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**Appendix A**

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| **Research Form for the provision of statistical data for research purposes** |
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| **(i) Personal Details of Researcher** |
| Name: |  |
| Surname: |  |
| ID: |  |
| On behalf of: *(insert employer name if any)* |  |
| **(ii) Contact Information of Researcher** |
| Telephone/ Mobile: |  |
| Email: |  |
| **(iii) Research Information** |
| Research Title: |  |
| Purpose of Research:*(Describe the reason for carrying out your research or attach an existing research proposal)* |  |
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| Requested Statistical Data: |  |
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| **(iv) Submission of Research Analysis to Jobsplus** |
| When the analytical study is finalized, a maximum period of one month is being provided for the company/researcher to provide the Labour Market Analysis Unit with a copy of the finalized analysis (either a soft copy to: research.jobsplus@gov.mt, or a hard copy to: Jobsplus, Labour Market Analysis Unit, EU Affairs, Labour Market Analysis and Employers Services Division, Hal Far Road, Hal Far, BBG 3000. |
| **(v) Publication of Research** |
| If the company/researcher decides to publish the research, formal approval from the ETC research unit must be obtained beforehand, approving such initiative and to include the following disclaimer:*“The responsibility for the opinions expressed in this publication rests solely on the author(s), and the publication does not constitute an endorsement by Jobsplus of the opinions expressed in it.”* |
| **(vi) Declaration by Researcher** |
| *“I hereby declare that all information provided in this information form is true and correct. I agree to abide by the policies outlined by Jobsplus. All information requested is to be utilised solely for research purposes.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name and Surname Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** |
| **(vii) Declaration by Company Director (if applicable)** |
| *‘I hereby declare that all information requested is to be utilized solely for research purposes’**Director’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rubber Stamp:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |