



**St Helena  
Government**



St Helena Island

## CONFIDENTIAL

### 2021 Population and Housing Census

#### Form C: Communal Establishments

This form is prepared in accordance with the Census Ordinance CAP 159 and is the property of St Helena Government. It is a legal obligation to accurately complete the Census. Not to do so is an offence punishable by a fine, and/or imprisonment. Disposal or destruction of this document may also result in a fine or further penalty. Your personal information is protected by law: it will be used for statistical purposes only, and will not be shared with anyone outside of the Statistics Office. Census Questionnaires must remain confidential for 100 years.

### Census night is 7 February 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 basic information on the establishment and the number, age and gender of all residents on Census night.

Your Establishment ID is: \_\_\_\_\_

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Distribution  
date:

Collection  
date:

Enumerator:

#### C1 Name, Address and District of Communal Establishment

<b>Full Name:</b>	<input type="text"/>		
<b>Full Address:</b>	<input type="text"/>		
<b>District:</b>	<input type="text"/>	<b>Contact No:</b>	<input type="text"/>
<b>Person completing this questionnaire:</b>	<input type="text"/>		

#### C2 Who is responsible for the management of this establishment?

1	<input type="checkbox"/>	St Helena Government, please state Directorate:	<input type="text"/>
2	<input type="checkbox"/>	Private company or owner	
3	<input type="checkbox"/>	Charity or volunteer organisation	
4	<input type="checkbox"/>	Other, please state: _____	<input type="text"/>

**Form C: Communal Establishments**

**C3 What is the nature of this establishment?**

**Medical and care**

- 1  General Hospital
- 2  Mental Health Unit
- 3  Care home without nursing
- 4  Care home with nursing (e.g. CCC)
- 5  Sheltered Housing only
- 6  Children's home

**Detention**

- 7  Prison Service Establishment

**Travel or Temporary Accommodation**

- 8  Hotel, guest house, B&B
- 9  Holiday Accommodation

**Other**

- 10  Staff/Worker Accommodation only
- 11  Other Establishment

**C4 Which age group does this establishment cater for?**

*(Please tick all that apply)*

- 1  Aged 0 - 17
- 2  Aged 18 - 24
- 3  Aged 25 - 64
- 4  Aged 65 and above

- 5  No age restrictions

- 6  Other (please specify):

**C5 What is the maximum resident capacity of this establishment?**

Please enter number in box:

**C6 How many persons will be resident at the establishment on Census night?**

Please enter number in box:

**Form C: Communal Establishments****C7 Please list the Name, Gender and Date of Birth and Age of all people at this establishment on Census night.**

Person No.	Name	Male or Female (M/F)	Date of Birth (dd/mm/yyyy)	Age	Usual country of residence (if not St Helena)	Nationality (if not St Helenian)
1						
2						
3						
4						
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12						
13						
14						
15						

Please note: 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.

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16						
17						
18						
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