

(Project's Code) – (Project's Name)

(Beneficiary's Contact Details)

A. LEGAL REQUIREMENTS IN RELATION TO DATA COLLECTION

The Managing Authority responsible for the management of EU Funds in Malta - the Planning and Priorities Coordination Division (PPCD) - is legally required to collect and store data about each participant benefitting from an ESF intervention. Personal participant data will be kept internally and will be used to extract statistical information on participants. Participants are to note that only statistical data will be reported to the European Commission.

In this regard, Beneficiaries implementing ESF projects have been entrusted with the collection of personal data from all ESF participants. The data to be collected through this form and through subsequent forms or surveys, as applicable, will be used for the sole purpose for which they are intended, that is; (i) keeping record of participants' efforts in the ESF-funded intervention; and (ii) for evaluation and monitoring purposes in line with Regulation (EU) 1303/2013 and Annex I of Regulation (EU) 1304/2013.

EU Regulation 1304/2013 provides Member States with the legal basis to justify the collection and processing of personal data from participants of ESF projects.¹ The Beneficiary, the Managing Authority and any third parties assigned to carry out monitoring and evaluation activities in line with the requirements set out in the aforementioned EU Regulations, will treat personal data in the strictest confidence and in accordance with the provisions of the General Data Protection Regulation (EU) 2016/679, the Data Protection Act (Chapter 586) and any subsequent updates. Personal participant data will not be used for any other means or for any other purpose that is incompatible with that for which the data is being collected. **Personal data will under no circumstances be made public.**

¹ Annex I of Regulation (EU) No. 1304/2014 makes reference to GDPR Regulation (EU) No. 2016/679, Article 6, repealing previous Article 7 of Directive 95/46/EC, which provides a list of criteria establishing the lawfulness of processing of data, and states that: *processing is necessary for compliance with a legal obligation to which the controller is subject.*

B. DATA ON PARTICIPANTS

All sections must be filled in by all participants benefitting from EU-funded projects, or by participants' parents/guardians in the case of minors.

Kindly ensure that the information being provided is accurate, complete, and represents your current situation.

Certain segments contain definitions provided by the European Commission, which may vary from those utilised in the local context.

PERSONAL DETAILS

Name _____

Surname _____

ID Card Number _____

Date of Birth __ / __ / ____ (DD/MM/YYYY)

AGE GROUP

0-15 16-24 25-54 55-64 65 +

GENDER (as per ID card)

Male (M) Female (F) Other (X)

RESIDENCE (as per ID Card)

Address _____

Locality _____

Malta Gozo

CONTACT DETAILS

Mobile Number _____

Home / Office daytime Contact Number _____

E-Mail Address _____

MIGRANTS AND OTHER FOREIGN NATIONALS

Are you a migrant, a person with a foreign background, or part of a minority group?

Yes No

EMPLOYMENT STATUS

Kindly indicate your current employment status, by ticking ONE of the following:

Tick one	Current employment status	Definitions
<input type="radio"/>	Unemployed	<ul style="list-style-type: none">• Persons registered as seeking employment with Jobs Plus;• Persons without work, available for

		work and actively seeking work.
○	Long-term unemployed	<ul style="list-style-type: none"> • Youth (24 years or younger) experiencing more than six (6) months of continuous unemployment; • Adult (25 years of age or older) experiencing more than twelve (12) months of continuous unemployment.
○	Inactive	<ul style="list-style-type: none"> • Persons not in employment and not seeking work. • Full-time students are considered as inactive.
○	Inactive, not in education or training	<ul style="list-style-type: none"> • Inactive persons (not employed, and not seeking work) who are not in education or training.
○	Employed	<ul style="list-style-type: none"> • Persons should be working on a part-time, full-time basis, or on reduced hours.
○	Self-Employed	<ul style="list-style-type: none"> • Persons with a business, farm or professional private practice.

EDUCATION AND TRAINING

Please tick one of the following. This should indicate the highest educational level **successfully completed**.

<input type="radio"/>	No educational background (ISCED Level 0)
<input type="radio"/>	Primary or lower secondary education (ISCED Levels 1 or 2)
<input type="radio"/>	Upper secondary or post-secondary education (ISCED Levels 3 or 4)
<input type="radio"/>	Tertiary education (ISCED Levels 5-8)

Apart from your participation in this ESF project, are you **currently** in other education or training activities (including lifelong learning, formal education, off-the-job/on-the-job training, vocational training, etc)? *Note: If you were in education or training in the past but are currently not in education/training, your answer should be 'No'.*

Yes No

PERSONS WITH A DISABILITY

Are you registered disabled with one of the following entities?

Registry	Tick if YES	Registration Number
(i) Commission for the Rights of Persons with a Disability	<input type="radio"/> Yes	
(ii) Social security for the participants benefiting from disability benefits	<input type="radio"/> Yes	
(iii) Jobs Plus Disability section	<input type="radio"/> Yes	

OTHER DISADVANTAGES

Do you have any other disadvantages? Tick yes if one or more apply (*no need to indicate the disadvantage*):

- (i) have no educational level, including basic literacy or numeracy;
- (ii) are homeless or effected by housing exclusion);
- (iii) you are an inmate or former offender;
- (iv) you are a former substance abuser or are undergoing detoxification treatment;
- (v) at risk of poverty (*earning an annual income below €8,698*).

Yes No

SIGNATURE AND CONSENT

I, the undersigned, hereby confirm that the information provided in this form is correct.

I also provide my consent to be contacted by the Managing Authority, the Beneficiary or other third parties following my participation in the ESF project, for the purpose of providing additional data and feedback, as may be required for reporting purposes, monitoring and evaluation.

PARTICIPANT'S SIGNATURE _____

Participants under 18 years old require a signature by a parent/guardian:

NAME OF PARENT / GUARDIAN _____

I.D. NO. OF PARENT / GUARDIAN _____

SIGNATURE OF PARENT / GUARDIAN _____