

An Phríomh-Oifig Staidrimh

Central Statistics Office

Daonáireamh na hÉireann Census of Population of Ireland Sunday 10 April 2011

Address For office										
County	Enumeration	Small Area		Numbe	r of persons PRE	SENT	ABSENT			
Code	Area Code	Code	D. No.	Males	Females	Total	persons			

Census 2011

The 2011 Census will take place on Sunday 10 April and will count all the people and households in the country on that night. It is the twenty-fourth census to be held since 1841. The census results will give a comprehensive picture of the social and living conditions of our people and will assist in planning for the future.

What you need to do

Please keep this form in a safe place and complete it on the night of Sunday 10 April, Census Night. You should consult the Explanatory Notes on the back page to assist you in completing the form. Remember to sign the declaration on page 23 and to have your completed form ready for collection by your Enumerator.

Legal obligation to participate

This is a Notice under Section 26 of the Statistics Act 1993. The Census is being taken under the Statistics Act 1993 and the Statistics (Census of Population) Order 2010. Under Sections 26 and 27 of the Statistics Act 1993 you are obliged by law to complete and return this form. Any person who fails or refuses to provide this information or who knowingly provides false information may be subject to a fine of up to €25,000.

Confidentiality is guaranteed

The confidentiality of your census return is legally guaranteed by the Statistics Act 1993. The Central Statistics Office will use the information you provide for statistical purposes only. This includes the production of statistical tables and analytical reports and the selection of samples for some of our surveys.

Your Census Enumerator

Your Census Enumerator will help you if you have any questions about the Census. Please co-operate fully with your Enumerator to help ensure the success of Census 2011.

Thank you for your co-operation.

Gerard O'Hanlon Director General

Who should complete the Census Form?

The householder or any adult member of the household present on the night of Sunday 10 April should complete this form. A separate Household Form should be completed for every household.

A household is:

- one person living alone, or
- a group of related or unrelated people living at the same address with common housekeeping arrangements, meaning they share at least one meal a day or share a living or sitting room.

Do you need additional forms?

If there is more than one household at this address, ask your Enumerator for another Household Form.

If there are more than 6 persons in your household on Sunday 10 April, ask your Enumerator for a blue Individual Form for each additional person.

How to complete your Census Form

- 1. Use a Black or Blue pen.
- 2. Mark boxes like this —.
- 3. If you make a mistake, do this **and** mark the correct box.

Where you are required to write in an answer please use BLOCK CAPITAL LETTERS and leave one space between each word. Continue on to a new line if a word will not fit, for example:

H O T E L R E C E P T I O N I S T

Have your form ready for collection

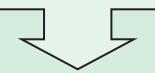
Your Enumerator will return between Monday 11 April and Monday 9 May to collect your completed form.

If your form has not been collected by 9 May, please return it fully completed to Central Statistics Office, PO Box 2011, Freepost 4726, Swords, Co. Dublin.

Féadfar leagan Béarla nó Gaeilge den fhoirm seo a chomhlánú.



START HERE



H1 What type of accommodation does your household occupy?

Mark — one box only.

A whole house or bungalow that is:

- 1 Detached
- 2 Semi-detached
- Terraced (including end of terrace)

A flat or apartment (including duplexes) that is self-contained:

- 4 In a purpose-built block
- Part of a converted house or commercial building

A bed-sit:

Bed-sit (with some shared facilities e.g. toilet)

A mobile or temporary structure:

A caravan or other mobile or temporary structure

H2 When was your house, flat or apartment first built?

Mark — the year in which first built even if the building was subsequently converted, extended or renovated.

- 1 Before 1919
- 2 1919 1945 inclusive
- 3 1946 1960 inclusive
- 3 1940 1900 Iliciusive
- 4 1961 1970 inclusive
- 5 1971 1980 inclusive
- 6 1981 1990 inclusive
- 7 1991 2000 inclusive
- 8 2001 2005 inclusive
- 9 2006 or later

H3 Does your household own or rent your accommodation?

Mark — one box only.

