

B 3612

L.N. 427 of 2021

**CENSUS ACT
(CAP. 118)**

Census Regulations, 2021

IN EXERCISE of the powers conferred by article 6 of the Census Act, the Prime Minister has made the following regulations:-

- | | |
|--|--|
| Citation. | 1. The title of these regulations is the Census Regulations, 2021. |
| Interpretation. | 2. In these regulations, unless the context otherwise requires: |
| Cap. 118. | "Act" means the Census Act; |
| | "census forms" means the forms prescribed in regulation 12; |
| | "census information" means all information necessary for the making of true and accurate entries in census forms; |
| L.N. 428 of 2021. | "Census Order" means the Census Order, 2021; |
| | "locality" and "enumeration areas" mean such sections of Malta as may be determined by the census officer under regulation 3; |
| L.N. 428 of 2021. | "midnight ending the census day" shall have the same meaning as assigned to it in the Census Order, 2021; |
| L.N. 428 of 2021. | "midnight ending the census period" has the same meaning as is assigned to it in the Census Order, 2021. |
| Locality and enumeration areas. | 3. The census officer shall divide Malta into localities and where he deems necessary, he may also divide a locality into enumeration areas. |
| Appointment of deputy census officers, district managers, supervisors and enumerators. | 4. (a) The census officer may appoint such number of suitable persons as he may deem necessary to be deputy census officers, district managers, supervisors and enumerators and he shall assign localities and enumeration areas to them as he may deem appropriate.

(b) Notice of the appointment of every deputy census officer, district manager, supervisor and enumerator shall be published in the Gazette.

(c) Where it appears to the census officer that a deputy census |

officer, district manager, supervisor or an enumerator is by reason of illness or for any other reason, unfit to perform his duties under the Act, the Census Order and these regulations, the census officer may appoint some fit and proper person in his place to perform such duties.

5. The census officer is empowered to nominate two (2) deputy census officers to assist him in the organization of the Census as he deems appropriate.

Duties of deputy
census officers.

6. The census officer is empowered to nominate seven(7) district managers. Every district manager has the duty to:

Duties of
district
managers.

(a) follow the progress related to the census in his district daily and to ensure that the supervisors are in line with the schedule;

(b) give all the necessary instructions to the supervisors that are within his district;

(c) resolve any technical or logical difficulties should they arise in his district;

(d) ensure that should there be any difficulties to collect the census questionnaires, then he shall call for the said questionnaires and complete them personally;

(e) to inform regularly the census officers with the progress of his district.

7. It shall be the duty of every supervisor:

Duties of
supervisor.

(a) to give all necessary instructions to enumerators in his locality or localities;

(b) to issue to enumerators all census forms and other articles or equipment necessary for the taking of the census;

(c) to examine, before midnight ending the census period, all entries made in census forms by enumerators and, where it appears upon examination that any entry in any form is defective or is missing, to require the enumerator responsible for completing the forms to take steps to correct the defective entry or to supply the missing entry before midnight ending the census period;

(d) following midnight ending the census period, to receive, examine and transmit to the census officer, all census

B 3614

forms and other articles delivered to him by the enumerators of his locality or localities;

(e) to compile administrative forms with respect to the work of the enumerators in his locality or localities and to witness such declarations by the same enumerators as the census officer may in writing require him to do; and

(f) generally to carry out any instructions issued to him by the census officer for the purpose of taking the census.

Duties of
enumerators.

8. It shall be the duty of every enumerator:

(a) to meet the census officer or supervisor of the locality at such times and places as may be directed;

(b) to keep carefully any electronic devices, written instructions, books, forms, documents, or any other articles or things issued to him in connection with his duties and to deliver them in good condition upon the termination of his appointment or when called upon to do so;

(c) to ensure that data on all dwellings assigned is collected and if necessary visit at all reasonable times in the period between his appointment and the midnight ending the census period housing accommodation in the locality, enumeration area or areas to which he may be assigned and to obtain all information necessary for completing the census forms;

(d) to make further contact and, or visits to housing accommodation when at a first visit the required information cannot be obtained, or which may be directed by the supervisor to revisit and, or re-contact for the purpose of supplying omissions or correcting or verifying doubtful entries in the census forms;

(e) after the midnight ending the census day again to ensure to collect and if necessary contact and/or visit personally at all reasonable times every housing accommodation in the locality, enumeration area or areas to which he may be assigned and by deleting, amending or adding to the entries previously made in the forms specified in the First Schedule, to obtain a true and complete account of:

(i) all persons who were present at the midnight ending the census day in the said housing accommodation;

(ii) all persons who, at the midnight ending the census day, were temporary absent from the housing accommodation occupied by the household of which they form part; and

(iii) the use which was being made at the midnight ending the census day of all housing accommodation with respect to which particulars are to be obtained;

(f) if so directed by the supervisor, to assist in the performance of the duties of any enumerator in any other locality or enumeration area;

(g) generally to carry out such instructions of the census officer and of the supervisor of the locality as may be issued for the purpose of taking the census:

Provided that any locality or enumeration area in which the enumerator may be assisted, at the direction of the supervisor, by any other enumerator, paragraphs (c), (d) and (e) shall be understood to apply jointly to the enumerator of the locality or enumeration area and to such other enumerator.

9. Every supervisor and enumerator shall, before entering on his duties, make and subscribe in the presence of the census officer or deputy census officer, an oath in the form set out in the Second Schedule.

Oath to be taken by supervisors and enumerators.

10. Every person with respect to whom census information is required to be furnished by article 5 of the Census Order shall give such information with respect to himself or herself, upon demand, to a Deputy census officer, district manager, supervisor or enumerator duly appointed under regulation 4 of these regulations and acting in accordance with his duties under regulation 5, 6, 7 or 8.

Duty to give information.

11. Every person being a person required by article 6 of the Census Order to furnish census information with respect to other persons and to housing accommodation shall furnish such information upon demand to a supervisor or enumerator duly appointed under regulation 5 of these regulations and acting in accordance with his duties under regulation 6, 7 or 8.

Duty to give information with respect to other persons and to housing accommodation.

12. Every person with respect to whom it is the duty of the person prescribed by article 7 of the Census Order to furnish census information shall give the information upon demand to such prescribed persons:

Duty to give information to prescribed persons.

Provided that any person present at midnight ending the

B 3616

census day on the premises of any hotel, boarding house, guest house, hospital, nursing home or similar institution may, by oral request to the supervisor or enumerator of the census locality or enumerating area or by written application to the census officer, elect to furnish only his or her name, status within the institution and sex, to the prescribed person and the rest of the census information personally to the aforesaid supervisor or enumerator.

Census forms.

13. The census forms shall contain the details specified in the First Schedule or such elements thereof as the census officer may deem appropriate.

Repeal.

14. The Census Regulations are hereby repealed.

FIRST SCHEDULE

English



CENSUS
2021

EVERYONE MATTERS

Malta Census

OF POPULATION AND HOUSING

2021

Confidential when complete

WRITE IN BLOCK LETTERS

Reference Number	House No.	House Name
Office Use Only		
Contact Number 1	Entrance/Block (e.g. Ent. A, Block 2)	Flat Number
Contact Number 2	Street Name	
Contact Number 3	Locality	Postcode

Dear Resident(s),

The national Census of Population and Housing will be held on Sunday 21 November 2021 and is the official counting process of every resident and dwelling in Malta and Gozo as of midnight of this day. The National Statistics Office will collect, analyse and publish all results related to the Census.

