****

**Appendix A**

|  |  |
| --- | --- |
| **Research Form for the provision of statistical data for research purposes** | |
|  | |
| **(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)* |  |
|  |
|  |
|  |
|  |
| Requested Statistical Data: |  |
|  |
|  |
|  |
|  |
| **(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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |