APPLICATION FORM

Return Form to: Central Statistics Office
2nd Floor
Ralph T. O’Neal Administration Building (East Atrium)
Road Town, Tortola VG 1110
Tel: (284) 468-2175

PLEASE PRINT

1. Name: Surname__________________________________ First__________________________
2. Address: ____________________________________________
3. Nationality: _________________________________
4. Day-time Tel: ____________________________ 5. Evening Tel:__________________________
6. Cell Phone: _______________________________

Please tick the appropriate box

7. Sex: □ Male      □ Female
8. Age group: □ 15-24    □ 25-34    □ 35-44    □ 45+
9. Education Level: □ None    □ Primary    □ Secondary    □ Tertiary
10. Are you currently employed? □ Yes      □ No (go to #13)
11. Place of Employment; ________________________________________________________________
12. What is your occupation? __________________________________________________________
13. How knowledgeable are you in the use of handheld technology (tablets, smartphone):
   □ Very Knowledgeable □ Just Knowledgeable □ Not Knowledgeable at all
14. Do you have access to a Vehicle? □ Yes      □ No
15. Have you worked on a Survey before? □ Yes      □ No (go to #19)
16. What was the name: ____________________________________________________________

17. Where (Country) ____________________________ 18. When (Year): __________________

19. Can you work on Saturday and Sunday?  
   □ Yes  □ No

20. If not on which days can’t you work?  
   □ Saturday □ Sunday

**Agreement**

I hereby certify that I have read all the information contained in this application form and the information given thereon is true and accurate to the best of my knowledge.

Signature of applicant: ____________________________  Date: _____/_____/2020