You are kindly requested to fill in this questionnaire and provide all information to the best of your knowledge. Participation in the Census is mandatory and this information is being requested in accordance with the Malta Census Act of 1948 and the Data Protection Act – Cap. 586 of the Laws of Malta implementing the General Data Protection Regulation (GDPR). The Office assures you that all data collected shall remain confidential and used for statistical purposes only. The Office is obliged to protect your identity and refrain from divulging any data to third parties, that might lead to the identification of persons or entities.

In case of difficulty, you may seek assistance from the Enumerator who shall be contacting you between 8 and 28 November 2021. You may also contact us on freephone 1710 or send an email to census2021@gov.mt.

Thank you in advance for your co-operation.



Etienne Caruana

CENSUS OFFICER

Office Use Only

Locality Code

EA Code



NATIONAL STATISTICS OFFICE - MALTA

	NAME	ID CARD	SIGNATURE
ENUMERATOR			
NSO PERSONNEL			

Questionnaire ☐ of ☐

B 3618

If you do not know how to answer or fill in the questionnaire,
kindly consult your Enumerator or contact us on:



FREEPHONE NUMBER

1710

between 8 November 2021 and 28 November 2021
from Monday to Sunday: 8:00am-10:00pm

EMAIL

census2021@gov.mt

WEB

www.census2021.gov.mt

Should this questionnaire not be collected by your Enumerator by

28 November 2021

You should contact us on the freephone or by email.

NOTES

How to complete the questionnaire

Who should be included in the questionnaire?

You should include the details of all persons who normally reside at this address, including those who may be on holiday or temporarily away due to work, study or medical reasons. Include also babies who were born before and up to midnight of 21 November 2021, even if they are still in hospital.

All persons must be enumerated where they normally reside. **This address need not necessarily be the same as the one on their identity card.**

A separate column in the questionnaire should be filled in for each dwelling member.

The information provided in respect of **all dwelling members** should be correct as at midnight of the Census Night, namely 21st November 2021, which includes:

- One person living alone in a particular address, or
- A group of people (not necessarily related) living at the same address who all make use of the same parts of the dwelling (such as a living room, sitting room or dining area) or split expenses.

What if there are more than five (5) residents in the dwelling?

If there are more than **five (5) persons** residing at this address, ask your Enumerator for another questionnaire or contact us.

What if I need help to fill in the questionnaire?

If you do not know how to answer or have not understood a particular question, contact us on freephone or by email for assistance. You may also consult your Enumerator to help you with any questions related to the Census. Please co-operate fully with your Enumerator to contribute to the success of the 2021 Census. **Your Enumerator is identified through the Census ID card.**

What should I do after I complete the questionnaire?

Once the questionnaire is complete, you should keep it in a safe place and hand it to your Enumerator who will come and collect it between **Monday 8 November and Sunday 28 November 2021** during the times below:

Monday to Friday: 8:30am–8:30pm

Saturday and Sunday: 8:30am–12:00pm

Data Protection is guaranteed

The Census is being carried out in terms of the Census Act of 1948. The confidentiality of the information contained in this questionnaire is legally guaranteed by both this Act and the General Data Protection Regulation (GDPR). The National Statistics Office will use the information you provide for statistical purposes only.

B 3620

POPULATION

SECTION

Read the NOTES on page 3, then **START FROM HERE**.
Remember to include all dwelling members in separate columns.

1 What is your name?

Insert the name of all the persons who usually live in this dwelling.

2 What is your surname?

Insert the surname of all the persons who usually live in this dwelling.

3 Insert your Maltese Identity card number or Residence card number

- Include the card letter (e.g. M, G, L, H, A, etc.).
- For children, insert the Act of Birth if an identity card is not available.
- If you do not hold a national ID card, provide any other official identification number (e.g. passport number).

4 Insert your date of birth

DAY		MONTH		YEAR	
D	D	M	M	Y	Y
2	8	1	0	1	9
				8	5

5 Indicate your registered sex
(Mark one circle only)

Mark by drawing a cross
If you mark by mistake,
fill in the incorrect circle
and mark the correct one

☒

6 If applicable, insert the date of your first live birth

Provide the date of birth of your **first live child**. If this does not apply to you, please mark **Not applicable**.

7 Is the gender you identify with the same as your registered sex?
(Mark one circle only)

Applicable only if you are sixteen (16) years old or over.

8 Specify the gender you identify with

Applicable only if you are sixteen (16) years old or over.

9 Which of the following best describes your sexual orientation?
(Mark one circle only)

Applicable only if you are sixteen (16) years old or over.

PERSON 1

Always write in CAPITALS.
Write in black or blue ink,
DO NOT use pencil.

Don't forget to write in CAPITALS.

Don't forget the card letter.

DAY		MONTH		YEAR	
D	D	M	M	Y	Y

If you are male, **go to question 7**

☐ Male

→ GO TO 7

☐ Female

☐ Other

D	D	M	M	Y	Y	Y	Y

☐ Not applicable

☐ Yes

→ GO TO 9

☐ No

☐ Straight/Heterosexual

☐ Gay or Lesbian

☐ Bisexual

☐ Other (Specify)

4

D D M M Y Y Y Y ☐ Male ☐ Female ☐ Other → GO TO 7 D D M M Y Y Y Y ☐ Not applicable	D D M M Y Y Y Y ☐ Male ☐ Female ☐ Other → GO TO 7 D D M M Y Y Y Y ☐ Not applicable	D D M M Y Y Y Y ☐ Male ☐ Female ☐ Other → GO TO 7 D D M M Y Y Y Y ☐ Not applicable	D D M M Y Y Y Y ☐ Male ☐ Female ☐ Other → GO TO 7 D D M M Y Y Y Y ☐ Not applicable
☐ Yes ☐ No → GO TO 9	☐ Yes ☐ No → GO TO 9	☐ Yes ☐ No → GO TO 9	☐ Yes ☐ No → GO TO 9
☐ Straight/Heterosexual ☐ Gay or Lesbian ☐ Bisexual ☐ Other (Specify) →	☐ Straight/Heterosexual ☐ Gay or Lesbian ☐ Bisexual ☐ Other (Specify) →	☐ Straight/Heterosexual ☐ Gay or Lesbian ☐ Bisexual ☐ Other (Specify) →	☐ Straight/Heterosexual ☐ Gay or Lesbian ☐ Bisexual ☐ Other (Specify) →

B 3622

10 Which is your country of birth? (Mark one circle only)	☐_1 Malta ☐_2 United Kingdom ☐_3 Italy ☐_4 Germany ☐_5 Serbia ☐_6 Russia ☐_7 Canada ☐_8 United States ☐_9 Australia ☐_10 Philippines ☐_11 Other (Specify) 
11 What is your racial origin? (Mark one circle only) Indicate your race through your biological parent/s.	☐_1 Caucasian ☐_2 Asian ☐_3 African ☐_4 Arab ☐_5 Hispanic or Latino ☐_6 Other (Specify)  ☐_7 More than one racial origin
12 Do you have Maltese citizenship? (Mark one circle only)	☐_1 Yes ☐_2 No
13 Do you have any foreign citizenship? (Mark one circle only)	☐_1 Yes ☐_2 No  GO TO 15
14 Which foreign citizenship do you have? (Mark all that apply) In this question a square is used, therefore you can choose/mark more than one option  ☒_1 British ☐_2 Italian ☒_3 German ☐_4 Serbian	☐_1 British ☐_2 Italian ☐_3 German ☐_4 Serbian ☐_5 Russian ☐_6 Canadian ☐_7 American ☐_8 Australian ☐_9 Philippine ☐_10 Other (Specify) 