- 1 Own with mortgage or loan
- 2 Own outright
- 3 Rent
- 4 Live here rent free

If renting, who is your landlord?

- Private landlord
- 2 Local Authority
- Voluntary/Co-operative housing body

H4 If your accommodation is rented, how much rent does your household pay?

Enter amount to the nearest Euro.

€			•	0	0

Mark — one box only.

- 1 Per week
- 2 Per month
- 3 Per year

H5 How many rooms do you have for use only by your household?

- Do NOT count bathrooms, toilets, kitchenettes, utility rooms, consulting rooms, offices, shops, halls or landings, or rooms that can only be used for storage such as cupboards.
- Do count all other rooms such as kitchens, living rooms, bedrooms, conservatories you can sit in, and studies.
- If two rooms have been converted into one, count them as one room.

Number of rooms

H6 What is the main type of fuel used by the central heating in your accommodation?

Mark — one box only.

- No central heating
- 2 Oil
- 3 Natural Gas
- 4 Electricity
- 5 Coal (including anthracite)
- 6 Peat (including turf)
- 7 Liquid Petroleum Gas (LPG)
- 8 Wood (including wood pellets)
- 9 Other

H7 What type of piped water supply does your accommodation have?

Mark — one box only.

- 1 Connection to a Public Main
- 2 Connection to a Group Water Scheme with a Local Authority source of supply
- Connection to a Group Water Scheme with a private source of supply (e.g. borehole, lake, etc.)
- Connection to other private source (e.g. well, lake, rainwater tank, etc.)
- 5 No piped water supply

H8 What type of sewerage facility does your accommodation have?

Mark — one box only.

- Public sewerage scheme
- 2 Individual septic tank
- Individual treatment system other than a septic tank
- 4 Other sewerage facility
- 5 No sewerage facility

H9 How many cars or vans are owned or are available for use by one or more members of your household?

Include any company car or van if available for private use.

Mark — one box only.

- 1 One
- 2 Two
- Thurs
- 3 Three
- 4 Four or more
- 5 None

H10 Does your household have a personal computer (PC)?

1 Yes

2 No

H11 Does your household have access to the Internet?

Mark 'Yes' if you have access to the Internet in your home.

- 1 Yes, Broadband connection
- Yes, other connection
- 3 No

H12

Go to next page

ALL PERSONS MUST BE ENUMERATED WHERE THEY SPEND CENSUS NIGHT

Below are two lists. List 1 is for persons present at this address on the night of Sunday 10 April, Census Night. List 2 is for persons who usually live at this address but who are temporarily away on the night of Sunday 10 April. See the Explanatory Notes relating to Question 7 on the back page for guidance in interpreting a person's place of usual residence.

PRESENT PERSONS



- All persons alive at midnight on Sunday 10 April who spent the night at this address.
- Persons who stayed temporarily in the household (i.e. visitors).
- Persons who arrived the following morning not having been enumerated elsewhere.

DO NOT INCLUDE in List 1

- Any person who usually lives at this address but who is temporarily absent on the night of Sunday 10 April. These persons should be listed as being absent in List 2 below.
- Students who were away from home on the night of Sunday 10 April. They should be listed as being absent in List 2 below.
- Babies born after midnight on Sunday 10 April.

LIST 1 Persons PRESENT in the household on the night of Sunday 10 April

Person No.	First name and surname	
1		Answer questions
2		relating to each person present in the
3		household on Sunday
4		10 April beginning on Page 4 in the same
5		order as listed here.
6		
7		
8		Answer questions relating to persons
9		7, 8, 9 etc. on
10		additional blue Individual Forms available from
11		your Enumerator.
12		

ABSENT PERSONS



- All persons who usually live at this address but who are temporarily absent on Sunday 10 April.
- Students away at school or college.

DO NOT INCLUDE in List 2

Anyone included in List 1.

Absent persons who usually live in the household

Person No.	First name and surname	Answer questions
1		beginning on Page 22 for each usual resident
2		listed here as being
3		absent from the household on the night,
4		of Sunday 10 April.
If there are r Enumerator f	nore than 4 usual residents absent on the night of Sunday 10 April, please ask your for guidance.	



