

**Appendix D**

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| **Requests for job placement and/or job shadowing** | |
| Request submitted by: |  |
| On behalf of (if applicable): |  |
| **Request to conduct (tick accordingly):** | |
| Job Placement |  |
| Job Shadowing |  |
| **Researcher/s Details:** | |
| ID Number: |  |
| Name: |  |
| Surname: |  |
| Telephone/Mobile number: |  |
| Postal Address: |  |
| Email address: |  |
| **Explain the reason for your request:** | |
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| **Job Shadow/Job Placement request information:** | |
| Department name/area of interest: | |
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| Occupation/s chosen: |  |
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| Requested date/s: |  |
| Proposed length of experience (in hours): |  |
| **What learning objectives do you intend to reach through the job placement/job shadowing:** | |
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| **Request for Statistical Data (if applicable)** | |
| Research title: | |
| Statistical information required from Jobsplus: | |
| **Request to access Jobsplus clients and/or Jobsplus employees for research purposes (if applicable)** | |
| Research Title: | |
| Purpose of Research *(Describe the reason for carrying out your research or attach an existing research proposal)* | |
| Which target group you wish to access? Jobsplus clients and/or Jobsplus employees | |
| Information required from Jobsplus through interviews/questionnaire: | |
| Method of research: | |
| Sampling description (including sampling population and sample size): | |
| List of client and/or Jobsplus staff which the researcher wishes to access: | |
| To provide finalized analysis by: | |
| **Submission of Thesis/ Research Analysis to Jobsplus after accessing Jobsplus clients and/or Jobsplus employees** | |
| When the analytical study/report is finalized, a maximum period of one month is being provided for the researcher to provide the Labour Market Analysis Unit with a copy of the finalized analysis/report (either a soft copy to: research.jobsplus@gov.mt, or a hard copy to: Jobsplus, Head Office, Labour Market Analysis Unit, Hal Far Road, Hal Far, BBG 3000). | |
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| **Publication of thesis/analysis** | |
| *When including data/information collected from Jobsplus, the researcher must include the following disclaimer in his/her study:  “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‟.* | |
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| **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 utilized solely for research purposes”.* | |
| Signature: | |
| Date: | |
| **Declaration by Company Director (if applicable)** | |
| *"I hereby declare that all information requested is to be utilized by the researcher for research purposes in relation to his/her studies".* | |
| *Name of Company Director:* |  |
| Director’s Name and Surname: |  |
| Director’s contact numbers/email address: |  |
| Date: |  |
| Director’s Signature: |  |
| Rubber Stamp: |  |