6

☐ Malta ☐ United Kingdom ☐ Italy ☐ Germany ☐ Serbia ☐ Russia ☐ Canada ☐ United States ☐ Australia ☐ Philippines ☐ Other (Specify)  	☐ Malta ☐ United Kingdom ☐ Italy ☐ Germany ☐ Serbia ☐ Russia ☐ Canada ☐ United States ☐ Australia ☐ Philippines ☐ Other (Specify)  	☐ Malta ☐ United Kingdom ☐ Italy ☐ Germany ☐ Serbia ☐ Russia ☐ Canada ☐ United States ☐ Australia ☐ Philippines ☐ Other (Specify)  	☐ Malta ☐ United Kingdom ☐ Italy ☐ Germany ☐ Serbia ☐ Russia ☐ Canada ☐ United States ☐ Australia ☐ Philippines ☐ Other (Specify) 
☐ Caucasian ☐ Asian ☐ African ☐ Arab ☐ Hispanic or Latino ☐ Other (Specify)  ☐ More than one racial origin	☐ Caucasian ☐ Asian ☐ African ☐ Arab ☐ Hispanic or Latino ☐ Other (Specify)  ☐ More than one racial origin	☐ Caucasian ☐ Asian ☐ African ☐ Arab ☐ Hispanic or Latino ☐ Other (Specify)  ☐ More than one racial origin	☐ Caucasian ☐ Asian ☐ African ☐ Arab ☐ Hispanic or Latino ☐ Other (Specify)  ☐ More than one racial origin
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☐ Yes ☐ No → GO TO 15	☐ Yes ☐ No → GO TO 15	☐ Yes ☐ No → GO TO 15	☐ Yes ☐ No → GO TO 15
☐ British ☐ Italian ☐ German ☐ Serbian ☐ Russian ☐ Canadian ☐ American ☐ Australian ☐ Philippine ☐ Other (Specify)  	☐ British ☐ Italian ☐ German ☐ Serbian ☐ Russian ☐ Canadian ☐ American ☐ Australian ☐ Philippine ☐ Other (Specify)  	☐ British ☐ Italian ☐ German ☐ Serbian ☐ Russian ☐ Canadian ☐ American ☐ Australian ☐ Philippine ☐ Other (Specify)  	☐ British ☐ Italian ☐ German ☐ Serbian ☐ Russian ☐ Canadian ☐ American ☐ Australian ☐ Philippine ☐ Other (Specify) 

B 3624

15 Have you been living, or intend to live in Malta, for a period of at least twelve (12) months? (Mark one circle only) Information should be based on the place where you regularly live, regardless of temporary absences for purposes of recreation, work, school, etc.	☐ ₁ Yes, in this dwelling ☐ ₂ Yes, in another → GO TO 17 dwelling in Malta ☐ ₃ Yes, in an → GO TO 17 institution in Malta ☐ ₄ Yes, but I do → GO TO 18 not have a permanent address ☐ ₅ No, I live → GO TO 17 abroad
16 At present, is there another dwelling in which you regularly reside? (Mark one circle only) Indicate Yes if there is any other residence in which you regularly live. Do not consider temporary residences such as holiday dwellings.	☐ ₁ Yes ☐ ₂ No → GO TO 18
17 State the full address of your second dwelling in which you regularly reside (or country if residing abroad)	
18 Where did you live one (1) year ago? (Mark one circle only) ! Applicable only if you are one (1) year old or over. Information should be based on last year's place of usual residence where you have regularly lived, regardless of temporary absences for purposes of recreation, work, school, etc.	☐ ₁ In this dwelling ☐ ₂ In another dwelling in the same locality in Malta ☐ ₃ In another dwelling in another locality in Malta/in another country (Specify where) ↓
19 Have you ever resided abroad for a continuous period of at least twelve (12) months? (Mark one circle only) ! Applicable only if you are one (1) year old or over.	☐ ₁ Yes ☐ ₂ No → GO TO 21
20 When was the year of your most recent arrival in Malta? (Mark one circle only) Insert the year in which you most recently arrived in Malta with the intention of spending at least twelve (12) months.	☐ ₁ 1979 or earlier ☐ ₂ 1980 or later (Specify year) ↓

☐ ₁ Yes, in this dwelling ☐ ₂ Yes, in another → GO TO 17 dwelling in Malta ☐ ₃ Yes, in an institution in Malta → GO TO 17 ☐ ₄ Yes, but I do not have a permanent address → GO TO 18 ☐ ₅ No, I live abroad → GO TO 17	☐ ₁ Yes, in this dwelling ☐ ₂ Yes, in another → GO TO 17 dwelling in Malta ☐ ₃ Yes, in an institution in Malta → GO TO 17 ☐ ₄ Yes, but I do not have a permanent address → GO TO 18 ☐ ₅ No, I live abroad → GO TO 17	☐ ₁ Yes, in this dwelling ☐ ₂ Yes, in another → GO TO 17 dwelling in Malta ☐ ₃ Yes, in an institution in Malta → GO TO 17 ☐ ₄ Yes, but I do not have a permanent address → GO TO 18 ☐ ₅ No, I live abroad → GO TO 17	☐ ₁ Yes, in this dwelling ☐ ₂ Yes, in another → GO TO 17 dwelling in Malta ☐ ₃ Yes, in an institution in Malta → GO TO 17 ☐ ₄ Yes, but I do not have a permanent address → GO TO 18 ☐ ₅ No, I live abroad → GO TO 17
☐ ₁ Yes ☐ ₂ No → GO TO 18	☐ ₁ Yes ☐ ₂ No → GO TO 18	☐ ₁ Yes ☐ ₂ No → GO TO 18	☐ ₁ Yes ☐ ₂ No → GO TO 18
☐ ₁ In this dwelling ☐ ₂ In another dwelling in the same locality in Malta ☐ ₃ In another dwelling in another locality in Malta/in another country (Specify where) → 	☐ ₁ In this dwelling ☐ ₂ In another dwelling in the same locality in Malta ☐ ₃ In another dwelling in another locality in Malta/in another country (Specify where) → 	☐ ₁ In this dwelling ☐ ₂ In another dwelling in the same locality in Malta ☐ ₃ In another dwelling in another locality in Malta/in another country (Specify where) → 	☐ ₁ In this dwelling ☐ ₂ In another dwelling in the same locality in Malta ☐ ₃ In another dwelling in another locality in Malta/in another country (Specify where) →
☐ ₁ Yes ☐ ₂ No → GO TO 21	☐ ₁ Yes ☐ ₂ No → GO TO 21	☐ ₁ Yes ☐ ₂ No → GO TO 21	☐ ₁ Yes ☐ ₂ No → GO TO 21
☐ ₁ 1979 or earlier ☐ ₂ 1980 or later (Specify year) → 	☐ ₁ 1979 or earlier ☐ ₂ 1980 or later (Specify year) → 	☐ ₁ 1979 or earlier ☐ ₂ 1980 or later (Specify year) → 	☐ ₁ 1979 or earlier ☐ ₂ 1980 or later (Specify year) →

21

Do any of the following individuals live in this dwelling with you?

(Mark one circle only for each)

Cohabiting partners refer to a marriage-like relationship between two individuals which is not legally registered as a marriage or civil union.