Person 1 See Explan	atory Notes on back page	Mark boxes like this 🕳
 What is your name? (Person 1) First name and surname. Sex Male 2 Female 	7 Where do you usually live? 1 HERE at this address 2 Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS	11 What is your ethnic or cultural background? Choose ONE section from A to D, then the appropriate box. A White 1 Irish 2 Irish Traveller
What is your date of birth? Day Month Year		3 Any other White background B Black or Black Irish 4 African 5 Any other Black background
4 Relationship question does not apply to Person 1.	3 Elsewhere ABROAD, write in the COUNTRY	C Asian or Asian Irish Chinese Any other Asian background D Other, including mixed background
	8 Where did you usually live one year ago? Answer if aged 1 year or over. 1 SAME as now 2 Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY	8 Other, write in description
	3 Elsewhere ABROAD, write in the COUNTRY	Mark one box only. Roman Catholic Church of Ireland Islam Presbyterian Orthodox Other, write in your RELIGION
 What is your current marital status? Answer if aged 15 years or over. Mark one box only. Single (never married) 	9 Have you lived outside the Republic of Ireland for a continuous period of one year or more? Answer if aged 1 year or over and living in Ireland.	7 No religion
Married (first marriage) Re-married (following widowhood) Re-married (following divorce/annulment) Separated (including deserted) Divorced	1 Yes 2 No If 'Yes', write in the YEAR of last taking up residence in the Republic of Ireland AND the COUNTRY of last previous residence.	How many children have you given birth to? This question is for women only. Write in number of children born alive.
7 Widowed 6 What is your place of birth? Give the place where your mother lived		14 Can you speak Irish? Answer if aged 3 years or over. 1 Yes
at the time of your birth. If IRELAND (including Northern Ireland), write in the COUNTY.	10 What is your nationality? If you have more than one nationality, please declare all of them. 1 Irish 2 Other NATIONALITY, write in	2 No If 'Yes', do you speak Irish? Mark — the boxes that apply. 1 Daily, within the education system 2 Daily, outside the education system
If elsewhere ABROAD, write in the COUNTRY.	3 No nationality	Weekly Less often Never

