

## MALTA **SKILLS** SURVEY 2022

CONFIDENTIAL WHEN COMPLETE

The Malta Skills Survey is the first national exercise of its kind. Its focus is the mapping of skills among the working-age population. This exercise is expected to shed light on the skills profile of Malta's workforce. One in every two persons between the age of 15 and 64, and who have been residing in Malta for at least five years, have been selected to participate in this survey.

You are kindly requested to fill in this questionnaire and provide all information to the best of your knowledge.

Participation in this survey is mandatory according to the Malta Statistics Authority Act of 2000. The MSA Act 2000 and the Data Protection Act – Cap. 586 of the Laws of Malta implementing the General Data Protection Regulation (GDPR), empower the NSO to collect confidential data on individuals for the sole purpose of official statistics. In this regard, the NSO gives assurance that all collected data will be confidential and will be used only for statistical purposes in line with the articles and derogations stipulated in the laws quoted above. The NSO commits itself to protecting the identity of all respondents and cannot divulge to third parties data or information that might lead to the identification of individuals or entities.





If you need assistance to answer or fill in the questionnaire,  
kindly contact us on:



**1712**

Monday to Sunday  
8:00am - 8:00pm



Email: [skills.survey@gov.mt](mailto:skills.survey@gov.mt)



Website: [www.skillsnso.gov.mt](http://www.skillsnso.gov.mt)



## SECTION A - Personal Information

● **A1. Name**

● **A2. Surname**

● **A3. Insert your Maltese Identity card number or Residence card number**

Notes:

- Include the ID card letter (e.g. M, G, L, H, A, etc.) (e.g. 0123456M).
- If you do not hold a national ID card, provide any other official identification number (e.g. passport number)

● **A4. Indicate your sex**

<sub>1</sub> Male

<sub>2</sub> Female

<sub>3</sub> Other

● **A5. Insert your date of birth**

D	D	M	M	Y	Y	Y	Y

● **A6. Address details**

House Number

House Name

Entrance/Block  
(e.g. Ent. A, Block 2)

Flat Number

Street Name

Locality

Postcode

● **A7. Preferred contact number/s**

## SECTION B - Work Experience

● **B1. What is your main labour status?**

Note: Unpaid family workers, paid apprenticeship or traineeship should be included with 'Employee'.

(Mark one circle only)

<input type="radio"/> <sub>1</sub>	Employee	→ B3
<input type="radio"/> <sub>2</sub>	Self-employed with employees	→ B3
<input type="radio"/> <sub>3</sub>	Self-employed without employees	→ B3
<input type="radio"/> <sub>4</sub>	Unemployed (looking for work)	
<input type="radio"/> <sub>5</sub>	Student and/or person having an unpaid working experience	
<input type="radio"/> <sub>6</sub>	Inactive e.g. retired/cannot work due to illness or disability/taking care of the house and/or family	

● **B2. Have you ever worked for monetary compensation (salary) or compensation in kind, or for profit, for a period of at least three (3) months?**

(Mark one circle only)

<input type="radio"/> <sub>1</sub>	Yes	
<input type="radio"/> <sub>2</sub>	No	→ C1

In the following questions you will be asked to provide information about your most recent 3 jobs, which includes your current job (or jobs) if you are currently employed. Only include jobs with a minimum duration of three (3) months.

● **B3. Please answer the following questions in relation to your current main or most recent job. If you are currently without a job, please answer in relation to your most recent job.**

**B3a. Insert your current main or most recent job title**

(e.g. primary teacher, carpenter, clerk, etc.)

**B3b. Provide a brief description of this job**

(e.g. teaching in a primary school, making furniture, work in an office, etc.)

**B3c. Indicate the year when this job started**

Year when job started	Y	Y	Y	Y

**B3d. Has this job ended?**

<input type="radio"/> Yes - indicate the year when this job ended (YYYY)	Y	Y	Y	Y
<input type="radio"/> No, job is still ongoing				

Please answer the following questions in relation to any other current or past job/s.

**Notes:**

- If you currently have more than one job (e.g. one full-time and one part-time) provide details in relation to your second job, otherwise provide information about any previous full-time or part-time jobs.
- If in the course of employment within the same company, you had different job titles, please consider these as separate jobs, e.g. waiter, restaurant manager.

