

Person Page

Please fill in for everyone who usually lives at this address, even if they are away on your Travel Day.

	Oldest Resident	Second Person	Third Person
Person Number Please record the Oldest Resident as Person 1	First Name 1 <input type="text"/>	First Name 2 <input type="text"/>	First Name 3 <input type="text"/>
Month and Year of Birth	<input type="text"/> / <input type="text"/> <small>month year</small>	<input type="text"/> / <input type="text"/> <small>month year</small>	<input type="text"/> / <input type="text"/> <small>month year</small>
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	SELF	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"/>