F	Person 1			n B			CAPITALS			k boxes like this 🕳
15	Do you speak a language of English or Irish at home?	ner th	ian	18	in ge	ener	your health ral? • one box only.	22	pers	ou provide regular unpaid on a friend or family on the standard or family on the standard or disability?
	2 No Go to Q16				1	V	ery good			de problems which are due to old age.
	What is this language?				2	G	Good			onal help includes help with basic s such as feeding or dressing.
					3	F	air		1	Yes
					4	В	ad		2	No
	(e.g. POLISH, GERMAN, IRISH SIGN	LANG	UAGE)		5	V	ery bad			es', for how many hours per week? in hours.
	How well do you speak Engli	ish?		19			you usually			
	Mark — one box only.				or co		work, school ge?	23	T£	ou are aged under 15
	1 Very well						one box only,	23	_	_
	2 Well				dista	ance,	ngest part, by of your usual			Go to Q34
	3 Not well				journ or co		o work, school e.	24		e you ceased your full-time
	4 Not at all				1		lot at work, school		1	Yes
16	Do you have any of the follow	wina					r college		2	No
	long-lasting conditions or di		ties?		2		n foot		If 'Y	es', write in AGE at which it ceased.
(a)	Blindness or a serious	Yes	No		3		icycle			
	vision impairment				4		us, minibus or coach	25	\M/ba	t is the highest level of
(b)	Deafness or a serious hearing impairment	Yes	No		5		rain, DART or LUAS	25	educ	ration/training (full-time or part-time)
(-)	- '	V	NI.		6		lotor cycle or scooter			th you have completed to date? — one box only.
(c)	A difficulty with basic physical activities such as walking,	Yes	No		7		riving a car	1		No formal education/training
	climbing stairs, reaching, lifting or carrying				8		assenger in a car	2		Primary education
(d)	An intellectual disability	Yes	No		9		on Other, including lorry			NFQ Levels 1 or 2 FETAC Level 1 or 2 Cert. or equivalent
(=)	7				11		Vork mainly at or	3		Lower Secondary NFQ Level 3
(e)	A difficulty with learning,	Yes	No				rom home			Junior/Inter/Group Cert., FETAC Level 3 Cert., FAS Introductory Skills, NCVA Foundation Cert. or equivalent
(f)	remembering or concentrating A psychological or emotional condition	Yes	No	20	leav	e ho	me do you usually ome to go to work, or college?	4		Upper Secondary NFQ Levels 4 or 5 Leaving Cert. (including Applied and Vocational programmes) or equivalent
(g)	A difficulty with pain,	Yes	No		1		lot at work, school	5		Technical or Vocational NFQ Levels 4 or 5
	breathing, or any other chronic illness or condition				2		r college efore 06.30			FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent
17	If 'Yes' to any of the categor				3	0	6.30 - 07.00	6		Advanced Certificate/Completed Apprenticeship
	specified in Question 16, do have any difficulty in doing a				4	0	7.01 - 07.30			NFQ Level 6 FETAC Advanced Cert., NCVA Level 3, FÁS
	of the following?	-			5	0	7.31 - 08.00			National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent
(a)	Dressing, bathing or getting around inside the home	Yes	No		6		8.01 - 08.30	7		Higher Certificate NFQ Level 6
					7		8.31 - 09.00	8		NCEA/HETAC National Cert. or equivalent Ordinary Bachelor Degree or
(b)	Going outside the home alone to shop or visit a	Yes	No		8		9.01 - 09.30	Ü		National Diploma NFQ Level 7
	doctor's surgery				9	A	fter 09.30	9		Honours Bachelor Degree/
(c)	Working at a job or business or attending school or college	Yes	No	21	jour	rney	g does your to work, school ge usually take?	10		Professional qualification or both NFQ Level 8 Postgraduate Diploma or Degree
(d)	Participating in other	Yes	No				ninutes.	15		NFQ Level 9 Postgraduate Diploma, Masters Degree
	activities, for example leisure or using transport				VVIILE	C 111 11	imiutes.	11		or equivalent Doctorate (Ph.D) or higher NFQ Level 10
										INI & LEVEL TO



ı	Person 2 See Explan	natory Notes on back page		rk boxes like this 🕳
2	What is your name? (Person 2) First name and surname. Sex 1 Male 2 Female What is your date of birth? Day Month Year	7 Where do you usually live? 1 HERE at this address 2 Elsewhere in IRELAND (including Northern Ireland), write in your FULL ADDRESS	11	What is your ethnic or cultural background? Choose ONE section from A to D, then the appropriate box. A White 1
4	What is your relationship to Person 1? Mark one box only. Relationship of Person PERSON 2 to 1 Husband or wife 1 Partner 2 (incl. same-sex partner) Son or daughter 3 Step-child 4	8 Where did you usually live one year ago? Answer if aged 1 year or over. 1 SAME as now 2 Elsewhere in IRELAND (including Northern Ireland), write in the COUNTY		C Asian or Asian Irish Chinese Any other Asian background D Other, including mixed background Other, write in description
	Brother or sister 5 Mother or father 6 Grandparent 7 Step-mother/-father 8 Son-/daughter-in-law 9 Grandchild 10 Other related 11 Unrelated 12 (incl. foster child)	3 Elsewhere ABROAD, write in the COUNTRY	12	What is your religion? Mark one box only. Roman Catholic Church of Ireland Islam Presbyterian Orthodox Other, write in your RELIGION
1	What is your current marital status? Answer if aged 15 years or over. Mark — one box only. Single (never married)	of one year or more? Answer if aged 1 year or over and living in Ireland.		7 No religion
2 3 4 5 6	Married (first marriage) Re-married (following widowhood) Re-married (following divorce/annulment) Separated (including deserted) Divorced	1 Yes 2 No If 'Yes', write in the YEAR of last taking up residence in the Republic of Ireland AND the COUNTRY of last previous residence.	13	How many children have you given birth to? This question is for women only. Write in number of children born alive.
7 6	What is your place of birth?		14	Can you speak Irish? Answer if aged 3 years or over. 1 Yes
	Give the place where your mother lived at the time of your birth. If IRELAND (including Northern Ireland), write in the COUNTY.	10 What is your nationality? If you have more than one nationality, please declare all of them. 1 Irish 2 Other NATIONALITY, write in		2 No If 'Yes', do you speak Irish? Mark — the boxes that apply. 1 Daily, within the education system 2 Daily, outside the education system
	If elsewhere ABROAD, write in the COUNTRY.	3 No nationality		3 Weekly4 Less often5 Never



