



CONFIDENTIAL

2021 Population and Housing Census – Form C: Communal Establishments

The information in this survey is **CONFIDENTIAL** It will be used for statistical purposes only.

Prepared in accordance with the Census Ordinance CAP 159

It is a legal obligation to complete the Census. Not to do so is a legal offence punishable by a fine, and/or imprisonment. This form is property of St Helena Government. Disposal or destruction of this document may result in a fine or further penalty.

Census Night is Day Xth Month 2021

The manager or person in charge of this establishment is required by law to complete this questionnaire and ensure that information is provided for all residents of the establishment. This questionnaire requires core information on the establishment and the number, age and gender of all residents on Census night.

Personal information is protected by law – it will not be shared with anyone outside of the Statistics Office. Census information is kept confidential for 100 years.

Neil Fantom

Statistical Commissioner/Census Supervisor

| CE1 | Name and address of Communal Establishment (including district) | |
|--------------|---|---------------|
| Name: | | |
| Address: | | |
| District: _ | Contact Te | l: |
| CE2 | Who is responsible for the management of this establishment? | |
| | St Helena Government, please state directorate: | |
| | Private Owner/Company | |
| | 3 Charity/ Volunteer organisation | |
| | 4 Other | |
| For officia | al use only | Form ID: |
| Date of dist | tribution: | Footprint ID: |
| Date of coll | lection: | Enumerator |
| | | |

| CE3 | What is the nature of this establishment? | |
|------------|---|-------------------------------------|
| | Medical and care | Travel or Temporary Accommodation |
| | 1 General Hospital | 8 Hotel, guest house, B&B |
| | 2 Mental Health Unit | 9 Holiday Accommodation |
| | 3 Care home without nursing | |
| | ⁴ Care home with nursing (e.g. CCC) | Other |
| | 5 Sheltered Housing only | 10 Staff/ Worker Accommodation only |
| | Family Centre | Other Establishment |
| | Detention | |
| | Prison Service Establishment | |
| | | |
| CE4 | Which age group does this establishment cater for | or? |
| (Please ti | ck all that apply) | |
| | 1 Aged 0 – 17 | 5 No age restrictions |
| | 2 Aged 18 – 24 | 6 Other (Please specify) |
| | 3 Aged 25 – 64 | |
| | 4 Aged 65 and above | |
| | | |
| CE5 | What is the maximum resident capacity of this est | ablishment? |
| | | |
| | Please enter number in box | |
| | | |
| CE6 | How many persons will be resident at the establis | hment on Census night? |
| | , porcolle illi de recitati at tile detablic | |
| | | |
| | Please enter number in box | |
| | | |

Form C: Communal Establishments

CE7 Please list the Name, Gender and Date of Birth (or Age if not known) of all residents on Census night. If residents have requested to provide person level information on their own questionnaire (Form E) please tick to indicate.

| Person Number | Name (see note below regarding the need for name information) | Gender (M/F) | Date of Birth (dd/mm/yyyy) | Age | Nationality (e.g St Helenian, British etc) |
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Name information is required to help ensure residents are not double counted. Please contact the Census Supervisor on tel. 22138 if you have concerns about providing this information.

CE7 Name, Gender and Date of Birth (or Age) of residents, continued. If more space is required please use a separate sheet of paper and return along with this form.

| Person Number | Name, plus Nationality if not St Helenian (see note below regarding the need for name information) | Gender (M/F) | Date of Birth (dd/mm/yyyy) | Age | Nationality (e.g St Helenian, British etc) |
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