

SCHEDULES

SCHEDULE 3

Regulation 6(2) and 6(3)

Communal Establishment Questionnaires

Part 1 Communal Establishment Questionnaire (Paper) - CE4

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census
2021

Communal Establishment
Questionnaire
Northern Ireland

	<p>Complete online</p> <p> www.nisra.gov.uk/Census-CE Your access code is:</p> <div data-bbox="834 685 1313 790" style="border: 1px solid black; height: 47px; width: 299px;"></div> <p>OR fill in this paper questionnaire and post it back using the pre-paid envelope supplied.</p> <p>If you have lost your envelope, please return to: FREEPOST Census Support NISRA</p>
<p>The manager or person in charge of this establishment should complete this questionnaire and ensure an individual return is completed for all usual residents.</p> <p>Please complete your questionnaire by 21 March 2021 or as soon as possible afterwards.</p> <p>If you prefer, you can complete the questionnaire online:</p> <ol style="list-style-type: none"> 1. Go to www.nisra.gov.uk/Census-CE 2. Click Start Census and enter the access code on the front of this questionnaire. 3. Answer the questions and submit. <p>By law, you must take part in the census. You could face a fine if you don't participate or if you supply false information.</p> <p>Thank you for taking part.</p> <p> Siobhán Carey Registrar General, Northern Ireland</p>	<p>If your establishment's name or address is incorrect or missing, please enter the correct address here:</p> <div data-bbox="834 1066 1313 1099" style="border: 1px solid black; height: 15px; width: 299px;"></div> <div data-bbox="834 1122 1313 1155" style="border: 1px solid black; height: 15px; width: 299px;"></div> <div data-bbox="834 1178 1313 1211" style="border: 1px solid black; height: 15px; width: 299px;"></div> <div data-bbox="834 1234 1313 1267" style="border: 1px solid black; height: 15px; width: 299px;"></div> <div data-bbox="834 1290 1313 1323" style="border: 1px solid black; height: 15px; width: 299px;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div data-bbox="834 1301 1074 1335" style="border: 1px solid black; height: 15px; width: 150px;"></div> <div data-bbox="1098 1279 1166 1301" style="font-size: small;">Postcode</div> <div data-bbox="1098 1301 1313 1335" style="border: 1px solid black; height: 15px; width: 135px;"></div> </div>
<p>Where you can get help www.nisra.gov.uk/Census-CE Email: Census-CE@nisra.gov.uk</p>	<p>What you need to do:</p> <ul style="list-style-type: none"> • Use the definitions provided to distinguish between usual residents and visitors. • You will be provided with either individual paper questionnaires or invitation letters for completion online. • Please distribute these to your usual residents. • Complete the rest of this questionnaire including the declaration on page 8.
<p>Your data are protected by law. There is more information in the leaflet that comes with this questionnaire.</p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div data-bbox="834 1715 1086 1798" style="text-align: center;">  NISRA <small>Northern Ireland Statistics and Research Agency</small> </div> <div data-bbox="1193 1733 1313 1798" style="font-size: 2em; font-weight: bold;">CE4</div> </div>

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Establishment questions

<p>1 What is the primary nature of this establishment? ☑ Tick one box only.</p> <p>Medical or care</p> <ul style="list-style-type: none"><input type="checkbox"/> Care home with nursing<input type="checkbox"/> Care home without nursing<input type="checkbox"/> Mental health hospital/unit (including secure units)<input type="checkbox"/> Children's home (including secure units)<input type="checkbox"/> General hospital<input type="checkbox"/> Other hospital<input type="checkbox"/> Other medical or care establishment <p>Education</p> <ul style="list-style-type: none"><input type="checkbox"/> University (for example halls of residence)<input type="checkbox"/> School<input type="checkbox"/> Other education establishment <p>Detention</p> <ul style="list-style-type: none"><input type="checkbox"/> Prison service establishment<input type="checkbox"/> Approved premises (probation/bail hostel)<input type="checkbox"/> Detention centre<input type="checkbox"/> Other detention establishment <p>Travel or temporary accommodation</p> <ul style="list-style-type: none"><input type="checkbox"/> Hostel/temporary shelter for the homeless<input type="checkbox"/> Hotel, guest house, B&B, youth hostel<input type="checkbox"/> Holiday accommodation (for example holiday parks)<input type="checkbox"/> Other travel or temporary accommodation <p>Armed Forces</p> <ul style="list-style-type: none"><input type="checkbox"/> Defence establishment (including ships) <p>Other</p> <ul style="list-style-type: none"><input type="checkbox"/> Religious establishment<input type="checkbox"/> Staff/worker accommodation only<input type="checkbox"/> Other establishment	<p>3 Which groups does this establishment cater for? ☑ Tick all that apply.</p> <ul style="list-style-type: none"><input type="checkbox"/> Older people<input type="checkbox"/> Physical disability<input type="checkbox"/> Respite care<input type="checkbox"/> Mental illness<input type="checkbox"/> Learning disability<input type="checkbox"/> End of life care<input type="checkbox"/> Chronic illness care<input type="checkbox"/> Acute illness care<input type="checkbox"/> Intermediate care<input type="checkbox"/> Substance misuse<input type="checkbox"/> Nurses/doctors<input type="checkbox"/> University and/or college students<input type="checkbox"/> Schoolchildren<input type="checkbox"/> Armed Forces personnel<input type="checkbox"/> Prisoners/offenders<input type="checkbox"/> Homeless people<input type="checkbox"/> Staff<input type="checkbox"/> Asylum seekers<input type="checkbox"/> Seasonal/temporary workers<input type="checkbox"/> Paying guests<input type="checkbox"/> Other
<p>2 Which age groups does this establishment cater for? ☑ Tick all that apply.</p> <ul style="list-style-type: none"><input type="checkbox"/> Aged 0 - 17<input type="checkbox"/> Aged 18 - 24<input type="checkbox"/> Aged 25 - 64<input type="checkbox"/> Aged 65 and above	<p>4 Who is responsible for the management of this establishment?</p> <ul style="list-style-type: none"><input type="checkbox"/> Health and Social Care body or group<input type="checkbox"/> District Council<input type="checkbox"/> Government department/agency<input type="checkbox"/> Housing Association<input type="checkbox"/> Charity/voluntary organisation<input type="checkbox"/> Private owner/company<input type="checkbox"/> Other
	<p>5 How many people usually live here?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>☑ If no-one usually lives here → GO TO 7</p>

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Establishment residents

6 List the names, date of birth and sex of all usual residents.

 If preferable, you can attach a printout containing the names, date of birth and sex of all usual residents and **➔ GO TO 7**

Resident 1 Name:

Date of birth: Sex: Female Male

Resident 2 Name:

Date of birth: Sex: Female Male

Resident 3 Name:

Date of birth: Sex: Female Male

Resident 4 Name:

Date of birth: Sex: Female Male

Resident 5 Name:

Date of birth: Sex: Female Male

Resident 6 Name:

Date of birth: Sex: Female Male

Resident 7 Name:

Date of birth: Sex: Female Male

Resident 8 Name:

Date of birth: Sex: Female Male

Resident 9 Name:

Date of birth: Sex: Female Male

Resident 10 Name:

Date of birth: Sex: Female Male

Resident 11 Name:

Date of birth: Sex: Female Male

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Establishment residents

Resident 12	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 13	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 14	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 15	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 16	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 17	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 18	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 19	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 20	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 21	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 22	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 23	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

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Establishment residents

Resident 24	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 25	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 26	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 27	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 28	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 29	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 30	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 31	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 32	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 33	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 34	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 35	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

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Establishment residents

Resident 36	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 37	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 38	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 39	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 40	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 41	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 42	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 43	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 44	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 45	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 46	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 47	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