F	Person 2			n B			CAPITALS			rk boxes like this 👄
15	Do you speak a language other than English or Irish at home? 1 Yes 2 No Go to Q16 What is this language?			18	in general? Mark — one box only. 1 Very good 2 Good 3 Fair		22	Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability? Include problems which are due to old age Personal help includes help with basic tasks such as feeding or dressing. 1 Yes 2 No		
					4		Very bad			'es', for how many hours per week?
	(e.g. POLISH, GERMAN, IRISH SIGN		JAGE)				·		Write	e in hours.
	Mark — one box only. 1 Very well	sh?		19	trav	vel coll	o you usually to work, school ege? one box only,	23		ou are aged under 15
	2 Well						longest part, by e, of your usual			Go to Q34
	Not well Not at all					rney	to work, school	24		e you ceased your full-time cation?
					1		Not at work, school or college		1	Yes
16	Do you have any of the follow				2		On foot		2	No
	long-lasting conditions or di	Hiculi	ties?		3		Bicycle		If 'Y	'es', write in AGE at which it ceased.
(a)	Blindness or a serious vision impairment	Yes	No		4		Bus, minibus or coach			
(b)	Deafness or a serious hearing impairment	Yes	No		5		Train, DART or LUAS	25	edu	at is the highest level of cation/training (full-time or part-time)
	- '				6		Motor cycle or scooter			ch you have completed to date? k — one box only.
(c)	A difficulty with basic physical activities such as walking,	Yes	No		7		Driving a car	1	IVIGIT	No formal education/training
	climbing stairs, reaching, lifting or carrying				8		Passenger in a car	2		Primary education
(d)	An intellectual disability	Yes	No		9		Van			NFQ Levels 1 or 2 FETAC Level 1 or 2 Cert. or equivalent
	·				10 11		Other, including lorry Work mainly at or from home	3		Lower Secondary NFQ Level 3 Junior/Inter/Group Cert., FETAC Level 3 Cert.,
(e)	A difficulty with learning, remembering or concentrating	Yes	No							FAS Introductory Skills, NCVA Foundation Cert. or equivalent
(f)	A psychological or emotional condition	Yes	No	20	leav	ve l	time do you usually nome to go to work, or college?	4		Upper Secondary NFQ Levels 4 or 5 Leaving Cert. (including Applied and Vocational programmes) or equivalent
(g)	A difficulty with pain, breathing, or any other chronic illness or condition	Yes	No		2		Not at work, school or college Before 06.30	5		Technical or Vocational NFQ Levels 4 or 5 FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent
17	If 'Yes' to any of the categor specified in Question 16, do have any difficulty in doing a of the following?	you			3 4 5		06.30 - 07.00 07.01 - 07.30 07.31 - 08.00	6		Advanced Certificate/Completed Apprenticeship NFQ Level 6 FETAC Advanced Cert., NCVA Level 3, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent
(a)	Dressing, bathing or getting around inside the home	Yes	No		67		08.01 - 08.30 08.31 - 09.00	7		Higher Certificate NFQ Level 6 NCEA/HETAC National Cert. or equivalent
(b)	Going outside the home alone to shop or visit a	Yes	No		8		09.01 - 09.30 After 09.30	8		Ordinary Bachelor Degree or National Diploma NFQ Level 7
(c)	doctor's surgery Working at a job or business or attending school or college	Yes	No	21	Hov	rne	ong does your y to work, school	9		Honours Bachelor Degree/ Professional qualification or both NFQ Level 8
(d)	Participating in other activities, for example leisure or using transport	Yes	No				ege usually take? minutes.	10		Postgraduate Diploma or Degree NFQ Level 9 Postgraduate Diploma, Masters Degree or equivalent Doctorate (Ph.D) or higher
										NFQ Level 10