● **B4. Identify any other current or past job.**

**B4ii. No other job** → C1

**B4a. Insert title of any other current or past job**  
(e.g. primary teacher, carpenter, clerk, etc.)

--

**B4b. Provide a brief description of this job**  
(e.g. teaching in a primary school, making furniture, work in an office, etc.)


**B4c. Indicate the year when this job started**

Year when job started	Y	Y	Y	Y

**B4d. Has this job ended?**

<input type="radio"/> Yes - indicate the year when this job ended (YYYY)	Y	Y	Y	Y
<input type="radio"/> No, job is still ongoing				

● **B5. Identify any other current or past job.**

**B5ii. No other job** → C1

**B5a. Insert title of any other current or past job**  
(e.g. primary teacher, carpenter, clerk, etc.)

--

**B5b. Provide a brief description of this job**  
(e.g. teaching in a primary school, making furniture, work in an office, etc.)


**B5c. Indicate the year when this job started**

Year when job started	Y	Y	Y	Y

**B5d. Has this job ended?**

<input type="radio"/> Yes - indicate the year when this job ended (YYYY)	Y	Y	Y	Y
<input type="radio"/> No, job is still ongoing				

## SECTION C - Education and Qualifications

- **C1. Select ALL the qualifications that you have successfully attained and, where applicable, indicate the number of qualifications for each level in the space provided.**

(Mark all that apply)

Qualifications	C1a. Obtained (Mark all that apply)	C1b. Number of qualifications
1. No qualifications	<input type="checkbox"/>	
2. Secondary school leaving certificate - <b>EQF/MQF 2</b>	<input type="checkbox"/>	
3. O Levels/SEC/GCE - <b>EQF/MQF 3</b>	<input type="checkbox"/>	
4. Intermediate Levels - <b>EQF/MQF 3/4</b>	<input type="checkbox"/>	
5. A'Levels - <b>EQF/MQF 4</b>	<input type="checkbox"/>	
6. Trade School qualifications (pre-2000) - <b>EQF/MQF 3</b>	<input type="checkbox"/>	<input style="width: 100px; height: 30px;" type="text"/>
7. Post-secondary Trade School qualifications (pre-2000); e.g. Fellenberg, Technical Institute, Secretarial School, etc. - <b>EQF/MQF 4</b>	<input type="checkbox"/>	<input style="width: 100px; height: 30px;" type="text"/>
8. Introductory Certificate, Foundation Certificate or equivalent - <b>EQF/MQF 1/2</b>	<input type="checkbox"/>	<input style="width: 100px; height: 30px;" type="text"/>
9. First Diploma or equivalent - <b>EQF/MQF 3</b>	<input type="checkbox"/>	<input style="width: 100px; height: 30px;" type="text"/>
10. Advanced, Extended, National Diploma or equivalent - <b>EQF/MQF 4</b>	<input type="checkbox"/>	<input style="width: 100px; height: 30px;" type="text"/>
11. Higher National Diploma (HND), HTD, Undergraduate Diploma or equivalent - <b>EQF/MQF 5</b>	<input type="checkbox"/>	<input style="width: 100px; height: 30px;" type="text"/>
12. Bachelor's Degree or equivalent - <b>EQF/MQF 6</b>	<input type="checkbox"/>	<input style="width: 100px; height: 30px;" type="text"/>
13. Postgraduate Diploma or equivalent - <b>EQF/MQF 7</b>	<input type="checkbox"/>	<input style="width: 100px; height: 30px;" type="text"/>
14. Master's Degree or equivalent - <b>EQF/MQF 7</b>	<input type="checkbox"/>	<input style="width: 100px; height: 30px;" type="text"/>
15. Doctorate - <b>EQF/MQF 8</b>	<input type="checkbox"/>	<input style="width: 100px; height: 30px;" type="text"/>
16. Other (Please specify any other qualifications in question C3)	<input type="checkbox"/>	<input style="width: 100px; height: 30px;" type="text"/>

● **C2. Qualification name**

Please include full name of successfully attained qualification including the main area/s of study (e.g. Bachelor of Commerce (Hons) in Economics).

Note: These options refer only to options 6 to 15 in question C1.

