

Census of Population of Ireland

Sunday 23 April 2006

Central Statistics Office

Large Print Form For Visually Impaired Persons

About the Census

The Census takes place every five years and counts all the people and households in the country. The Census results will give a comprehensive picture of the social and living conditions of our people and will provide vital information necessary for planning Ireland's future.

Participation is compulsory

This Census is being taken under the Statistics Act, 1993 and the Statistics (Census of Population) Order, 2005. Under Section 26 of the Statistics Act, 1993, you are obliged by law to complete 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.



Donal Garvey
Director General

For Office Use Only				
House Number and Street/Townland Name				
County Code	Enumeration Area Code	ED Code	Street/Townland Code	D. No

Census Enumerator

Your Census Enumerator will assist you if you have difficulty completing your census form or if you have any questions about the Census. Thank you for your co-operation.

Who should complete this form?

This form only has space for one person and may be completed by a person with a visual impairment who may have difficulty completing the standard Census form. If there are other persons present in the household who do not have a visual impairment they should complete the standard Census form.

How to complete your Census Form

1. The form should be completed on the night of Sunday 23 April 2006.
2. Answer the questions beginning on page 3.
3. Contact your Census Enumerator or the Census Lo Call Helpline 1890 23 67 87 if you need any additional large print format forms.

Have your completed form ready for collection

The Enumerator will call to collect your completed Census form on Monday 24 April or soon afterwards and will assist you if you have any difficulties.

How to complete the Census Form

Please complete this form using a BLACK or BLUE pen.

Tick boxes like this ☒

If you make a mistake:

Fill in the box like this: ☐

✓ correct one like this: ☒

Where you are required to write in an answer please use BLOCK CAPITAL LETTERS.

If you are a resident in a Communal Establishment questions H1 to H11 do not apply, skip to Q1 on page 7

H1 What type of accommodation does your household occupy? ✓ One box only

A whole house or bungalow that is:

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

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

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

A bed-sit:

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

A mobile or temporary structure:

- 7 ☐ A caravan or other mobile or temporary structure

H2 What year was your house or other building containing your accommodation first built?

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

- 1 ☐ Before 1919
 - 2 ☐ 1919–1940 inclusive
 - 3 ☐ 1941–1960 inclusive
 - 4 ☐ 1961–1970 inclusive
 - 5 ☐ 1971–1980 inclusive
 - 6 ☐ 1981–1990 inclusive
 - 7 ☐ 1991–1995 inclusive
 - 8 ☐ 1996–2000 inclusive
 - 9 ☐ 2001 or later
-

H3 What is the nature of occupancy of your household's accommodation? ✓ One box only.

- 1 ☐ Owner occupied where loan or mortgage repayments are being made
- 2 ☐ Owner occupied where no loan or mortgage repayments are being made
- 3 ☐ Being purchased from a Local Authority under a Tenant Purchase Scheme
- 4 ☐ Rented from a Local Authority
- 5 ☐ Rented from a Voluntary Body
- 6 ☐ Rented unfurnished other than from a Local Authority or Voluntary Body
- 7 ☐ Rented furnished or part furnished other than from a Local Authority or Voluntary Body
- 8 ☐ Occupied free of rent (caretaker, company official, etc.)

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

Enter amount to the nearest Euro.

€

✓ To indicate

- 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 for example 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 Does your accommodation have central heating?

✓ 'Yes' if you have central heating in some or all rooms whether or not you use it.

1 ☐ Yes

2 ☐ No

H7 What type of piped water supply does your accommodation have? ✓ one box only.

1 ☐ Connection to a Public Main

2 ☐ Connection to a Group Water Scheme with a Local Authority source of supply

3 ☐ Connection to a Group Water Scheme with a private source of supply (e.g. borehole, lake, etc.)

4 ☐ Connection to other private source (e.g. well, lake, rain-water tank, etc.)

5 ☐ No piped water supply

H8 What type of sewerage facility does your accommodation have? ✓ one box only.

1 ☐ Public sewerage scheme

2 ☐ Individual septic tank

3 ☐ 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.

✓ one box only

1 ☐ One

2 ☐ Two

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?

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

1 ☐ Yes, Broadband connection

2 ☐ Yes, other connection

3 ☐ No

H12 Proceed to next page

Q1 What is your name?

First name and surname

--

Q2 Sex

1 ☐ Male

2 ☐ Female

Q3 What is your relationship to Persons listed as "Person 1, 2, 3 and 4" on the Household Form?

*This question does **not** apply if you are either living alone or you are resident in a Communal Establishment.*

✓ one box only for each person.