F	Person 2 See Explanator		otes on back page Mark boxes like this 🕳
26	What is the main field of study of the highest qualification you have completed to date? Exclude Secondary school qualifications. Write in the field of study. (e.g. ACCOUNTANCY, BEAUTY THERAPY,	30	What is (was) your occupation in your main job? In all cases describe the occupation fully and precisely giving the full job title. Use precise terms such as Do NOT use general terms such as RETAIL STORE MANAGER MANAGER SECONDARY TEACHER ELECTRICAL ENGINEER TEACHER ENGINEER Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE. Write in your main OCCUPATION.
	FARMING, PLUMBING)		
27	How would you describe your present principal status? Mark — one box only. 1 Working for payment or profit	24	If a farmer, write in the SIZE of the area farmed to the nearest hectare. Hectares
	2 Looking for first regular job	31	If you are retired Go to Q35
	 Unemployed Student or pupil Looking after home/family Retired from employment Unable to work due to permanent sickness or disability Other, write in 	32	What is (was) the business of your employer at the place where you work(ed) in your main job? If you are (were) self-employed answer in respect of your own business. Describe the main product or service provided by your employer. For example, MAKING COMPUTERS, REPAIRING CARS, SECONDARY EDUCATION, FOOD WHOLESALE, MAKING PHARMACEUTICALS, CONTRACT CLEANING, SOFTWARE DEVELOPMENT AND SUPPORT.
28	If you are working, unemployed or retired Go to Q29	33	
	If you are a student Go to Q34		If you are unemployed Go to Q35
	Otherwise Go to Q35		What is the FULL NAME and ADDRESS of your place of work, school or college? name
29	Do (did) you work as an employee or are (were) you self-employed in your main job? Your main job is the job in which you usually work(ed) the most hours. Mark — one box only.	Addı	ress
	1 Employee		
	Self-employed, with paid employees Self-employed, without paid employees		1 Work mainly at or from home 2 No fixed place of work
	Assisting relative (not receiving a fixed wage or salary)	35	Answer questions for Person 3 starting on the next page. If there are only two persons present in the household on the night of 10 April Go to page 22



Absent Persons who usually live in the household

Answer questions A1 to A8 for all household members who usually live here at this address but who are NOT present on the night of Sunday 10 April. Include in particular all primary, secondary and third level students who are living away from home during term time who are NOT present at this address on the night of Sunday 10 April.

