



**St Helena  
Government**



# CONFIDENTIAL

## 2021 POPULATION AND HOUSING CENSUS FORM B: ST HELENA RESIDENTS OVERSEAS

The information in this survey is **CONFIDENTIAL**

It will be used for statistical purposes only.

Prepared in accordance with the Census Ordinance CAP 159

This form is property of **St Helena Government**

### CENSUS NIGHT IS SUNDAY XXXXXXXX 2021

#### A message to everyone-

If you live on St Helena you should be counted in the Census. Please complete this survey form to ensure that those persons who are normally live, or have a usual place of residence on St Helena are counted. This includes persons who are away short and long term. Your personal information is protected by law - it will not be shared with anyone outside of the Statistics Office. Information captured during a Census exercise is kept confidential for 100 years.

Neil Fantom  
Census Supervisor

*For official use only*

Date of distribution:

Date of collection:

Form ID:

Footprint ID:

Enumerator:

## Before you start.....

### General Information:

- ◆ The answers in this form should relate to Census night, Sunday xxxxxxx 2021
- ◆ All information supplied will be kept strictly confidential
- ◆ This form is intended to capture St Helena Residents who are currently overseas

### Completing the form:

#### Who should complete the questionnaire?

The householder - if you know in advance that you will be overseas on Census night you may request this form from the Statistics Office on tel. 22138 to complete before you leave

The person responsible for the property in your absence - the person who is taking care of your property while you're away can complete this form.

#### Will an extra form be needed?

An extra form will be needed if there are more than 5 persons usually resident in this household.

#### How should I complete the questionnaire?

The form should be completed in black or blue ink. Please write in capital letters where written answers are required.

Please tick **one box only**, unless otherwise stated

If someone other than the person responsible for the household is completing this questionnaire please complete as much as you are able to.

## SCHEDULE 1: HOUSEHOLD INFORMATION

Name and address of person responsible for completing and returning the questionnaire.

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Tele no: \_\_\_\_\_

### H1 Is the person completing this questionnaire:

- |   |                          |  |
|---|--------------------------|--|
| 1 | <input type="checkbox"/> | The person responsible for the household   |
| 2 | <input type="checkbox"/> | The owners on island representative - e.g.responsible for looking after the dwelling |
| 3 | <input type="checkbox"/> | A Census enumerator  |
| 4 | <input type="checkbox"/> | Other <i>(Please State)</i>  |

### H2 Number of people usually resident in the household

*(Include those persons who are away on medical, holiday, working, training, who will return to live in this household)*

*(Please enter number in box)*

### H3 Household Members

Please list all members of the household starting with the person responsible for/owns the household

Person Number	Full Name	Nickname/Commonly known as
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		

If you have more than 5 persons in your household please indicate below and request an extra form. Extra forms can be obtained from your enumerator or the Statistics Office on 22138.

Number of extra persons

**SCHEDULE 2: PERSON INFORMATION.**

The following information relates to ALL MEMBERS of the household that are overseas for one year or less at the time of the survey. Also include those persons who work overseas and will return home within a year - even if only on holiday.

(Please tick **one box for each question** unless otherwise stated)

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P1 Gender</b>					
Male	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Female	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

<b>P2 Date of birth</b>		<i>Example:</i>				
Day	<i>20<sup>th</sup> May 1968</i>	<i>20</i>				
Month		<i>05</i>				
Year		<i>1968</i>				
Age						

<b>P3 Marital status</b>						
Single	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Married	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>
Co-habiting/ living together	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>
Separated	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>
Divorced	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>
Widowed	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>

<b>P4 Relationship to Person 1</b>						
Person completing questionnaire	1	<input checked="" type="checkbox"/>				
Spouse/partner			2	<input type="checkbox"/>	2	<input type="checkbox"/>
Son/daughter			3	<input type="checkbox"/>	3	<input type="checkbox"/>
Brother/sister			4	<input type="checkbox"/>	4	<input type="checkbox"/>
Step-child			5	<input type="checkbox"/>	5	<input type="checkbox"/>
Nephew/niece			6	<input type="checkbox"/>	6	<input type="checkbox"/>
Grandchild			7	<input type="checkbox"/>	7	<input type="checkbox"/>
Mother/father			8	<input type="checkbox"/>	8	<input type="checkbox"/>
Other relative (please clarify below)			9	<input type="checkbox"/>	9	<input type="checkbox"/>
Not related (please clarify below)			10	<input type="checkbox"/>	10	<input type="checkbox"/>

→ **Please clarify below:** e.g. Person number: 4 Status in household: Boyfriend of person 2  
 e.g. Person number: 5 Status in household: Lodger

Person number:	<input type="text"/>	Status in household:	.....
Person number:	<input type="text"/>	Status in household:	.....
Person number:	<input type="text"/>	Status in household:	.....
Person number:	<input type="text"/>	Status in household:	.....
Person number:	<input type="text"/>	Status in household:	.....