Read the example below carefully:

PERSON 1

Joe

A. Your wife/husband
(including partner in a civil union)

☒ **YES** (Specify number and name)

Person's Number: 2 Person's Name: Mary

☐ **No**

B. Your cohabiting partner
(not bound by marriage or civil union)

☐ **YES** (Specify number and name)

Person's Number: Person's Name:

☒ **No**

C. Your parent
(including adoptive and step)

☐ **YES** (Specify number and name)

Person's Number: Person's Name:

☒ **No**

D. Your other parent
(including adoptive and step)

☐ **YES** (Specify number and name)

Person's Number: Person's Name:

☒ **No**

PERSON 2

Mary

A. Your wife/husband
(including partner in a civil union)

☐ **YES** (Specify number and name)

Person's Number: Person's Name: Joe

☐ **No**

B. Your cohabiting partner
(not bound by marriage or civil union)

☐ **YES** (Specify number and name)

Person's Number: Person's Name:

☒ **No**

C. Your parent
(including adoptive and step)

☐ **YES** (Specify number and name)

Person's Number: Person's Name:

☒ **No**

D. Your other parent
(including adoptive and step)

☐ **YES** (Specify number and name)

Person's Number: Person's Name:

☒ **No**

PERSON 3

James

A. Your wife/husband
(including partner in a civil union)

☐ **YES** (Specify number and name)

Person's Number: Person's Name:

☒ **No**

B. Your cohabiting partner
(not bound by marriage or civil union)

☐ **YES** (Specify number and name)

Person's Number: Person's Name:

☒ **No**

C. Your parent
(including adoptive and step)

☐ **YES** (Specify number and name)

Person's Number: 2 Person's Name: Mary

☐ **No**

D. Your other parent
(including adoptive and step)

☐ **YES** (Specify number and name)

Person's Number: 1 Person's Name: Joe

☐ **No**

The example illustrates:

- Joe's wife is person number 2 (Mary)
- Mary's husband is person number 1 (Joe)
- James's parents are person number 2 (Mary) and person number 1 (Joe)

A. Your wife/husband

(including partner in a civil union)

☐ **YES** (Specify number and name)

Person's Number

Person's Name

☐ **No**

B. Your cohabiting partner

(not bound by marriage or civil union)

☐ **YES** (Specify number and name)

Person's Number

Person's Name

☒ **No**

C. Your parent

(including adoptive and step)

☐ **YES** (Specify number and name)

Person's Number

Person's Name

☒ **No**

D. Your other parent

(including adoptive and step)

☐ **YES** (Specify number and name)

Person's Number

Person's Name

☒ **No**

22

What is your legal marital status?

(Mark one circle only)

- Provide the marital status as **legally recognised** in official documents.
- If a person is informally separated from spouse, then the most recent legally recognised marital status should be **Married**.

Applicable only if you are sixteen (16) years old or over.

A. Your wife/husband

(including partner in a civil union)

☐ **YES** (Specify number and name)

Person's Number

Person's Name

☐ **No**

B. Your cohabiting partner

(not bound by marriage or civil union)

☐ **YES** (Specify number and name)

Person's Number

Person's Name

☐ **No**

C. Your parent

(including adoptive and step)

☐ **YES** (Specify number and name)

Person's Number

Person's Name

☐ **No**

D. Your other parent

(including adoptive and step)

☐ **YES** (Specify number and name)

Person's Number

Person's Name

☐ **No**

☐ **Single** (never married or annulled marriage and not remarried)

☐ **Married or in a civil union, with a person of the opposite sex**

☐ **Married or in a civil union, with a person of the same sex**

☐ **Separated, formerly in an opposite-sex marriage or civil union**

☐ **Separated, formerly in a same-sex marriage or civil union**

☐ **Widowed (not remarried)**

☐ **Divorced (not remarried)**

20

A. Your wife/husband (including partner in a civil union) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No B. Your cohabiting partner (not bound by marriage or civil union) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No C. Your parent (including adoptive and step) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No D. Your other parent (including adoptive and step) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No	Person Number	Person's Name	Person Number	Person's Name	Person Number	Person's Name	Person Number	Person's Name	A. Your wife/husband (including partner in a civil union) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No B. Your cohabiting partner (not bound by marriage or civil union) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No C. Your parent (including adoptive and step) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No D. Your other parent (including adoptive and step) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No	Person Number	Person's Name	Person Number	Person's Name	Person Number	Person's Name	Person Number	Person's Name	A. Your wife/husband (including partner in a civil union) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No B. Your cohabiting partner (not bound by marriage or civil union) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No C. Your parent (including adoptive and step) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No D. Your other parent (including adoptive and step) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No	Person Number	Person's Name	Person Number	Person's Name	Person Number	Person's Name	Person Number	Person's Name	A. Your wife/husband (including partner in a civil union) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No B. Your cohabiting partner (not bound by marriage or civil union) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No C. Your parent (including adoptive and step) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No D. Your other parent (including adoptive and step) ☐ ₁ Yes (Specify number and name) <table border="1"> <tr> <td>Person Number</td> <td>Person's Name</td> </tr> </table> ☐ ₂ No	Person Number	Person's Name	Person Number	Person's Name	Person Number	Person's Name	Person Number	Person's Name
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
Person Number	Person's Name																																		
☐ ₁ Single (never married or annulled marriage and not remarried) ☐ ₂ Married or in a civil union, with a person of the opposite sex ☐ ₃ Married or in a civil union, with a person of the same sex ☐ ₄ Separated, formerly in an opposite-sex marriage or civil union ☐ ₅ Separated, formerly in a same-sex marriage or civil union ☐ ₆ Widowed (not remarried) ☐ ₇ Divorced (not remarried)	☐ ₁ Single (never married or annulled marriage and not remarried) ☐ ₂ Married or in a civil union, with a person of the opposite sex ☐ ₃ Married or in a civil union, with a person of the same sex ☐ ₄ Separated, formerly in an opposite-sex marriage or civil union ☐ ₅ Separated, formerly in a same-sex marriage or civil union ☐ ₆ Widowed (not remarried) ☐ ₇ Divorced (not remarried)	☐ ₁ Single (never married or annulled marriage and not remarried) ☐ ₂ Married or in a civil union, with a person of the opposite sex ☐ ₃ Married or in a civil union, with a person of the same sex ☐ ₄ Separated, formerly in an opposite-sex marriage or civil union ☐ ₅ Separated, formerly in a same-sex marriage or civil union ☐ ₆ Widowed (not remarried) ☐ ₇ Divorced (not remarried)	☐ ₁ Single (never married or annulled marriage and not remarried) ☐ ₂ Married or in a civil union, with a person of the opposite sex ☐ ₃ Married or in a civil union, with a person of the same sex ☐ ₄ Separated, formerly in an opposite-sex marriage or civil union ☐ ₅ Separated, formerly in a same-sex marriage or civil union ☐ ₆ Widowed (not remarried) ☐ ₇ Divorced (not remarried)																																