	Absent Person 1		Absent Person 2		Absent Person 3
A1	What is this person's name? First name and surname.	A1	What is this person's name? First name and surname.	A1	What is this person's name? First name and surname.
A2	Sex 1 Male 2 Female	A2	Sex 1 Male 2 Female	A2	Sex 1 Male 2 Female
A3	What is this person's date of birth? Day Month Year	A3	What is this person's date of birth? Day Month Year	A3	What is this person's date of birth? Day Month Year
A4	What is the relationship of this person to Person 1 on page 4? Mark — one box only. 1 Husband or wife	A4	What is the relationship of this person to Person 1 on page 4? Mark — one box only. 1 Husband or wife	A4	What is the relationship of this person to Person 1 on page 4? Mark — one box only. 1 Husband or wife
	Partner (including same-sex partner) Son or daughter Other related, write in RELATIONSHIP		Partner (including same-sex partner) Son or daughter Other related, write in RELATIONSHIP		2 Partner (including same-sex partner) 3 Son or daughter 11 Other related, write in RELATIONSHIP
	12 Unrelated (including foster child)		12 Unrelated (including foster child)		12 Unrelated (including foster child)
A5	What is this person's current marital status? Answer if aged 15 years or over. Mark one box only. Single (never married) Married (including re-married) Separated (including deserted) Divorced Widowed	A5	What is this person's current marital status? Answer if aged 15 years or over. Mark one box only. Single (never married) Married (including re-married) Separated (including deserted) Divorced Widowed	A5	What is this person's current marital status? Answer if aged 15 years or over. Mark one box only. Single (never married) Married (including re-married) Separated (including deserted) Divorced Widowed
A6	How long altogether is this person away for? Less than 12 months months or more	A6	How long altogether is this person away for? Less than 12 months months or more	A6	How long altogether is this person away for? Less than 12 months months or more
A7	Was this person in the Republic of Ireland on Sunday 10 April? 1 Yes 2 No	A7	Was this person in the Republic of Ireland on Sunday 10 April? Yes No	A7	Was this person in the Republic of Ireland on Sunday 10 April? 1 Yes 2 No
A8	Is this person a student away at school or college? 1 Yes 2 No	A8	Is this person a student away at school or college? 1 Yes 2 No	A8	Is this person a student away at school or college? 1 Yes 2 No



	Absent Person 4	Declaration
A1	What is this person's name? First name and surname.	Declaration to be completed by the person responsible for completing the form.
		Before you sign the declaration please check:
A2	Sex 1 Male 2 Female	 That you have completed the questions about your accommodation on page 2. That in List 1 on page 3, you have accounted for all persons (including visitors)
A3	What is this person's date of birth? Day Month Year What is the relationship of this person to Person 1 on page 4? Mark one box only. 1 Husband or wife 2 Partner (including same-sex partner)	 who spent the night of Sunday 10 April at this address. That you have answered all questions which should have been answered for each person who spent the night of Sunday 10 April in the household (pages 4-21). That in List 2 on page 3, you have accounted for all persons who usually live at this address but who were temporarily absent on Sunday 10 April. That you have answered all questions on pages 22-23 for all household members temporarily absent on the night of Sunday 10 April. That no person has been double-counted on the form.
	3 Son or daughter 11 Other related, write in RELATIONSHIP 12 Unrelated (including foster child)	I declare that this form is correct and complete to the best of my knowledge and belief. Signature
A5	•	You have now completed the Census Form.
	marital status? Answer if aged 15 years or over. Mark one box only. Single (never married) Married (including re-married) Separated (including deserted) Divorced Widowed	Thank you for your co-operation.
A6	How long altogether is this person away for? 1 Less than 12 months 2 12 months or more	
A7	Was this person in the Republic of Ireland on Sunday 10 April? 1 Yes 2 No	
A8	Is this person a student away at school or college? 1 Yes 2 No	
ter	there are more than 4 persons mporarily absent from the household the night of Sunday 10 April, please	

ask your Enumerator for guidance.

Explanatory Notes

Question H3 – Does your household own or rent your accommodation?

If you rent your accommodation (box 3), or live in it rent free (box 4), you should also answer the second part of the question 'who is your landlord?'. Select the appropriate box (1, 2 or 3) to indicate whether your landlord is a 'Private landlord', a 'Local Authority' or a 'Voluntary/Co-operative housing body', regardless of whether or not you pay all or part of the rent yourself, or if it is paid on your behalf by the HSE or any other body.

Question H4 – If your accommodation is rented, how much rent does your household pay?

If the HSE or any other body pays part of the rent, only the amount paid by the household should be entered. Enter the amount to the nearest Euro and mark the box corresponding to the period covered e.g. if your household pays a weekly rent of €78.60 enter 79 and mark box 1. If all of your rent is paid on your behalf enter 0 and mark box 1.

Question 4 - Relationship

The relationship question is designed to determine families within households. This includes where there are two or more families in the one household. For example, a household consisting of an adult daughter living with her two parents and her own child would be counted as a two family household.