**SCHEDULE 2: PERSON INFORMATION continued**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P5 Place of birth</b>					
St Helena	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
United Kingdom	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Ascension	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
South Africa	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Other	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

→ If 'Other', please state below: E.g. Person number: 1 Place of birth: Falklands

Person number:	<input type="checkbox"/>	Place of birth:	.....
Person number:	<input type="checkbox"/>	Place of birth:	.....
Person number:	<input type="checkbox"/>	Place of birth:	.....
Person number:	<input type="checkbox"/>	Place of birth:	.....
Person number:	<input type="checkbox"/>	Place of birth:	.....

**P6 Place of usual residence (where have you lived for the majority of the last 6 months?)**

St Helena	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Ascension	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
United Kingdom	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Falkland Islands	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
South Africa	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

→ If 'Other', please state below: e.g. Person number: 1 Place of usual residence: Germany

Person number:	<input type="checkbox"/>	Place of usual residence:	.....
Person number:	<input type="checkbox"/>	Place of usual residence:	.....
Person number:	<input type="checkbox"/>	Place of usual residence:	.....
Person number:	<input type="checkbox"/>	Place of usual residence:	.....
Person number:	<input type="checkbox"/>	Place of usual residence:	.....

**P7 What is your nationality?**

St Helenian	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
South African	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
British (Not incl. St Helenians)	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
American	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Other	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

→ If 'Other', please state below: e.g. Person number: 1 Nationality: German

Person number:	<input type="checkbox"/>	Nationality:	.....
Person number:	<input type="checkbox"/>	Nationality:	.....
Person number:	<input type="checkbox"/>	Nationality:	.....
Person number:	<input type="checkbox"/>	Nationality:	.....
Person number:	<input type="checkbox"/>	Nationality:	.....



**SCHEDULE 2: PERSON INFORMATION continued**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P8a Religion: Do you have a faith?</b>					
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Prefer not to say	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

▶ If no or prefer not to say please proceed to P9 if St Helenian, otherwise turn over to proceed to P11

<b>P8b If yes, please indicate below:</b> (If you prefer not to state your denomination, please proceed to P9)					
Anglican/ Church of England	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Jehovah's Witness	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Baptist	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Roman Catholic	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
New Apostolic	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Seventh Day Adventist	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Salvation Army	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Baha'i	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Other	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>

▶ If 'Other', please state below: e.g. Person number: 1 Faith or Denomination: Buddhist

Person number:	<input type="checkbox"/>	Faith or Denomination:	.....
Person number:	<input type="checkbox"/>	Faith or Denomination:	.....
Person number:	<input type="checkbox"/>	Faith or Denomination:	.....
Person number:	<input type="checkbox"/>	Faith or Denomination:	.....
Person number:	<input type="checkbox"/>	Faith or Denomination:	.....

**For St Helenians Only** - questions P9 to P10 will help to understand the effect of the airport on overseas travel, and the importance of overseas employment.

If you are not St Helenian, please leave this section blank and proceed to P11 overleaf.

<b>P9 Have you ever left the Island to visit another country?</b>					
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

<b>P10 Have you ever worked overseas?</b>					
Yes - For 5 years or less (total)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes - For over 5 years (total)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
No	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>



**SCHEDULE 2: PERSON INFORMATION continued**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P11 Location on Census Night</b>					
Ascension Island	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Falkland Islands	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
United Kingdom	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Other	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>

**If 'Other' please state below**

Person number: <input type="text"/>	Location on Census Night: _____
Person number: <input type="text"/>	Location on Census Night: _____
Person number: <input type="text"/>	Location on Census Night: _____
Person number: <input type="text"/>	Location on Census Night: _____
Person number: <input type="text"/>	Location on Census Night: _____

**P12 Status on Census Night**

Living outside of St Helena (more than a year at a time)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Temporarily overseas (one year or less)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

If temporarily overseas please complete the remaining questions, those living outside of St Helena do not need to complete anything further.