Qualifications	C2a. Name of the qualification/s, including area/s of study
6. Trade School qualifications (pre-2000) - <b>EQF/MQF 3</b>	<hr/> <hr/> <hr/>
7. Post-secondary Trade School qualifications (pre-2000) - e.g. Fellenberg, Technical Institute, Secretarial School, etc. - <b>EQF/MQF 4</b>	<hr/> <hr/> <hr/>
8. Introductory Certificate, Foundation Certificate or equivalent - <b>EQF/MQF 1/2</b>	<hr/> <hr/> <hr/>
9. First Diploma or equivalent - <b>EQF/MQF 3</b>	<hr/> <hr/> <hr/>
10. Advanced, Extended, National Diploma or equivalent - <b>EQF/MQF 4</b>	<hr/> <hr/> <hr/>
11. Higher National Diploma (HND), HTD or Undergraduate Diploma or equivalent - <b>EQF/MQF 5</b>	<hr/> <hr/> <hr/>
12. Bachelor's Degree or equivalent - <b>EQF/MQF 6</b>	<hr/> <hr/> <hr/>
13. Postgraduate Diploma or equivalent - <b>EQF/MQF 7</b>	<hr/> <hr/> <hr/>
14. Master's Degree or equivalent - <b>EQF/MQF 7</b>	<hr/> <hr/> <hr/>
15. Doctorate - <b>EQF/MQF 8</b>	<hr/> <hr/> <hr/>



● **C3. Mention any other qualifications or certificates.**

Note: Mention ALL other qualifications or certificates which were not mentioned in the previous questions, including short courses.

*Examples: Certificate in Food Handling, Award in IT Skills for Accountants, Award in Dairy Cattle Production and Husbandry, Certificate in Interior Design, Certificate in Plastering and Tile laying, Award in Quantity Surveying, etc.*

Specify name of the other qualifications/certifications
Other qualification/certification 1:
Other qualification/certification 2:
Other qualification/certification 3:
Other qualification/certification 4:
Other qualification/certification 5:
Other qualification/certification 6:
<input type="radio"/> No other qualification/certification → D1

## SECTION D - Licences

● **D1. Do you have any of the following licences?**

Notes:

- Include all licences, irrespective of whether licence is valid or expired.
- Should you have any other licence/s which are not featured in the list, select the 'Other licence/s' option and specify any other licence/s in question D2.

(Mark all that apply)

Licences	(Mark all that apply)
1. Driving Licence	<input type="checkbox"/>
2. Nautical Licence	<input type="checkbox"/>
3. Trade Licence	<input type="checkbox"/>
4. Tourist Guide Licence	<input type="checkbox"/>
5. Real Estate Licence	<input type="checkbox"/>
6. Wireman Licence 'A' / 'B'	<input type="checkbox"/>
7. Stone Mason Licence	<input type="checkbox"/>
8. Fireworks Licence	<input type="checkbox"/>
9. Firearms Licence	<input type="checkbox"/>
10. Private Guard Licence	<input type="checkbox"/>
11. Other Licence/s → D2	<input type="checkbox"/>
12. No Licences → E1	<input type="checkbox"/>

● **D2. Specify any other licences.**

Licence 1

Licence 2

Licence 3

Licence 4

Licence 5

## SECTION E - Skills

In this section consider any skills that you have and use, or believe you would be able to use for work purposes.

*Example: If you know how to cook but you do not believe you have the level of skill necessary to work as a chef, do not list that as one of your skills.*

- **E1a. Select all the artistic and creative skills that you have. Please select the skills that you either use, or believe you would be able to use, for work purposes.**

*Note: Should you have any other skill/s which are not featured in the list, select the 'Other artistic and creative skill/s' option and specify any other skill/s in question E1b.*

(Mark all that apply)

Artistic and creative skills	I have this skill (Mark all that apply)
1. Dancing	<input type="checkbox"/>
2. Singing	<input type="checkbox"/>
3. Drama	<input type="checkbox"/>
4. Painting/Art	<input type="checkbox"/>
5. Culinary/Cooking	<input type="checkbox"/>
6. Playing a musical instrument	<input type="checkbox"/>
7. Decorating/Designing indoor or outdoor spaces	<input type="checkbox"/>
8. Crafts <i>e.g. ganutell, tapestry</i>	<input type="checkbox"/>
9. Flower arranging	<input type="checkbox"/>
10. Designing systems and products, <i>e.g. electrical or electronic equipment, structures or facilities, developing recipes or menus</i>	<input type="checkbox"/>
11. Tattooing	<input type="checkbox"/>
12. Sports	<input type="checkbox"/>
13. Other artistic and creative skill/s → E1b	<input type="checkbox"/>
14. I do not have any artistic and creative skills → E2a	<input type="checkbox"/>

**E1b. Specify any other artistic and creative skill/s.**

- **E2a. Select all the construction and related skills that you have. Please select the skills that you either use, or believe you would be able to use, for work purposes.**

For each skill you have selected, indicate any relevant qualification, if applicable.

