



**St Helena  
Government**



**CONFIDENTIAL**

**2016 Population and Housing Census -  
Form C: Communal Establishments**

The information in this Census 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 Sunday 7<sup>th</sup> February 2016**

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. An additional questionnaire (Form E, covering all person level information) is available for any residents who are willing and able to participate in the Census in full. These questionnaires are available from the enumerator who delivered this form.

**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.

*Paula McLeod.*

**Dr Paula McLeod**  
**Statistician/ Census Supervisor**

**CE1 Name and Address of Communal Establishment (including district)**

**Name:** .....

**Address:** .....

**District:** ..... **Contact Tel:** .....

**CE2 Who is responsible for the management of this establishment?**

- 1  St Helena Government, please state Directorate: .....
- 2  Private Owner/ Company
- 3  Charity/ Volunteer organisation
- 4  Other

**For official use only**

**Date of distribution:**

**Date of collection:**

**Form ID:**

**Footprint ID:**

**Enumerator:**   
*(Initials)*

**Form C: Communal Establishments**

**CE3 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

**Travel or Temporary Accommodation**

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

**Other**

- 10  Staff/ Worker Accommodation only
- 11  Other Establishment

**Detention**

- 7  Prison Service Establishment

**CE4 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):  
.....

**CE5 What is the maximum resident capacity of this establishment?**

Please enter number in box

**CE6 How many persons will be *resident* at the establishment on Census night?**

Please enter number in box

**CE7 An additional questionnaire (Form E) is available for St Helenian residents wishing to provide full details for the Census. These can be requested from the Census enumerator for this establishment or directly from the Statistics Office - telephone 22138.**

Number of Personal Questionnaires (Form E) Requested:   
Number of Personal Questionnaires (Form E) Distributed:   
Number of Personal Questionnaires (Form E) Collected:

**Form C: Communal Establishments**

**CE 8** 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, 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	Form E?	
					Out	In
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
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25						

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.

**Form C: Communal Establishments****CE 8 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	Form E?	
					Out	In
26						
27						
28						
29						
30						
31						
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33						
34						
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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.