B 3628

23 Do you have any long-term illness, disease and/or chronic condition (e.g. asthma, diabetes, heart disease, elevated blood pressure/cholesterol, chronic depression, etc.)? (Mark one circle only) Consider any illness or condition which has lasted, or is expected to last, for six (6) months or more. ! Applicable only if you are five (5) years old or over.	☐₁ Yes ☐₂ No
24 Do you have any of the following difficulties? (Mark one circle only) Consider difficulties which have been limiting you for at least the past six (6) months, or which are expected to continue for six (6) months or more. ! Applicable only if you are five (5) years old or over.	A. Difficulty to see, even if wearing glasses ☐₁ No difficulty ☐₂ Yes, some difficulty ☐₃ Yes, a lot of difficulty ☐₄ Cannot see at all B. Difficulty to hear, even if using a hearing aid ☐₁ No difficulty ☐₂ Yes, some difficulty ☐₃ Yes, a lot of difficulty ☐₄ Cannot hear at all C. Difficulty to walk or going up steps ☐₁ No difficulty ☐₂ Yes, some difficulty ☐₃ Yes, a lot of difficulty ☐₄ Cannot walk at all D. Difficulty to remember or concentrate ☐₁ No difficulty ☐₂ Yes, some difficulty ☐₃ Yes, a lot of difficulty ☐₄ Cannot do at all E. Difficulty with self-care, such as washing all over or dressing ☐₁ No difficulty ☐₂ Yes, some difficulty ☐₃ Yes, a lot of difficulty ☐₄ Cannot do at all F. Difficulty to communicate (to understand or to be understood) when using usual (customary) language ☐₁ No difficulty ☐₂ Yes, some difficulty ☐₃ Yes, a lot of difficulty ☐₄ Cannot communicate at all
25 What is the main language that you grew up speaking from early childhood? (Mark one circle only) ! Applicable only if you are five (5) years old or over.	☐₁ Maltese ☐₂ English ☐₃ Italian ☐₄ German ☐₅ French ☐₆ Arabic ☐₇ Other (Specify) 

	☐ ₁ Yes ☐ ₂ No	☐ ₁ Yes ☐ ₂ No	☐ ₁ Yes ☐ ₂ No	☐ ₁ Yes ☐ ₂ No
	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot see at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot see at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot see at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot see at all
	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot hear at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot hear at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot hear at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot hear at all
	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot walk at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot walk at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot walk at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot walk at all
	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot do at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot do at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot do at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot do at all
	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot do at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot do at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot do at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot do at all
	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot communicate at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot communicate at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot communicate at all	☐ ₁ No difficulty ☐ ₂ Yes, some difficulty ☐ ₃ Yes, a lot of difficulty ☐ ₄ Cannot communicate at all
	☐ ₁ Maltese ☐ ₂ English ☐ ₃ Italian ☐ ₄ German ☐ ₅ French ☐ ₆ Arabic ☐ ₇ Other (Specify)  	☐ ₁ Maltese ☐ ₂ English ☐ ₃ Italian ☐ ₄ German ☐ ₅ French ☐ ₆ Arabic ☐ ₇ Other (Specify)  	☐ ₁ Maltese ☐ ₂ English ☐ ₃ Italian ☐ ₄ German ☐ ₅ French ☐ ₆ Arabic ☐ ₇ Other (Specify)  	☐ ₁ Maltese ☐ ₂ English ☐ ₃ Italian ☐ ₄ German ☐ ₅ French ☐ ₆ Arabic ☐ ₇ Other (Specify) 

B 3630

26 From where are you receiving your main formal education? (Mark one circle only) ! Applicable only if you are aged between five (5) and fifteen (15) years.	☐ ₁ Public/State school ☐ ₂ Church school ☐ ₃ Private school ☐ ₄ Home schooling by a professional ☐ ₅ Other (Specify)  ☐ ₆ No formal education received
27 Are you able to read and write a short, simple sentence in at least one language? (Mark one circle only) ! Applicable only if you are ten (10) years old or over.	☐ ₁ Yes ☐ ₂ No
! STOP IF YOU ARE AGED FOURTEEN (14) OR LESS. CONTINUE ONLY IF YOU ARE AGED FIFTEEN (15) OR MORE.	
28 What religion, religious denomination or body do you belong to/identify yourself with (regardless of the level of practice)? (Mark one circle only)	☐ ₁ Roman Catholic ☐ ₂ Orthodox ☐ ₃ Church of England ☐ ₄ Protestant ☐ ₅ Islam ☐ ₆ Judaism ☐ ₇ Buddhism ☐ ₈ Hinduism ☐ ₉ Other (Specify)  ☐ ₁₀ No religious affiliation
Continue on next page 	
14	

☐ Public/State school ☐ Church school ☐ Private school ☐ Home schooling by a professional ☐ Other (Specify)  ☐ No formal education received	☐ Public/State school ☐ Church school ☐ Private school ☐ Home schooling by a professional ☐ Other (Specify)  ☐ No formal education received	☐ Public/State school ☐ Church school ☐ Private school ☐ Home schooling by a professional ☐ Other (Specify)  ☐ No formal education received	☐ Public/State school ☐ Church school ☐ Private school ☐ Home schooling by a professional ☐ Other (Specify)  ☐ No formal education received
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
 STOP IF YOU ARE AGED FOURTEEN (14) OR LESS. CONTINUE ONLY IF YOU ARE AGED FIFTEEN (15) OR MORE.			
☐ Roman Catholic ☐ Orthodox ☐ Church of England ☐ Protestant ☐ Islam ☐ Judaism ☐ Buddhism ☐ Hinduism ☐ Other (Specify)  ☐ No religious affiliation	☐ Roman Catholic ☐ Orthodox ☐ Church of England ☐ Protestant ☐ Islam ☐ Judaism ☐ Buddhism ☐ Hinduism ☐ Other (Specify)  ☐ No religious affiliation	☐ Roman Catholic ☐ Orthodox ☐ Church of England ☐ Protestant ☐ Islam ☐ Judaism ☐ Buddhism ☐ Hinduism ☐ Other (Specify)  ☐ No religious affiliation	☐ Roman Catholic ☐ Orthodox ☐ Church of England ☐ Protestant ☐ Islam ☐ Judaism ☐ Buddhism ☐ Hinduism ☐ Other (Specify)  ☐ No religious affiliation

B 3632

29

What is the highest qualification (or education) that you have successfully attained?

(Mark one circle only)

- Option 2** Include Primary level Years 1-6 and Standard 1-7.
- Option 3** Include certification from Secondary Trade Schools.
- Option 4** Include ALP certification at Level 2 or 3 with 1 subject only.
- Option 5** Include ALP certification at Level 2 or 3 with 2 subjects or more.
- Option 6** Include certification from ITS Apprenticeship programmes.
- Option 7** Include certification from vocational (i.e. MCAST or ITS) Foundation Courses.
- Option 8** Include certification from courses such as; MCAST BTEC First Diploma, ITS Diploma, Journeyman's Certificate Craft Level, City and Guilds Part 2 and Wireman/Masons License.
- Option 9** Include intermediate or advanced level qualifications, or equivalent.
- Option 10** Include certification from vocational courses (excluding MCAST and ITS courses) obtained in the years pre-2000, such as; Fellenberg, Technical Institute, Prevocational School, Dockyard School and Secretarial School and Ordinary Technician Diploma.
- Option 11** Include vocational certification of Advanced/National Diplomas from MCAST, ITS, BTEC or other vocational institutes.
- Option 12** Include general certification like Diploma in Business or Certificate in Management or similar.
- Option 13** Include certification from Undergraduate diploma courses with duration of less than 2 years.
- Option 14** Include certification from Undergraduate diploma courses with duration of 2 years or more, such as; Higher National Diploma, Higher/Advanced Technician Diploma, International Advanced Diploma, BTEC Higher National Diploma.
- Option 15** Include similar certification, such as; First Degree, Post-Graduate Diploma or Post-graduate Certificate.
- Option 16** Include certification for courses such as; Doctor of Laws ACCA, Accountancy, Medicine and Dentistry.
- Option 17** Include certification of completed doctoral level courses.
- Option 18** Provide specification of course not allocated from the above options with the official name and duration (if possible).

