



	Fourth Person	Fifth Person	Sixth Person
Person Number Please record the Oldest Resident as Person 1	First Name 4 <input type="text"/>	First Name 5 <input type="text"/>	First Name 6 <input type="text"/>
Month and Year of Birth	<input type="text"/> month <input type="text"/> year	<input type="text"/> month <input type="text"/> year	<input type="text"/> month <input type="text"/> year
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to Person 1	Spouse/partner of person 1 <input type="checkbox"/> Child/stepchild of person 1 <input type="checkbox"/> Brother/sister of person 1 <input type="checkbox"/> Grandchild of person 1 <input type="checkbox"/> Other Relative of person 1 <input type="checkbox"/> Unrelated to person 1 <input type="checkbox"/> Something else (please write in) <input type="text"/>	Spouse/partner of person 1 <input type="checkbox"/> Child/stepchild of person 1 <input type="checkbox"/> Brother/sister of person 1 <input type="checkbox"/> Grandchild of person 1 <input type="checkbox"/> Other Relative of person 1 <input type="checkbox"/> Unrelated to person 1 <input type="checkbox"/> Something else (please write in) <input type="text"/>	Spouse/partner of person 1 <input type="checkbox"/> Child/stepchild of person 1 <input type="checkbox"/> Brother/sister of person 1 <input type="checkbox"/> Grandchild of person 1 <input type="checkbox"/> Other Relative of person 1 <input type="checkbox"/> Unrelated to person 1 <input type="checkbox"/> Something else (please write in) <input type="text"/>
Driver's Licence Does this person have a licence to drive a vehicle or ride a motorcycle? (tick as many as apply) and indicate how long Probationary Licence has been held	Car Licence How many months since this Licence was obtained? - full licence <input type="checkbox"/> - probationary licence <input type="checkbox"/> → <input type="text"/> - learner's permit <input type="checkbox"/> Motorcycle Licence <input type="checkbox"/> Other Licence <input type="checkbox"/> No Licence <input type="checkbox"/>	Car Licence How many months since this Licence was obtained? - full licence <input type="checkbox"/> - probationary licence <input type="checkbox"/> → <input type="text"/> - learner's permit <input type="checkbox"/> Motorcycle Licence <input type="checkbox"/> Other Licence <input type="checkbox"/> No Licence <input type="checkbox"/>	Car Licence How many months since this Licence was obtained? - full licence <input type="checkbox"/> - probationary licence <input type="checkbox"/> → <input type="text"/> - learner's permit <input type="checkbox"/> Motorcycle Licence <input type="checkbox"/> Other Licence <input type="checkbox"/> No Licence <input type="checkbox"/>

Current Employment, Studying and other Activities (tick as many categories as apply to each person)

Currently Employed	Full-time work (35 hours or more per week) <input type="checkbox"/> Part-time work (less than 35 hours per week) <input type="checkbox"/> Casual work <input type="checkbox"/>	Full-time work (35 hours or more per week) <input type="checkbox"/> Part-time work (less than 35 hours per week) <input type="checkbox"/> Casual work <input type="checkbox"/>	Full-time work (35 hours or more per week) <input type="checkbox"/> Part-time work (less than 35 hours per week) <input type="checkbox"/> Casual work <input type="checkbox"/>
Currently Studying	Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/TAFE <input type="checkbox"/> Part-time University/TAFE <input type="checkbox"/> Something else (e.g. language school) <input type="checkbox"/>	Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/TAFE <input type="checkbox"/> Part-time University/TAFE <input type="checkbox"/> Something else (e.g. language school) <input type="checkbox"/>	Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/TAFE <input type="checkbox"/> Part-time University/TAFE <input type="checkbox"/> Something else (e.g. language school) <input type="checkbox"/>
Any other activities	Not yet at primary school <input type="checkbox"/> Keeping House <input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Something else (please write in) <input type="text"/>	Not yet at primary school <input type="checkbox"/> Keeping House <input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Something else (please write in) <input type="text"/>	Not yet at primary school <input type="checkbox"/> Keeping House <input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Something else (please write in) <input type="text"/>

Employment Details (to be completed by those currently employed, for the job in which they work the most hours)

Work Arrangements	Fixed hours <input type="checkbox"/> Flexible hours <input type="checkbox"/> Rostered shifts <input type="checkbox"/> Work from home <input type="checkbox"/>	Fixed hours <input type="checkbox"/> Flexible hours <input type="checkbox"/> Rostered shifts <input type="checkbox"/> Work from home <input type="checkbox"/>	Fixed hours <input type="checkbox"/> Flexible hours <input type="checkbox"/> Rostered shifts <input type="checkbox"/> Work from home <input type="checkbox"/>
Type of Employment	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other people <input type="checkbox"/> Working in family business without pay <input type="checkbox"/> Volunteer <input type="checkbox"/>	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other people <input type="checkbox"/> Working in family business without pay <input type="checkbox"/> Volunteer <input type="checkbox"/>	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other people <input type="checkbox"/> Working in family business without pay <input type="checkbox"/> Volunteer <input type="checkbox"/>
Occupation What kind of work does this person do?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Industry In what type of business does this person work?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please turn the page - and provide details of all Registered Vehicles in your household