The example given below shows how the question should be answered for the child in this situation, where the parents are Persons 1 and 2 on the form, the adult daughter is Person 3 and the child is Person 4.

Mark — one box only for each person.

Mark — one box only	or eac	n pe	rson.	
Relationship of PERSON 4 to		Ре 1	erson: 2	s 3
Husband or wife	1			
Partner (incl. same-sex partner)	2			
Son or daughter	3			-
Step-child	4			
Brother or sister	5			
Mother or father	6			
Grandparent	7			
Step-mother/-father	8			
Son-/daughter-in-law	9			
Grandchild	10	-		
Other related	11			
Unrelated (incl. foster child)	12			

Question 7 – Where do you usually live?

This question refers to your place of usual residence at the time of the Census. If you have lived at this address for a continuous period of at least 12 months before Census Night, or have arrived at this address in the 12 month period before Census Night with the intention of staying here for at least one year you should mark box 1 (HERE). If your usual residence is not here but is elsewhere in Ireland (including Northern Ireland) you should mark box 2 and write in your full address. If your usual residence is elsewhere abroad you should mark box 3 and give the country of usual residence.

The general guideline is that a person's place of usual residence is where he/she spends most of his/her daily night rest. The following specific quidelines should be used:

- Those away from home during the week who return to the family home at weekends should consider the family home as their place of usual residence.
- Primary and secondary students who are boarding away from home, and third level students at college or university, should consider the family home as their place of usual residence.
- If a person has spent or intends to spend 12 months or more in an institution then the institution is that person's place of usual residence.
- If a person regularly lives in more than one residence during the year then the place where he/she spends the majority of the year should be chosen as his/her place of usual residence.

Question 8 – Where did you usually live one year ago?

This question is for persons aged 1 year or over. The guidelines in relation to Question 7 also apply to this question. If your place of usual residence one year before the Census was the same as now you should mark box 1 (SAME as now).

Question 9 – Have you lived outside the Republic of Ireland for a continuous period of one year or more?

This question is for persons aged 1 year or over. If your place of usual residence is in the Republic of Ireland and you were either:

- born in this country and lived outside it for a continuous period of one year or more, or
- born abroad and lived outside Ireland for a continuous period of one year or more,

then you should mark box 1 (Yes). You should also write in the year of last taking up residence in this country and the country of last previous residence.

Question 15 — Do you speak a language other than English or Irish at home?

If you do not speak a language other than English or Irish at home you should mark box 2 (No) and proceed to Question 16. This means those who speak only English and/or Irish at home do not have to report on their ability to speak the English language.

Question 16 – Do you have any of the following long-lasting conditions or difficulties?

For the purpose of this question a long lasting condition or difficulty is one which has lasted or is expected to last 6 months or longer, or that regularly re-occurs.

Question 22 – Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?

If you provide regular unpaid help as a carer, regardless of whether or not you are in receipt of Carer's Allowance/Benefit, you should mark box 1 (Yes) and write in the weekly number of hours of caring.

Question 25 – What is the highest level of education/training (full-time or part-time) which you have completed to date?

The categories distinguished in this question follow the National Framework of Qualifications (NFQ). Further details can be found at www.nfq.ie

Further information on FETAC, HETAC, foreign qualifications and all other qualifications in general can be found at www.census.ie

Question 26 – What is the main field of study of the highest qualification you have completed to date?

This question is to capture post-secondary school qualifications only. If you have a number of qualifications, the field of study relating to the highest qualification only should be listed.

Question 27 – How would you describe your present principal status?

You should mark one box only to select the category which you feel best describes your present principal status. If you are on sick leave or maternity leave and intend to return to work at some stage you should mark box 1 (Working).

Question 34 – Address of place of work, school or college

Persons who leave the household to attend work, school or college should supply the full name and address of this place.

For children who attend pre-school facilities (e.g. crèche, kindergarten) outside the home, the full name and address of this facility should be supplied by the person filling in the form.