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Establishment residents

Resident 48	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 49	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 50	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 51	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 52	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 53	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 54	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 55	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 56	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 57	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 58	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 59	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

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Establishment residents

Resident 60	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 61	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 62	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 63	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 64	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 65	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 66	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 67	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Resident 68	First name(s)	Last name
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
7	How many visitors are staying overnight on 21 March 2021?	
	<input type="text"/>	
8	Declaration	
	This questionnaire has been completed to the best of my knowledge and belief.	
	<input type="text"/>	<input type="text"/>
	Signature Date	
	Establishment Manager	

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(1) QUESTION	(2) RESPONSE OPTIONS
1_A What is the nature of this establishment?	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — Medical or Care — Education — Detention — Travel or temporary accommodation — Armed Forces — Religious establishment — Staff/worker accommodation only — Other establishment
<p><i>If Medical or Care is chosen a follow up question is asked</i></p>	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — Care home with nursing — Care home without nursing — Mental health hospital/unit (<i>including secure units</i>) — Children’s home (<i>including secure units</i>) — General hospital — Other hospital — Other medical or care establishment
1_B What type of Medical or Care establishment?	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — University (<i>for example halls of residence</i>) — School — Other education establishment
<p><i>If Education is chosen a follow up question is asked</i></p>	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — Prison service establishment — Approved premises (<i>probation / bail hostel</i>) — Detention centre — Other detention establishment
1_C What type of Education establishment?	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — Hostel/temporary shelter for the homeless — Hotel, guest house, B&B, youth hostel — Holiday accommodation (<i>for example holiday parks</i>) — Other travel or temporary accommodation
<p><i>If Detention is chosen a follow up question is asked</i></p>	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — Hostel/temporary shelter for the homeless — Hotel, guest house, B&B, youth hostel — Holiday accommodation (<i>for example holiday parks</i>) — Other travel or temporary accommodation
1_D What type of Detention establishment?	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — Aged 0 - 17 — Aged 18 – 24 — Aged 25 – 64 — Aged 65 and above
<p><i>If Travel or temporary accommodation is chosen a follow up question is asked</i></p>	<p>Selecting one of the following:</p> <ul style="list-style-type: none"> — Older people — Physical disability — Respite care — Mental illness — Learning disability — End of life care — Chronic illness care
2 Which age groups does this establishment cater for?	<p>Select all that apply:</p> <ul style="list-style-type: none"> — Older people — Physical disability — Respite care — Mental illness — Learning disability — End of life care — Chronic illness care
3 Which groups does this establishment cater for?	<p>Select all that apply:</p> <ul style="list-style-type: none"> — Older people — Physical disability — Respite care — Mental illness — Learning disability — End of life care — Chronic illness care

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<i>(1) QUESTION</i>	<i>(2) RESPONSE OPTIONS</i>
	<ul style="list-style-type: none">— Acute illness care— Intermediate care— Substance misuse— Nurses/doctors— University and/or college students— Schoolchildren— Armed forces personnel— Prisoners/offenders— Homeless people— Staff— Asylum seekers— Seasonal/temporary workers— Paying guests— Other
4 Who is responsible for the management of this establishment?	<i>Selecting one of the following:</i> <ul style="list-style-type: none">— Health and Social Care body or group— District Council— Government department/agency— Housing Association— Charity/voluntary organisation— Private owner/company— Other
5 How many people usually live at [census address]?	<i>Enter response:</i>
<i>[Information about all the individual residents at establishment address]</i>	
6 Please complete the following details for each person who lives here	
6_A Name	<i>Entering response in the format:</i> <ul style="list-style-type: none">— First name(s)— Last name
6_B Date of birth	<i>Entering response in the format:</i> Day-Month-Year
6_C Sex	<i>Selecting one of the following:</i> <ul style="list-style-type: none">— Female— Male
<i>[Visitor question at communal establishment]</i>	
7 How many visitors are staying overnight at [census address] on 21 March 2021?	<i>Enter response:</i>