		<i>Persons</i>			
		1	2	3	4
Husband or wife	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son or daughter	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-child	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother or father	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother/-father	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son-/daughter-in-law	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unrelated	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(including foster child)

Q4 What is your date of birth?

Day

Month

Year

--

--

--

--

--

--

--

--

Q5 What is your place of birth?

Give the place where your mother lived at the time of your birth.

If IRELAND (including Northern Ireland), write in the COUNTY.

If elsewhere ABROAD, write in the COUNTRY.

Q6 What is your Nationality?

If you have more than one nationality, please declare all of them.

1 ☐ Irish

2 ☐ Other NATIONALITY, write in

3 ☐ No nationality

Q7 Where do you usually live?

1 ☐ HERE at this address

2 ☐ Elsewhere in IRELAND (including Northern Ireland), write in
the COUNTY

3 ☐ Elsewhere ABROAD, write in the COUNTRY

Q8 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

3 ☐ Elsewhere ABROAD, write in the COUNTRY

Q9 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.

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.

Q10 What is your current marital status?

Answer if aged 15 years or over.

✓ *one box only.*

- 1 ☐ Single (never Married)
- 2 ☐ Married (first Marriage)
- 3 ☐ Re-married (following Widowhood)
- 4 ☐ Re-married (following Divorce/Annulment)
- 5 ☐ Separated (including Deserted)
- 6 ☐ Divorced
- 7 ☐ Widowed

Q11 How many children have you given birth to?

This question is for women only.

Write in the number of children born alive.

- 1 ☐ None

Q12 Can you speak Irish?

Answer if aged 3 years or over.

- 1 ☐ Yes

- 2 ☐ No

If 'Yes', do you speak Irish?

✓ *the boxes that apply.*

- 1 ☐ Daily, within the education system
- 2 ☐ Daily, outside the education system
- 3 ☐ Weekly
- 4 ☐ Less often
- 5 ☐ Never

Q13 What is your religion?

✓ *one box only.*

- 1 ☐ Roman Catholic
- 2 ☐ Church of Ireland
- 3 ☐ Presbyterian
- 4 ☐ Methodist
- 5 ☐ Islam
- 6 ☐ Other, write in your RELIGION

- 7 ☐ No religion

Q14 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
- 3 ☐ Any other White background

B Black or Black Irish

- 4 ☐ African
- 5 ☐ Any other Black background

C Asian or Asian Irish

- 6 ☐ Chinese
- 7 ☐ Any other Asian background

D Other, including mixed background

- 8 ☐ Other, write in description

Q15 Do you have any of the following long lasting conditions?

- | | Yes | No |
|---|----------------------------|----------------------------|
| (a) Blindness, deafness, or a severe vision or hearing impairment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (c) A learning or intellectual disability | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (d) A psychological or emotional condition | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (e) Other, including any chronic illness | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

Q16 IF 'Yes', to any of the conditions specified in Question 15, do you have any difficulty in doing any of the following activities?

- | | Yes | No |
|---|----------------------------|----------------------------|
| (a) Learning, remembering or concentrating | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (b) Dressing, bathing or getting around inside the home | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (c) Going outside the home alone to shop or visit a doctor's surgery | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (d) Working at a job or business or attending school or college | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (e) Participating in other activities, for example leisure or using transport | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

Q17 How do you usually travel to work, school or college?

✓ one box only, for the longest part, by distance, of your usual journey to work, school or college.

- 1 ☐ On foot
- 2 ☐ Bicycle
- 3 ☐ Bus, minibus or coach
- 4 ☐ Train, DART or LUAS
- 5 ☐ Motor cycle or scooter
- 6 ☐ Driving a car
- 7 ☐ Passenger in a car
- 8 ☐ Lorry or van
- 9 ☐ Other means
- 10 ☐ Work mainly at or from home
- 11 ☐ Not applicable

Q18 What time do you usually leave home to go to work, school or college?

- 1 ☐ Before 06.30
- 2 ☐ 06.31–07:00
- 3 ☐ 07:01–07:30
- 4 ☐ 07:31–08:00
- 5 ☐ 08:01–08:30
- 6 ☐ 08:31–09:00
- 7 ☐ 09:01–09:30
- 8 ☐ After 09:30
- 9 ☐ Not applicable

Q19 What distance is your journey from home to work, school or college and how long does it usually take?

Write in distance to the nearest kilometre and journey time in minutes.

Kilometres

Minutes

Q20 If you are aged under 15, skip to Q34.