*Note: Should you have any other skill/s which are not featured in the list, select the 'Other construction and related skill/s' option and specify any other skill/s in question E2b.*

(Mark all that apply)

Construction and related skills	Mark all that apply and insert <u>qualification name</u> (If applicable)
1. Building <i>e.g. brick laying, masonry, installing concrete components, metal and wooden structures, roofing skills</i>	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
2. Welding, soldering or brazing	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
3. Installing heating, ventilation and air conditioning equipment	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
4. Installing plumbing or piping equipment or systems	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
5. Installing insulation materials	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
6. Plastering	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
7. Painting	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
8. Tile-laying	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
9. Making moulds and casts <i>e.g. cast metal, master models</i>	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
10. Other construction and related skill/s → E2b	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
11. I do not have any construction and related skills → E3a	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>

- E2b. Specify any other construction and related skill/s. For each skill indicate any relevant qualification, if applicable.

---



---

- E3a. Select all the agriculture, fishing and related skills that you have. Please select the skills that you either use, or believe you would be able to use, for work purposes.

For each skill you have selected, indicate any relevant qualification, if applicable.

*Note: Should you have any other skill/s which are not featured in the list, select the 'Other agriculture, fishing and related skill/s' option and specify any other skill/s in question E3b.*

(Mark all that apply)

Agriculture, fishing and related skills	Mark all that apply and insert <u>qualification name</u> (If applicable)	
1. Handling animals <i>e.g. feeding, grooming, training animals</i>	<input type="checkbox"/>	
2. Animal farming <i>e.g. tending, breeding, moving, herding, slaughtering</i>	<input type="checkbox"/>	
3. Cultivating land and crops <i>e.g. planting crops or trees, pruning, cutting and harvesting</i>	<input type="checkbox"/>	
4. Fishing	<input type="checkbox"/>	
5. Fabricating food-related products <i>e.g. cheeselet production, sundried tomatoes, olives, tuna in brine, apply preservation treatments</i>	<input type="checkbox"/>	
6. Other agriculture, fishing and related skill/s → B3b	<input type="checkbox"/>	
7. I do not have any agriculture, fishing and related skills → B4a	<input type="checkbox"/>	

- E3b. Specify any other agriculture, fishing and related skill/s. For each skill indicate any relevant qualification, if applicable.

---



---

- E4a. Select all the **tools, machinery and related skills** that you have. Please select the skills that you either use, or believe you would be able to use, for work purposes.

For each skill you have selected, indicate any relevant qualification, if applicable.

*Note: Should you have any other skill/s which are not featured in the list, select the 'Other tools, machinery and related skill/s' option and specify any other skill/s in question E4b.*

(Mark all that apply)

	Tools, machinery and related skills		Mark all that apply and insert <u>qualification name</u> (If applicable)
1.	Operating excavation and demolition equipment <i>e.g. bobcat, excavator, chainsaw, jack hammer</i>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 30px;"></div>
2.	Operating lifting or moving equipment <i>e.g. cranes, forklifters, furniture lifter</i>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 30px;"></div>
3.	Operating watercraft <i>e.g. ships, boats, fishing vessels</i>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 30px;"></div>
4.	Carpentry <i>e.g. operating wood processing machinery such as sanders, cutters</i>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 30px;"></div>
5.	Operating machinery for the manufacture of products <i>e.g. packaging, textiles, food processing, metal and plastic forming equipment</i>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 30px;"></div>
6.	Installing, maintaining and repairing mechanical equipment <i>e.g. mechanic</i>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 30px;"></div>
7.	Panel beating and spray painting	<input type="checkbox"/>	<div style="border: 1px solid black; height: 30px;"></div>
8.	Vehicle electrician	<input type="checkbox"/>	<div style="border: 1px solid black; height: 30px;"></div>
9.	Installing and repairing electrical, electronic and precision equipment <i>e.g. electricity and wiring installation (electrician), solar panels, appliances repair</i>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 30px;"></div>

← continued from previous page

- E4a. Select all the **tools, machinery and related skills** that you have. Please select the skills that you either use, or believe you would be able to use, for work purposes.

