

# Appendix B

**Consent Form**

Name of Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Research Information**

Name of Study: Purpose of Study (an explanation of the cohort chosen is to be explained):

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* I confirm that I have read and understood the purpose of this study.
* I am aware that by signing the consent form I am agreeing to participate in this research on a voluntary basis.
* I am aware that I can withdraw from the research at any time. Withdrawal could be achieved by sending an email to research.jobsplus@gov.mt or by contacting the Labour Market Analysis Unit on 22201 124/ 110 / 127.
* I understand that any information I provide during the research is confidential and shall not be used for any purpose other than the research project outlined above.
* The data shall not be shared with any other third-parties and shall be deleted once the purpose of the research has been achieved.
* I agree that the interviewer named below records my interview. It has been explained to me how this material will be used (if applicable).
* (If applicable) If my interview is recorded, it will be kept confidential and will not be forwarded to third-parties.
* I agree that my personal details including name and contact details are forwarded to the interviewer by Jobsplus in order for the interviewer to contact me in relation to this research.
* I understand and all the terms and conditions above.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Interviewee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Interviewee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details of Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_