b>Infants/Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Tertiary institution</b> <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> <b>Other educational institution</b>	<input type="checkbox"/> <b>Preschool</b> <b>Infants/Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Tertiary institution</b> <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> <b>Other educational institution</b>	<input type="checkbox"/> <b>Preschool</b> <b>Infants/Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government <b>Tertiary institution</b> <input type="checkbox"/> Technical or further educational institution (including TAFE Colleges) <input type="checkbox"/> University or other higher educational institution <input type="checkbox"/> <b>Other educational institution</b>
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## Only continue for persons aged 15 years or more

<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school
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<input type="checkbox"/> No ► <b>Go to 32</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 32</b> <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► <b>Go to 32</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 32</b> <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► <b>Go to 32</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 32</b> <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► <b>Go to 32</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 32</b> <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
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**29 What is the level of the *highest* qualification the person has *completed*?**

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

Level of qualification

<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
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<input type="checkbox"/>									
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Level of qualification

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

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

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

Field of study

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

Field of study

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

**31 Did the person *complete* this qualification before 1998?**

- Remember to mark the box like this:

 Yes, before 1998 No, 1998 or later Yes, before 1998 No, 1998 or later**32 For each female, how many babies has she ever given birth to?**

- Exclude adopted, foster and step children.

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

  Number of babies None  Number of babies None**33 What is the *total* of all income the person *usually* receives?**

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

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

- Regular overtime
- Commissions and bonuses

**Government pensions, benefits and allowances**

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

**Profit or loss from**

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

**Other income**

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Occupation


Occupation


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

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

Tasks or duties


Tasks or duties


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

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

Business name


Business name


Person 3

Person 4

15

Person 5

Person 6

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

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

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

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

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

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

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

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

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

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

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

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

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

Occupation


Occupation


Occupation


Occupation


Tasks or duties


Tasks or duties


Tasks or duties


Tasks or duties


Business name


Business name


Business name


Business name


SAMPLE ONLY



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

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

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

Street number

<input type="text"/>					
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Street name

<input type="text"/>									
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Suburb/Locality

<input type="text"/>									
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

State/Territory

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Postcode

<input type="text"/>					
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Property/Building name (if any)

<input type="text"/>									
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Street number

<input type="text"/>					
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Street name

<input type="text"/>									
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Suburb/Locality

<input type="text"/>									
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

State/Territory

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Postcode

<input type="text"/>					
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Property/Building name (if any)

<input type="text"/>									
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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

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

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

Industry/business of the employer

<input type="text"/>									
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Industry/business of the employer

<input type="text"/>									
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**43 What are the main goods produced or main services provided by the employer's business?**

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

Goods produced/services provided

<input type="text"/>									
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Goods produced/services provided

<input type="text"/>									
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**44 Last week, how many hours did the person work in all jobs?**

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

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Hours worked

None

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Hours worked

None

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

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

Train

Bus

Ferry

Tram (including light rail)

Taxi

Car – as driver

Car – as passenger

Truck

Motorbike or motor scooter

Bicycle

Walked only

Worked at home

Other

Did not go to work

Train

Bus

Ferry

Tram (including light rail)

Taxi

Car – as driver

Car – as passenger

Truck

Motorbike or motor scooter

Bicycle

Walked only

Worked at home

Other

Did not go to work

Person 3

Person 4

17

Person 5

Person 6

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Property/Building name (if any)

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Property/Building name (if any)

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Property/Building name (if any)

Street number

Street name

Suburb/Locality

State/Territory

Postcode

Property/Building name (if any)

Industry/business of the employer

Industry/business of the employer

Industry/business of the employer

Industry/business of the employer

Goods produced/services provided

Goods produced/services provided

Goods produced/services provided

Goods produced/services provided

Hours worked

None

Hours worked

None

Hours worked

None

Hours worked

None

Train

Bus

Ferry

Tram (including light rail)

Taxi

Car – as driver

Car – as passenger

Truck

Motorbike or motor scooter

Bicycle

Walked only

Worked at home

Other

Did not go to work

Train

Bus

Ferry

Tram (including light rail)

Taxi

Car – as driver

Car – as passenger

Truck

Motorbike or motor scooter

Bicycle

Walked only

Worked at home

Other

Did not go to work

Train

Bus

Ferry

Tram (including light rail)

Taxi

Car – as driver

Car – as passenger

Truck

Motorbike or motor scooter

Bicycle

Walked only

Worked at home

Other

Did not go to work

Train

Bus

Ferry

Tram (including light rail)

Taxi

Car – as driver

Car – as passenger

Truck

Motorbike or motor scooter

Bicycle

Walked only

Worked at home

Other

Did not go to work

SAMPLE ONLY



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

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

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

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

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

- Remember to mark the box like this:

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

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

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

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

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

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

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

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

- Recipients of Carer allowance or Carer payment should state that they provided unpaid care.
- Ad hoc help or assistance, such as shopping, should only be included if the person needs this sort of assistance because of his/her condition.
- Do not include work done through a voluntary organisation or group.

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

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

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

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

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

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

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

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

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

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

**Person 3**

**Person 4**

19

**Person 5**

**Person 6**

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

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

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

No, no-one away **▶ Go to 54**

Yes, someone away **▶ Go to 53**

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

<p><b>Name of each person who usually lives in this dwelling but was away on Tuesday, 9 August 2016.</b></p>	<p>First or given name</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Surname or family name</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																									<p>First or given name</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Surname or family name</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																									<p>First or given name</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Surname or family name</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																								
<p><b>Is the person male or female?</b></p> <p>• Mark one box for each person away.</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>																																																																																																																								
<p><b>What is the person's date of birth or age?</b></p> <p>• If date of birth not known, please give age. Example: Day Month Year <b>1 3 0 1 1 9 6 8</b> OR <b>4 8</b> Years</p>	<p>Day Month Year</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><b>OR</b></p> <p>Age</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Years</p>																																	<p>Day Month Year</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><b>OR</b></p> <p>Age</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Years</p>																																	<p>Day Month Year</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p><b>OR</b></p> <p>Age</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Years</p>																																																								
<p><b>Is the person of Aboriginal or Torres Strait Islander origin?</b></p> <p>• For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>																																																																																																																								
<p><b>Is the person a full-time student?</b></p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>																																																																																																																								
<p><b>What is the person's relationship to Person 1/Person 2?</b></p> <p>• Examples of other relationships: SON-IN-LAW, GRAND-DAUGHTER, UNCLE, BOARDER.</p>	<p><input type="checkbox"/> Husband or wife of Person 1 <input type="checkbox"/> De facto partner of Person 1 <input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 (please specify)</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<p><input type="checkbox"/> Husband or wife of Person 1 <input type="checkbox"/> De facto partner of Person 1 <input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 (please specify)</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<p><input type="checkbox"/> Husband or wife of Person 1 <input type="checkbox"/> De facto partner of Person 1 <input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 (please specify)</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																

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

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

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

Motor vehicles  
 None



## Field Staff Use Only

CCF

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

## Office Use Only

DCC

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

TF

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

UO

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