Tools, machinery and related skills	Mark all that apply and insert <u>qualification name</u> (If applicable)
10. Assembling mechanical products <i>e.g. assembling machines, bicycles</i>	<input type="checkbox"/> <input type="text"/>
11. Assembling electrical and electronic products <i>e.g. assembling robots, sensors, telecommunications equipment</i>	<input type="checkbox"/> <input type="text"/>
12. Assembling and installing furniture	<input type="checkbox"/> <input type="text"/>
13. Handling, collecting, storing and disposing of hazardous materials, such as toxic waste, pyrotechnical materials, flammable substances	<input type="checkbox"/> <input type="text"/>
14. Other tools, machinery and related skill/s → E4b	<input type="checkbox"/> <input type="text"/>
15. I do not have any tools, machinery and related skills → E5a	<input type="checkbox"/> <input type="text"/>

- E4b. Specify any other tools, machinery and related skill/s. For each skill indicate any relevant qualification, if applicable.

---

---

---

- **E5a. Select all the assistance, care and related skills that you have. Please select the skills that you either use, or believe you would be able to use, for work purposes.**

For each skill you have selected, indicate any relevant qualification, if applicable.

Notes:

- This includes providing assistance, nurturing, care, service and support to people, and ensuring compliance to guidelines or laws, e.g. providing medical assistance, therapy, child care, care for the elderly and persons with disability, general assistance to the public, beauty care, and protecting and enforcing.
- Should you have any other skill/s which are not featured in the list, select the 'Other assistance, care and related skill/s' option and specify any other skill/s in question E5b.

(Mark all that apply)

Assistance, care and related skills		Mark all that apply and insert <u>qualification name</u> (If applicable)	
1.	Providing basic medical assistance <i>e.g. first aid, administering medicine</i>	<input type="checkbox"/>	<input type="text"/>
2.	Assisting people with mobility <i>e.g. tending to guests with special needs, transferring patients</i>	<input type="checkbox"/>	<input type="text"/>
3.	Providing therapy <i>e.g. physiotherapy, psychotherapy, speech therapy, occupational therapy, etc.</i>	<input type="checkbox"/>	<input type="text"/>
4.	Assisting with personal needs <i>e.g. providing domestic care, tending to the elderly</i>	<input type="checkbox"/>	<input type="text"/>
5.	Caring for children <i>e.g. supervising, playing, assisting in homework</i>	<input type="checkbox"/>	<input type="text"/>
6.	Assisting public and clients <i>e.g. attending to requests from clients, guests or members of the public, customer care, receptionist duties</i>	<input type="checkbox"/>	<input type="text"/>
7.	Providing hair and beauty treatments <i>e.g. hairdressing, nail artist/technician, facials</i>	<input type="checkbox"/>	<input type="text"/>
8.	Protecting and enforcing <i>e.g. protecting privacy and personal data, maintaining and enforcing physical security such as police, security guard, life guard duties</i>	<input type="checkbox"/>	<input type="text"/>
9.	Other assistance, care and related skill/s → E5b	<input type="checkbox"/>	<input type="text"/>
10.	I do not have any assistance, care and related skills → E6a	<input type="checkbox"/>	<input type="text"/>



- E5b. Specify any other assistance, care and related skill/s. For each skill indicate any relevant qualification, if applicable.

---



---

- E6a. Select all the communication, collaboration and related skills that you have. Please select the skills that you either use, or believe you would be able to use, for work purposes.

For each skill you have selected, indicate any relevant qualification, if applicable.