**P13 How long will you be away?**

Less than 3 months	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
3 - 6 months	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
6 months - 1 year	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

**P14 Reason for departing St Helena**

Education/ training	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Employment	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Holiday/ travel	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Medical/ health reasons	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>

**P15 When are you expected to return?**

Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SCHEDULE 2: PERSON INFORMATION - Health and Well-being**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P16 Do you have difficulty seeing, even if wearing glasses?</b>					
No - no difficulty	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
Yes - some difficulty	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
Yes - a lot of difficulty	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
Cannot do at all	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>

<b>P17 Do you have difficulty hearing, even if using a hearing aid?</b>					
No - no difficulty	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
Yes - some difficulty	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
Yes - a lot of difficulty	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
Cannot do at all	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>

<b>P18 Do you have difficulty walking or climbing steps?</b>					
No - no difficulty	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
Yes - some difficulty	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
Yes - a lot of difficulty	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
Cannot do at all	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>

<b>P19 Do you have difficulty remembering or concentrating?</b>					
No - no difficulty	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
Yes - some difficulty	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
Yes - a lot of difficulty	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
Cannot do at all	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>

<b>P20 Do you have difficulty (with self-care such as) washing all over or dressing?</b>					
No - no difficulty	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
Yes - some difficulty	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
Yes - a lot of difficulty	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
Cannot do at all	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>

**TO BE COMPLETED IN RELATION TO ALL PERSONS 18 YEARS AND OVER**

<b>P21 Do you smoke cigarettes?</b>					
Yes	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
No	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>

**SCHEDULE 2: PERSON INFORMATION continued**

The remaining questions relate to Education and Employment and should be answered **by all persons aged 16 and older who have completed their compulsory education** (i.e. have completed year 11 at Prince Andrew School).

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P22 Education: What is the highest stage of full time education you have completed?</b> (Please tick <b>one</b> box only)					
Town or Country Senior School	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Secondary Selective	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Secondary Compulsory	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Secondary Optional/ Trade/ College	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Univeristy/ Higher education	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

**P23 Total number of years of full time education completed:**  
Please enter the total number of years you have completed in **full time education**, include any education that was undertaken after you left school, provided it was on a full time basis.

Total number of years completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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We would like to know how many adults on St Helena left compulsory secondary education or senior school with qualifications, or achieved them later in life through an adult learning programme. In the following questions we call these qualifications GCSEs or O Levels.

If you went to school in a different country, or before these exams were introduced on St Helena, your qualification(s) may have a different name. They all relate to the same thing- passing an exam at the end of compulsory education (aged around 15 or 16).

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P24 Have you earned GCSEs/ O Levels or equivalent in the following:</b>					
English (e.g. GCSE, O Level, or equivalent)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Maths (e.g. GCSE, O Level, or equivalent)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

**P25 Please indicate the TOTAL number of GCSEs/ O Levels or equivalent earned (any passing grade):**  
(Please tick the **appropriate** box)

None	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
One to four	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Five or more	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

**SCHEDULE 2: PERSON INFORMATION continued**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P26 Employment: On Census Night, were you:</b> (Please tick <b>any box that applies</b> )					
Employed full-time	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Employed part-time	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Self-employed	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Unemployed and looking for work	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Waiting to start job accepted	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Away from work ill, on maternity/ paternity leave, on holiday or temporarily laid off	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Looking after home and/or family	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Student	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Retired	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Disabled or long-term sick <b>AND UNABLE TO WORK</b>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>
Other	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>

→ If 'Other', please state below: E.g. Person number: 1 Employment: Voluntary unpaid

Person number:	<input type="text"/>	Employment:	.....
Person number:	<input type="text"/>	Employment:	.....
Person number:	<input type="text"/>	Employment:	.....
Person number:	<input type="text"/>	Employment:	.....
Person number:	<input type="text"/>	Employment:	.....

**TO BE COMPLETED IN RELATION TO YOUR MAIN JOB ROLE, OR IF NOT WORKING, YOUR LAST MAIN JOB ROLE. If you have never worked please leave blank.**

Your main job role is the job in which you usually work the most hours.  
If you are not working at the time of the census, please complete questions 27-30 in relation to the last job/ employment you held.