- ☐ ¹ No schooling or Pre-primary level
- ☐ ² Primary level, Special schools or Resource Centres
- ☐ ³ City and Guilds Basic/Part 1 - **MQF/EQF 2**
- ☐ ⁴ Secondary level 'O'- Level/ SEC/GCE/ SSC&P (1 subject or less) - **MQF/EQF 2**
- ☐ ⁵ Secondary level 'O'- Level/ SEC/GCE/ SSC&P (2 subjects or more) - **MQF/EQF 3**
- ☐ ⁶ Introductory or Basic Skills Certificate/Award - **MQF/EQF 1 or 2**
- ☐ ⁷ Foundation Certificate - **MQF/EQF 2**
- ☐ ⁸ First Diploma/Certificate - **MQF/EQF 3**
- ☐ ⁹ Intermediates, 'A'- Levels, Matriculation Certificate, QSL IB/EB Diploma, Liceo Scientifico/Classico - **MQF/EQF 4**
- ☐ ¹⁰ Trade Schools qualifications **Pre-2000** or City and Guilds Part 3, Journeyman's Certificate Technical Level **excluding MCAST and ITS** - **MQF/EQF 4**
- ☐ ¹¹ National/Extended/Advanced Vocational Diploma - **MQF/EQF 4**
- ☐ ¹² Diploma/ International General Diploma/ Certificate - **MQF/EQF 4**
- ☐ ¹³ Undergraduate Diploma (**less than 2 years**) - **MQF/EQF 5**
- ☐ ¹⁴ Undergraduate Diploma/ HND (**2 years or more**) - **MQF/EQF 5**
- ☐ ¹⁵ Bachelors level Degree or equivalent - **MQF/EQF 6**
- ☐ ¹⁶ Masters Level Degree or equivalent, Post-Graduate Degree, Long first degrees - **MQF/EQF 7**
- ☐ ¹⁷ Doctoral Degree (PhD) - **MQF/EQF 8**
- ☐ ¹⁸ Other (Specify) 

☐ 1 No schooling or Pre-primary level ☐ 2 Primary level, Special schools or Resource Centres ☐ 3 City and Guilds Basic/Part 1 – MQF/EQF 2 ☐ 4 Secondary level 'O'- Level/ SEC/GCE/ SSC&P (1 subject or less) – MQF/EQF 2 ☐ 5 Secondary level 'O'- Level/ SEC/GCE/ SSC&P (2 subjects or more) – MQF/EQF 3 ☐ 6 Introductory or Basic Skills Certificate/Award – MQF/EQF 1 or 2 ☐ 7 Foundation Certificate – MQF/EQF 2 ☐ 8 First Diploma/Certificate – MQF/EQF 3 ☐ 9 Intermediates, 'A'- Levels, Matriculation Certificate, QSI, IB/EB Diploma, Liceo Scientifico/Classico – MQF/EQF 4 ☐ 10 Trade Schools qualifications Pre-2000 or City and Guilds Part 3, Journeyman's Certificate Technical Level excluding MCAST and ITS – MQF/EQF 4 ☐ 11 National/Extended/ Advanced Vocational Diploma – MQF/EQF 4 ☐ 12 Diploma/ International General Diploma/ Certificate – MQF/EQF 4 ☐ 13 Undergraduate Diploma (less than 2 years) – MQF/EQF 5 ☐ 14 Undergraduate Diploma/ HND (2 years or more) – MQF/EQF 5 ☐ 15 Bachelors level Degree or equivalent – MQF/EQF 6 ☐ 16 Masters Level Degree or equivalent, Post-Graduate Degree, Long first degrees – MQF/EQF 7 ☐ 17 Doctoral Degree (PhD) – MQF/EQF 8 ☐ 18 Other (Specify) → 	☐ 1 No schooling or Pre-primary level ☐ 2 Primary level, Special schools or Resource Centres ☐ 3 City and Guilds Basic/Part 1 – MQF/EQF 2 ☐ 4 Secondary level 'O'- Level/ SEC/GCE/ SSC&P (1 subject or less) – MQF/EQF 2 ☐ 5 Secondary level 'O'- Level/ SEC/GCE/ SSC&P (2 subjects or more) – MQF/EQF 3 ☐ 6 Introductory or Basic Skills Certificate/Award – MQF/EQF 1 or 2 ☐ 7 Foundation Certificate – MQF/EQF 2 ☐ 8 First Diploma/Certificate – MQF/EQF 3 ☐ 9 Intermediates, 'A'- Levels, Matriculation Certificate, QSI, IB/EB Diploma, Liceo Scientifico/Classico – MQF/EQF 4 ☐ 10 Trade Schools qualifications Pre-2000 or City and Guilds Part 3, Journeyman's Certificate Technical Level excluding MCAST and ITS – MQF/EQF 4 ☐ 11 National/Extended/ Advanced Vocational Diploma – MQF/EQF 4 ☐ 12 Diploma/ International General Diploma/ Certificate – MQF/EQF 4 ☐ 13 Undergraduate Diploma (less than 2 years) – MQF/EQF 5 ☐ 14 Undergraduate Diploma/ HND (2 years or more) – MQF/EQF 5 ☐ 15 Bachelors level Degree or equivalent – MQF/EQF 6 ☐ 16 Masters Level Degree or equivalent, Post-Graduate Degree, Long first degrees – MQF/EQF 7 ☐ 17 Doctoral Degree (PhD) – MQF/EQF 8 ☐ 18 Other (Specify) → 	☐ 1 No schooling or Pre-primary level ☐ 2 Primary level, Special schools or Resource Centres ☐ 3 City and Guilds Basic/Part 1 – MQF/EQF 2 ☐ 4 Secondary level 'O'- Level/ SEC/GCE/ SSC&P (1 subject or less) – MQF/EQF 2 ☐ 5 Secondary level 'O'- Level/ SEC/GCE/ SSC&P (2 subjects or more) – MQF/EQF 3 ☐ 6 Introductory or Basic Skills Certificate/Award – MQF/EQF 1 or 2 ☐ 7 Foundation Certificate – MQF/EQF 2 ☐ 8 First Diploma/Certificate – MQF/EQF 3 ☐ 9 Intermediates, 'A'- Levels, Matriculation Certificate, QSI, IB/EB Diploma, Liceo Scientifico/Classico – MQF/EQF 4 ☐ 10 Trade Schools qualifications Pre-2000 or City and Guilds Part 3, Journeyman's Certificate Technical Level excluding MCAST and ITS – MQF/EQF 4 ☐ 11 National/Extended/ Advanced Vocational Diploma – MQF/EQF 4 ☐ 12 Diploma/ International General Diploma/ Certificate – MQF/EQF 4 ☐ 13 Undergraduate Diploma (less than 2 years) – MQF/EQF 5 ☐ 14 Undergraduate Diploma/ HND (2 years or more) – MQF/EQF 5 ☐ 15 Bachelors level Degree or equivalent – MQF/EQF 6 ☐ 16 Masters Level Degree or equivalent, Post-Graduate Degree, Long first degrees – MQF/EQF 7 ☐ 17 Doctoral Degree (PhD) – MQF/EQF 8 ☐ 18 Other (Specify) → 	☐ 1 No schooling or Pre-primary level ☐ 2 Primary level, Special schools or Resource Centres ☐ 3 City and Guilds Basic/Part 1 – MQF/EQF 2 ☐ 4 Secondary level 'O'- Level/ SEC/GCE/ SSC&P (1 subject or less) – MQF/EQF 2 ☐ 5 Secondary level 'O'- Level/ SEC/GCE/ SSC&P (2 subjects or more) – MQF/EQF 3 ☐ 6 Introductory or Basic Skills Certificate/Award – MQF/EQF 1 or 2 ☐ 7 Foundation Certificate – MQF/EQF 2 ☐ 8 First Diploma/Certificate – MQF/EQF 3 ☐ 9 Intermediates, 'A'- Levels, Matriculation Certificate, QSI, IB/EB Diploma, Liceo Scientifico/Classico – MQF/EQF 4 ☐ 10 Trade Schools qualifications Pre-2000 or City and Guilds Part 3, Journeyman's Certificate Technical Level excluding MCAST and ITS – MQF/EQF 4 ☐ 11 National/Extended/ Advanced Vocational Diploma – MQF/EQF 4 ☐ 12 Diploma/ International General Diploma/ Certificate – MQF/EQF 4 ☐ 13 Undergraduate Diploma (less than 2 years) – MQF/EQF 5 ☐ 14 Undergraduate Diploma/ HND (2 years or more) – MQF/EQF 5 ☐ 15 Bachelors level Degree or equivalent – MQF/EQF 6 ☐ 16 Masters Level Degree or equivalent, Post-Graduate Degree, Long first degrees – MQF/EQF 7 ☐ 17 Doctoral Degree (PhD) – MQF/EQF 8 ☐ 18 Other (Specify) →
---	---	---	---