*Note: Should you have any other skill/s which are not featured in the list, select the 'Other communication, collaboration and related skill/s' option and specify any other skill/s in question E6b.*

(Mark all that apply)

Communication, collaboration and related skills	Mark all that apply and insert <u>qualification name</u> (If applicable)
1. Teaching and training of academic or vocational subjects <i>e.g. lecturing, mentoring, car instructor</i>	<input type="checkbox"/> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>
2. Presenting research or technical information <i>e.g. delivering visual presentation of data</i>	<input type="checkbox"/> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>
3. Envisioning and developing strategies, plans and programmes <i>e.g. developing business case, drawing up a marketing and sales plan, creating a financial plan, planning research process</i>	<input type="checkbox"/> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>
4. Promoting, advertising and marketing goods, services, programmes or policies <i>e.g. performing public relations, advertising a new product</i>	<input type="checkbox"/> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>
5. Interviewing and obtaining information from others <i>e.g. identifying customer needs, interacting with users to gather requirements</i>	<input type="checkbox"/> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>
6. Solving problems <i>e.g. developing solutions, implementing new procedures or processes</i>	<input type="checkbox"/> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>
7. Translating and interpreting another language in written or spoken form	<input type="checkbox"/> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>
8. Teaching sports including gym instruction	<input type="checkbox"/> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>
9. Monitoring, inspecting and testing equipment, systems and products <i>e.g. performing test run, testing vehicles, monitoring traffic conditions, inspecting cargo</i>	<input type="checkbox"/> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>

← continued from previous page

- E6a. Select all the **communication, collaboration and related skills** that you have. Please select the skills that you either use, or believe you would be able to use, for work purposes.

Communication, collaboration and related skills	Mark all that apply and insert <u>qualification name</u> (If applicable)
10. Coordinating activities with others	<input type="checkbox"/> <input type="text"/>
11. Advising and consulting <i>e.g. financial, medical advice</i>	<input type="checkbox"/> <input type="text"/>
12. Leading and motivating <i>e.g. inspiring employees</i>	<input type="checkbox"/> <input type="text"/>
13. Supervising a team or group	<input type="checkbox"/> <input type="text"/>
14. Other communication, collaboration and related skill/s → E6b	<input type="checkbox"/> <input type="text"/>
15. I do not have any communication, collaboration and related skills → E7a	<input type="checkbox"/> <input type="text"/>

- E6b. Specify any other communication, collaboration and related skill/s. For each skill indicate any relevant qualification, if applicable.

---

---

---

- E7a. Select all the **information and related skills** that you have. Please select the skills that you either use, or believe you would be able to use, for work purposes.

For each skill you have selected, indicate any relevant qualification, if applicable.

*Note: Should you have any other skill/s which are not featured in the list, select the 'Other information and related skill/s' option and specify any other skill/s in question E7b.*

(Mark all that apply)

Information and related skills	Mark all that apply and insert <u>qualification name</u> (If applicable)	
1. Reading and interpreting technical documentation and diagrams <i>e.g. blueprints, architectural plans, electrical wiring diagrams</i>	<input type="checkbox"/>	
2. Conducting studies, investigations and examinations <i>e.g. conducting surveys, interpreting evidence, conducting clinical research, diagnosing medical conditions, investigating crime reports</i>	<input type="checkbox"/>	
3. Documenting technical designs, procedures, problems or activities <i>e.g. creating documented procedures, providing manufacturing documentation</i>	<input type="checkbox"/>	
4. Gathering information from physical or electronic sources <i>e.g. collecting data, obtaining financial information</i>	<input type="checkbox"/>	
5. Entering and transforming information in electronic or other information systems <i>e.g. formatting documents, transcribing data</i>	<input type="checkbox"/>	
6. Analysing data of scientific, medical, financial, or economic nature <i>e.g. following-up lab results, interpreting medical results, identifying statistical patterns</i>	<input type="checkbox"/>	
7. Performing risk analysis and management <i>e.g. drawing up risk assessment, applying risk management processes</i>	<input type="checkbox"/>	
8. Technical or academic writing <i>e.g. proofreading, writing manuals, drafting legislation</i>	<input type="checkbox"/>	
9. Other information and related skill/s → E7b	<input type="checkbox"/>	
10. I do not have any information and related skills → E8a	<input type="checkbox"/>	

**E7b. Specify any other information and related skill/s. For each skill indicate any relevant qualification, if applicable.**

---



---

- **E8a. Select all the computer and related skills that you have. Please select the skills that you either use, or believe you would be able to use, for work purposes.**

For each skill you have selected, indicate any relevant qualification, if applicable.

