REQUEST FOR SURVEY APPROVAL

1. Name of Organisation/ Individual :
2. Survey title :
3. Survey objectives :
4. Survey areas (Atoll/Island):
5. Period of data collection: day month year from
6. Government authorities consulted: 1. 2. 3.
7. Contact person: 1. Name and Address: 2. Tel/Mobile: 3. Fax: 4. Contact hours: 5. Email: 7. Name and Address: 1. Name and Address: 2. Tel/Mobile: 3. Fax: 4. Contact hours: 5. Email: 7. Name and Address: 9. Tel/Mobile: 9. T
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)
 11. Do you have an enumerators guideline or user manual for this survey implementation? 1. ☐ Yes 2. ☐ No

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12. Approximately how many e	numerators would be involve Number of enumerators	ed in the survey?	
13. Was the enumerators given 1. Yes 2. No	•	e survey ?	
14. Has the questionnaire been 1. ☐ Yes 2. ☐ No	•		
15. Sample size: 1. Number 2. Sample pro	portion \(\sqrt{\sq}}}}}}}}}}} \signtimeset\signtifta}\signt		
16. Was the sample taken rando 1. Yes 2. No	mly ? (If 'No' please specify the reason)		
17. Expected date of completing the survey report (A soft and hard copy of the survey report should be forwarded to MBS for reference)			
1. Tabulation Plan 2. Questionnaire (Dhivehi) 3. Questionnaire (English) 4. Approval letters from congovernment authorities		se specify the reason)	
FOR OFFICE USE ONLY DOCUMENTS RECEIVED 1. Tabulation Plan 2. Questionnaire (Dhivehi) 3. Questionnaire (English) 4. Approval letters from consulted government authorities			
Approved	Not approved (state reasons)		
	Signature: Date://		
Designation: REMARKS		Date:/	
REMARKS			
SURVEY REPORT			
Received	Not received	Date:/	
Survey approval form and the statistical act of the Republic of Maldives will be available from the MBS website @ http://www.statisticsmaldives.gov.mv			

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