B 3634

30 What was your labour status between 15 and 21 November 2021? (Mark one circle only) Employees, self-employed, unpaid family workers, paid apprenticeship or traineeship should be included with Employed.	☐ ₁ Employed ☐ ₂ Unemployed ☐ ₃ Student and/or person having an unpaid working experience ☐ ₄ Retired ☐ ₅ Cannot work due to illness or disability ☐ ₆ Taking care of the house and/or family ☐ ₇ Other (Specify) 
31 Did you work for at least one (1) hour for monetary compensation (salary) or compensation in kind, or for profit between 15 and 21 November 2021? (Mark one circle only) - If you are employed but were on holiday, sick leave, receiving education or training, maternity or paternity leave during this week, please mark Yes. Unpaid family workers should be included with those who answer Yes. - If you were taking care of the house and/or family, please mark No.	☐ ₁ Yes → GO TO 36 ☐ ₂ No
32 What is the reason for not working between 15 and 21 November 2021? (Mark one circle only) - If you do not work but take care of the house and/or family, are a pensioner, student, unemployed, etc., please mark Do not have job. - If you were absent from work due to illness, leave, training, suspension, etc., please mark Temporarily absent from work.	☐ ₁ Do not have job ☐ ₂ Will start a new job after 21 November 2021 → GO TO 35 ☐ ₃ Temporarily absent from work → GO TO 38
33 Have you been seeking employment during the last four (4) weeks? (Mark one circle only)	☐ ₁ Yes ☐ ₂ No → GO TO 35
34 If work becomes available, would you be ready to start working within the next two (2) weeks? (Mark one circle only)	☐ ₁ Yes ☐ ₂ No
35 Have you ever worked for monetary compensation (salary) or compensation in kind, or for profit, for a period of at least three (3) months? (Mark one circle only)	☐ ₁ Yes → Go to Dwelling section - Page 22 ☐ ₂ No → Go to Dwelling section - Page 22

☐ ₁ Employed ☐ ₂ Unemployed ☐ ₃ Student and/or person having an unpaid working experience ☐ ₄ Retired ☐ ₅ Cannot work due to illness or disability ☐ ₆ Taking care of the house and/or family ☐ ₇ Other (Specify)  	☐ ₁ Employed ☐ ₂ Unemployed ☐ ₃ Student and/or person having an unpaid working experience ☐ ₄ Retired ☐ ₅ Cannot work due to illness or disability ☐ ₆ Taking care of the house and/or family ☐ ₇ Other (Specify)  	☐ ₁ Employed ☐ ₂ Unemployed ☐ ₃ Student and/or person having an unpaid working experience ☐ ₄ Retired ☐ ₅ Cannot work due to illness or disability ☐ ₆ Taking care of the house and/or family ☐ ₇ Other (Specify)  	☐ ₁ Employed ☐ ₂ Unemployed ☐ ₃ Student and/or person having an unpaid working experience ☐ ₄ Retired ☐ ₅ Cannot work due to illness or disability ☐ ₆ Taking care of the house and/or family ☐ ₇ Other (Specify) 
☐ ₁ Yes → GO TO 38 ☐ ₂ No	☐ ₁ Yes → GO TO 38 ☐ ₂ No	☐ ₁ Yes → GO TO 38 ☐ ₂ No	☐ ₁ Yes → GO TO 38 ☐ ₂ No
☐ ₁ Do not have job ☐ ₂ Will start a new job after 21 November 2021  GO TO 35 ☐ ₃ Temporarily absent from work  GO TO 36	☐ ₁ Do not have job ☐ ₂ Will start a new job after 21 November 2021  GO TO 35 ☐ ₃ Temporarily absent from work  GO TO 36	☐ ₁ Do not have job ☐ ₂ Will start a new job after 21 November 2021  GO TO 35 ☐ ₃ Temporarily absent from work  GO TO 36	☐ ₁ Do not have job ☐ ₂ Will start a new job after 21 November 2021  GO TO 35 ☐ ₃ Temporarily absent from work  GO TO 36
☐ ₁ Yes ☐ ₂ No → GO TO 35	☐ ₁ Yes ☐ ₂ No → GO TO 35	☐ ₁ Yes ☐ ₂ No → GO TO 35	☐ ₁ Yes ☐ ₂ No → GO TO 35
☐ ₁ Yes ☐ ₂ No	☐ ₁ Yes ☐ ₂ No	☐ ₁ Yes ☐ ₂ No	☐ ₁ Yes ☐ ₂ No
☐ ₁ Yes → STOP  ☐ ₂ No → STOP 	☐ ₁ Yes → STOP  ☐ ₂ No → STOP 	☐ ₁ Yes → STOP  ☐ ₂ No → STOP 	☐ ₁ Yes → STOP  ☐ ₂ No → STOP 

B 3636

36 What is your status in employment in your current main job? (Mark one circle only)	☐ ₁ Employee ☐ ₂ Self-employed (with employees) ☐ ₃ Self-employed (without employees) ☐ ₄ Unpaid family worker ☐ ₅ Other (Specify) 
37 Insert your current main job title E.g. Primary teacher, carpenter, clerk, etc.	
38 Provide a brief description of your main job E.g. Teaching in a primary school, making furniture, work in an office, etc.	
39 State the name of the place of work of your current main job (Mark one circle only) Please provide full name of company or place of work (do not use abbreviations).	☐ ₁ Specify company name  ☐ ₂ No name
40 What does the organisation you work for in your current main job mainly do? E.g. Primary school, manufacturing of kitchens, accountancy firm, etc.	
41 State the locality of the place of work of your current main job (Mark one circle only) - Specify the locality of the fixed address where you report to work. - If you do not report daily to a fixed address, you should mark No fixed place of work. - If you work both from home and from the office, indicate the place where you mostly work at.	☐ ₁ Specify locality  ☐ ₂ Work from home ☐ ₃ No fixed place of work ☐ ₄ Work abroad
20	Go to Dwelling section - Page 22