*Note: Should you have any other skill/s which are not featured in the list, select the 'Other computer and related skill/s' option and specify any other skill/s in question E8b.*

(Mark all that apply)

Computer and related skills	Mark all that apply and insert <u>qualification name</u> (If applicable)
1. Basic computer skills <i>e.g. word processing, spreadsheets, presentations</i>	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
2. Programming computer systems <i>e.g. using of query languages, writing computer programming code</i>	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
3. <i>Setting up of computer systems</i> <i>e.g. installing software or operating systems</i>	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
4. Protecting Information and Communication Technology (ICT) devices and resolving computer problems <i>e.g. removing computer viruses, implementing computer recovery systems, maintaining database security</i>	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
5. Managing and analysing digital data <i>e.g. performing data cleansing, creating digital files, digitising documents</i>	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
6. Designing computer systems and applications <i>e.g. creating software design</i>	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
7. Using computer (CAD) aided design and drawing tools <i>e.g. using software tools, digital mapping</i>	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
8. Using digital tools for processing sound and images <i>e.g. editing photographs, synchronising sound with images, film editing</i>	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
9. Controlling machinery with digital tools <i>e.g. entering commands, instructions, or specifications into a machine or equipment</i>	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
10. Other computer and related skill/s → E8b	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>
11. I do not have any computer and related skills → E9	<input type="checkbox"/> <input style="width: 100%; height: 30px;" type="text"/>

- **E8b. Specify any other computer and related skill/s. For each skill indicate any relevant qualification, if applicable.**

---



---

● **E9. Do you have any other skill/s that you either use, or believe you would be able to use, for work purposes?**

For each skill, indicate any relevant qualification, if applicable.

(Mark one circle only)

<input type="radio"/> <sub>1</sub> Yes - Specify
Other Skill 1:
Other Skill 2:
Other Skill 3:
Other Skill 4:
Other Skill 5:
<input type="radio"/> <sub>2</sub> No

● **E10. Do you want to improve upon your skills or acquire any new skill/s for work purposes?**

(Mark one circle only)

<input type="radio"/> <sub>1</sub> Yes	→ E10b
<input type="radio"/> <sub>2</sub> No	→ F1

● **E10b. Specify which skill/s you want to improve upon or acquire.**

Skill 1:
Skill 2:
Skill 3:
Skill 4:
Skill 5:

● **E11. Would you be interested in participating in training courses to improve upon your skills or acquire new skill/s?**

(Mark one circle only)

<input type="radio"/> <sub>1</sub> Yes
<input type="radio"/> <sub>2</sub> No

● **E12. Are these skills that you want to improve upon or acquire needed in your current job?**

(Mark one circle only)

<input type="radio"/> <sub>1</sub> Yes
<input type="radio"/> <sub>2</sub> No

## SECTION F - Languages

This section will ask questions about language skills. Include all languages for which you have some level of knowledge, even if you are only a basic user.

● **F1. Select all the languages you speak and/or understand.**

*Note: Should you have knowledge of any other language/s which are not featured in the list, select the 'Other' option and specify any other language/s in question F1b.*

(Mark all that apply)

Language		Language	
Maltese	<input type="checkbox"/> → F2	German	<input type="checkbox"/> → F2
English	<input type="checkbox"/> → F2	Spanish	<input type="checkbox"/> → F2
Italian	<input type="checkbox"/> → F2	Arabic	<input type="checkbox"/> → F2
French	<input type="checkbox"/> → F2	Other	<input type="checkbox"/> → F1b

● **F1b. Specify any other language/s.**

Other language 1:

Other language 2:

Other language 3:

Other language 4:

Other language 5:

● F2. What is your level of proficiency in these languages?

Note: Please answer with reference to the languages chosen in question F1.

Language	Listening Level	Reading Level	Speaking Level	Writing Level
Maltese	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced
English	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced
Italian	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced
French	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced
German	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced
Spanish	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced
Arabic	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced
Language from F1b	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced
Language from F1b	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced
Language from F1b	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced
Language from F1b	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced
Language from F1b	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced	<input type="checkbox"/> 0=No knowledge <input type="checkbox"/> 1=Beginner <input type="checkbox"/> 2=Intermediate <input type="checkbox"/> 3=Advanced



---

---

END