**This applies even if you are retired and/or you have not worked for a number of years.**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P27 In your main/ last job role, are (were) you:</b> (Please tick <b>one box only</b> )					
An employee	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Self-employed without employees	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Self-employed with employees	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

<b>P28 In your main job role, do (did) you supervise any employees?</b> (Please tick <b>one box only</b> )					
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

**SCHEDULE 2: PERSON INFORMATION continued**

**P29 Main job and Employer**

What is (was) your full job title and the name of the organisation you work(ed) for?

(e.g. Job title: SHOP ASSISTANT. Employer: THORPES. For those who have never worked enter 'NONE'.

If working for St Helena Government, please include the Directorate)

**Person 1:** Job title: ..... (on/off island)

Employer: ..... (delete as appropriate)

**Person 2:** Job title: ..... (on/off island)

Employer: ..... (delete as appropriate)

**Person 3:** Job title: ..... (on/off island)

Employer: ..... (delete as appropriate)

**Person 4:** Job title: ..... (on/off island)

Employer: ..... (delete as appropriate)

**Person 5:** Job title: ..... (on/off island)

Employer: ..... (delete as appropriate)

**P30 Nature of business/ industry of main/ last job role.**

(Please tick **one** box only)

	Person 1	Person 2	Person 3	Person 4	Person 5
Agriculture and Forestry	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>
Fishing	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>
Quarrying	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>
Manufacturing	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>
Electricity supply	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>
Water supply	F <input type="checkbox"/>	F <input type="checkbox"/>	F <input type="checkbox"/>	F <input type="checkbox"/>	F <input type="checkbox"/>
Construction	G <input type="checkbox"/>	G <input type="checkbox"/>	G <input type="checkbox"/>	G <input type="checkbox"/>	G <input type="checkbox"/>
Wholesale and retail trade	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
Repair of motor vehicles	I <input type="checkbox"/>	I <input type="checkbox"/>	I <input type="checkbox"/>	I <input type="checkbox"/>	I <input type="checkbox"/>
Transportation and storage	J <input type="checkbox"/>	J <input type="checkbox"/>	J <input type="checkbox"/>	J <input type="checkbox"/>	J <input type="checkbox"/>
Accommodation	K <input type="checkbox"/>	K <input type="checkbox"/>	K <input type="checkbox"/>	K <input type="checkbox"/>	K <input type="checkbox"/>
Food services	L <input type="checkbox"/>	L <input type="checkbox"/>	L <input type="checkbox"/>	L <input type="checkbox"/>	L <input type="checkbox"/>
Information and communication (inc.media)	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
Financial and insurance services	N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>
Other business services	O <input type="checkbox"/>	O <input type="checkbox"/>	O <input type="checkbox"/>	O <input type="checkbox"/>	O <input type="checkbox"/>
Public administration	P <input type="checkbox"/>	P <input type="checkbox"/>	P <input type="checkbox"/>	P <input type="checkbox"/>	P <input type="checkbox"/>
Education	Q <input type="checkbox"/>	Q <input type="checkbox"/>	Q <input type="checkbox"/>	Q <input type="checkbox"/>	Q <input type="checkbox"/>
Human health and social work activities	R <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>
Arts, entertainment and recreation	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>
Other service activities	T <input type="checkbox"/>	T <input type="checkbox"/>	T <input type="checkbox"/>	T <input type="checkbox"/>	T <input type="checkbox"/>
Other	U <input type="checkbox"/>	U <input type="checkbox"/>	U <input type="checkbox"/>	U <input type="checkbox"/>	U <input type="checkbox"/>

**If 'Other', please state below:**

Person number:  Nature of business/industry: .....

Person number:  Nature of business/industry: .....

Person number:  Nature of business/industry: .....

Person number:  Nature of business/industry: .....

Person number:  Nature of business/industry: .....

**SCHEDULE 2: PERSON INFORMATION continued**

**P31 Other job e.g. part time or weekend work, please state the nature of the business/ industry.**

(If you do not have another job, please state 'NONE' in the space provided below.)

**Person 1:** Job title: .....  
Nature of Business: .....

**Person 2:** Job title: .....  
Nature of Business: .....

**Person 3:** Job title: .....  
Nature of Business: .....

**Person 4:** Job title: .....  
Nature of Business: .....

**Person 5:** Job title: .....  
Nature of Business: .....

**End of Schedule 2: Person Information. Thank You for completing this form.**