Q21 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, 1-14 hours a week
- 2 ☐ Yes, 15-28 hours a week
- 3 ☐ Yes, 29-42 hours a week
- 4 ☐ Yes, 43 or more hours a week
- 5 ☐ No

Q22 Have you ceased your full-time education?

- 1 ☐ Yes
- 2 ☐ No

IF 'Yes', write in AGE at which it ceased.

Q23 What is the highest level of education (full-time or part-time) which you have completed to date?

✓ *one box only.*

- 1 ☐ No formal education
- 2 ☐ Primary education

Second Level

- 3 ☐ Lower secondary:
Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent
- 4 ☐ Upper secondary:
Leaving Certificate (including Applied and Vocational Programmes),
'A' Levels, NCVA Level 1 Certificate or equivalent
- 5 ☐ Technical or Vocational qualification:
Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent
- 6 ☐ Both Upper Secondary and Technical or Vocational qualification

Third Level

- 7 ☐ Non Degree:
National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma
- 8 ☐ Primary Degree (Third Level Bachelor Degree)
- 9 ☐ Professional qualification (of Degree status at least)
- 10 ☐ Both a Degree and a Professional qualification
- 11 ☐ Postgraduate Certificate or Diploma
- 12 ☐ Postgraduate Degree (Masters)
- 13 ☐ Doctorate (Ph.D)

Q24 Do you hold any THIRD LEVEL qualification(s) which you attained after completing 2 or more years of study?

1 ☐ Yes

2 ☐ No

IF 'Yes', please indicate the main subject area(s) in which the qualification(s) is held.

✓ *ALL the boxes that apply.*

1 ☐ Education

2 ☐ Humanities and Arts (including Foreign Languages, History, Philosophy, Fine Arts, Music and Performing Arts, Design)

3 ☐ Social Sciences/Business/Law (including Psychology, Economics and Journalism, Finance, Accounting)

4 ☐ Life Science, Physical Science, Mathematics and Statistics

5 ☐ Computing

6 ☐ Engineering, Manufacturing and Construction (including Architecture)

7 ☐ Agriculture and Veterinary (including Forestry, Fishery, Horticulture)

8 ☐ Health (including Medicine, Nursing, Dental Studies, Therapy and Rehabilitation and Pharmacy)

9 ☐ Social Services (including Child Care and Youth Services, Social Work and Counselling)

10 ☐ Services (including Hotel, Catering, Sports, Transport, Environmental Protection, Security, Occupational Health and Safety, Military and Defence)

Q25 In the last 4 weeks have you done any of the following activities without pay?

✓ ALL the boxes that apply.

- 1 ☐ Helping or voluntary work with a social or charitable organisation
- 2 ☐ Helping or voluntary work with a religious group or church
- 3 ☐ Helping or voluntary work with a sporting organisation
- 4 ☐ Helping or voluntary work with a political or cultural organisation
- 5 ☐ Any other voluntary activity
- 6 ☐ No voluntary activity

Q26 How would you describe your present principal status?

✓ *one box only.*

- 1 ☐ Working for payment or profit
- 2 ☐ Looking for first regular job
- 3 ☐ Unemployed
- 4 ☐ Student or pupil
- 5 ☐ Looking after home/family
- 6 ☐ Retired from employment
- 7 ☐ Unable to work due to permanent sickness or disability
- 8 ☐ Other, write in

Q27

If you are:

- ***working for payment or profit (Q26 box 1),***
- ***unemployed (Q26 box 3),***
- ***retired (Q26 box 6),***

answer the following questions about your main job or your last main job if you are not currently employed.

Otherwise skip to Q34

Q28 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.

- 1 ☐ Employee
- 2 ☐ Self-employed, with paid employees
- 3 ☐ Self-employed, without paid employees
- 4 ☐ Assisting relative (not receiving a fixed wage or salary)

Q29 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

Retail Store Manager

Secondary Teacher

Electrical Engineer

DO NOT use general terms such as

Manager

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 e.g. Garda Sergeant.

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.

If a farmer or farm worker, write in the SIZE of the farm.

Hectares

Q30 If you are retired, skip to Q34

Q31 What is (was) the full name of the Organisation you work (ed) for in your main job?

If you have (had) your own business, write in the NAME of the business.

Q32 What is (was) the full address at which you actually work(ed)?

1 ☐ Work mainly at or from home

2 ☐ No fixed place of work

Q33 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.*

Q34 Proceed to declaration

Declaration

I declare that this form is correct and complete to the best of my knowledge and belief.

Signature

You have now completed your census form.

Thank you for your co-operation.
