

REQUEST FOR SURVEY APPROVAL

1. Name of Organisation/ Individual :

2. Survey title :

3. Survey objectives :

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4. Survey areas (Atoll/Island) :

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5. Period of data collection:

	day	month	year
from	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
to	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

6. Government authorities consulted:

1.
2.
3.

7. Contact person:

1. Name and Address:
2. Tel/Mobile:
3. Fax:
4. Contact hours : to

8. Is the information going to be collected through questionnaire ?

1. Yes 2. No

9. Method of data collection: (tick the appropriate box(s))

1. Personal Interview
2. Self enumeration
3. Telephone interview
4. Other (specify)

10. Computer program or software used for data processing. (specify)

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11. Do you have an enumerators guideline or user manual for this survey implementation?

1. Yes 2. No

12. Approximately how many enumerators would be involved in the survey?

Number of enumerators

13. Was the enumerators given any kind of training about the survey ?

1. Yes 2. No

14. Has the questionnaire been pre-tested?

1. Yes 2. No

15. Sample size:

1. Number
2. Sample proportion %

16. Was the sample taken randomly ?

1. Yes 2. No (If 'No' please specify the reason)

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17. Expected date of completing the survey report

(A soft and hard copy of the survey report should be forwarded to NBS for reference)

DOCUMENTS REQUIRED

SUBMITTED

YES **NO** (If 'No' please specify the reason)

1. Tabulation Plan	<input type="checkbox"/>	<input type="checkbox"/>
2. Questionnaire (Dhivehi)	<input type="checkbox"/>	<input type="checkbox"/>
3. Questionnaire (English)	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY

DOCUMENTS RECEIVED

1. Tabulation Plan
2. Questionnaire (Dhivehi)
3. Questionnaire (English)

SURVEY APPROVAL

Approved Not approved
(state reasons)

Name: Signature:

Designation:

Date:/...../.....

REMARKS

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SURVEY REPORT

Received Not received

Date:/...../.....

Survey approval form and the statistical regulation of the Republic of Maldives will be available from the Statistics Section of NBS and from the NBS website @ <http://www.statisticsmaldives.gov.mv>