	PERSON 2	PERSON 3	PERSON 4	PERSON 5
	Always write in CAPITALS. Write in black or blue ink, DO NOT use pencil.	Always write in CAPITALS. Write in black or blue ink, DO NOT use pencil.	Always write in CAPITALS. Write in black or blue ink, DO NOT use pencil.	Always write in CAPITALS. Write in black or blue ink, DO NOT use pencil.
	☐ Employee ☐ Self-employed (with employees) ☐ Self-employed (without employees) ☐ Unpaid family worker ☐ Other (Specify)	☐ Employee ☐ Self-employed (with employees) ☐ Self-employed (without employees) ☐ Unpaid family worker ☐ Other (Specify)	☐ Employee ☐ Self-employed (with employees) ☐ Self-employed (without employees) ☐ Unpaid family worker ☐ Other (Specify)	☐ Employee ☐ Self-employed (with employees) ☐ Self-employed (without employees) ☐ Unpaid family worker ☐ Other (Specify)
	☐ Specify company name ☐ No name	☐ Specify company name ☐ No name	☐ Specify company name ☐ No name	☐ Specify company name ☐ No name
	☐ Specify locality ☐ Work from home ☐ No fixed place of work ☐ Work abroad	☐ Specify locality ☐ Work from home ☐ No fixed place of work ☐ Work abroad	☐ Specify locality ☐ Work from home ☐ No fixed place of work ☐ Work abroad	☐ Specify locality ☐ Work from home ☐ No fixed place of work ☐ Work abroad
	STOP	STOP	STOP	STOP 21

B 3638

DWELLING

SECTION

1 What type of dwelling do you live in?

(Mark one circle only)

- ☐ ₁ Terraced house/Townhouse
☐ ₂ Semi/Fully-detached house (including villa, bungalow, converted farmhouse, etc.)
☐ ₃ Maisonette/Ground floor tenement
☐ ₄ Flat/Apartment/Penthouse
☐ ₅ Suite of rooms forming part of a housing unit
☐ ₆ Semi/Fully-detached farmhouse (unconverted)
☐ ₇ Garage
☐ ₈ Other (Specify) 

☐ ₉ I am homeless → STOP 

2 How many dwellings are there in your building?

(Mark one circle only)

Include all dwellings found in the same building.

E.g. In case of a terraced house or semi-detached residence, one should mark '1'. In case of a maisonette and two (2) flats in the same building, one should mark '3 to 9'.

- ☐ ₁ 1
☐ ₂ 2
☐ ₃ 3 - 9
☐ ₄ 10 or more

3 In which period was the dwelling constructed?

(Mark one circle only)

In case the dwelling has undergone **major reconstruction** (including but not limited to the building or demolition of walls and rooms) since it was originally built, then the period of the most recent reconstruction must be chosen.

- ☐ ₁ 1918 or earlier
☐ ₂ 1919-1945
☐ ₃ 1946-1980
☐ ₄ 1981-1980
☐ ₅ 1981-2000
☐ ₆ 2001-2010
☐ ₇ 2011-2015
☐ ₈ 2016 or later

4 What is the state of repair of this dwelling?

(Mark one circle only)

- ☐ ₁ Good state
☐ ₂ Needs minor repairs
☐ ₃ Needs moderate repairs
☐ ₄ Needs serious repairs
☐ ₅ Dilapidated (cannot be repaired)

5 How many rooms does this dwelling consist of?

- **Include** normal bedrooms, dining rooms, living rooms, habitable rooms in cellar/basement, kitchens, study rooms.
- **Do not include** kitchenettes, verandas, corridors, washrooms, bathrooms, boxrooms, garages, cellars, and halls.
- **Combined/open plan** rooms should be **counted separately** as two (2) or three (3) rooms accordingly.

6 Are any of these rooms used solely for business purposes?

(Mark all that apply)

- ☐ ₁ Yes, rented out to non-dwelling members, including tourists (Specify number of rooms) →
- ☐ ₂ Yes, other business purposes (Specify number of rooms) →
- ☐ ₃ No

7 Is this dwelling ...? (Mark one circle only)

- ☐ ₁ Owned freehold → GO TO 11
☐ ₂ Owned with ground rent

Specify amount of ground rent paid annually 

- ☐ ₃ Rented unfurnished

Specify amount of rent paid annually 

Number of persons this rent covers

- ☐ ₄ Rented furnished

Specify amount of rent paid annually 

Number of persons this rent covers

- ☐ ₅ Held by emphyteusis (notarial contract)

Specify amount of emphyteusis paid annually 

- ☐ ₆ Used free of charge → GO TO 11

8 To whom do you pay the rent or emphyteusis?
(Mark one circle only)

- ☐ ₁ Government
☐ ₂ Private landlord
☐ ₃ Church

9 Indicate the period when the rental/emphyteusis contract/agreement was signed/reached
(Mark one circle only)

- ☐ ₁ 1945 or earlier
☐ ₂ 1946-1995
☐ ₃ 1996-2005
☐ ₄ 2006-2015
☐ ₅ 2016 or later
☐ ₆ Do not have a fixed contract → GO TO 11

10 Indicate the length of the rental/emphyteusis contract/agreement
(Mark one circle only)

Total duration of contract/agreement needs to be provided and **not** the remainder of the contract.

- ☐ ₁ Less than a year
☐ ₂ 1 year or more but less than 2 years
☐ ₃ 2 years or more but less than 3 years
☐ ₄ 3 years or more

11 Which of the following facilities are available in this dwelling?
(Mark all that apply)

- ☐ ₁ Air conditioning
☐ ₂ Central heating (fixed installations)
☐ ₃ Photovoltaic (PV) panels
☐ ₄ Solar water heater
☐ ₅ Well
☐ ₆ Water reverse osmosis system
☐ ₇ Internet connection (excl. mobile internet)

12 Does any dwelling member own another dwelling which is used for at least one (1) month annually (not for business purposes)?
(Mark one circle only)

- ☐ ₁ Yes
☐ ₂ No → STOP 

13 In which locality or country (if abroad) are these dwellings situated?
(Mark all that apply)

- ☐ ₁ Birkirkara
☐ ₂ Birżebbuġa
☐ ₃ Hal Qormi
☐ ₄ Marsaskala (including St. Thomas Bay, etc)
☐ ₅ Mellieħa (including Ghadira and Armier, etc)
☐ ₆ Mosta
☐ ₇ Naxxar (including Baħar ic-Ċagħaq and Salina, etc)
☐ ₈ St. Julian's (including Paceville, etc)
☐ ₉ St. Paul's Bay (including Bugibba, Qawra and Xemxija, etc)
☐ ₁₀ Tas-Sliema
☐ ₁₁ Xgħajra
☐ ₁₂ Żebbuġ, Gozo (including Marsalforn, etc)
☐ ₁₃ Another locality/country (Specify) ↓

B 3640

**SECOND SCHEDULE
(Regulation 7)**

Census of Population and Housing 2021

FORM OF OATH

I, _____ swear/solemnly affirm that I will fully and honestly fulfil my duties as an officer of the Census in conformity with the requirements of the Malta Census Act of 1948, and of all orders made thereunder, and that I will not, except in the performance of my duties under the Act and such orders, disclose or make known during my service as an officer of the Census or at any time thereafter, any matter which comes to my knowledge relating to any person, household or undertaking by reason of my service as an officer of the Census. (So help me God).

Signature: _____

Signed and sworn before me, this day of 2021

.....

Census Officer
