

Republika ng Pilipinas
(Republic of the Philippines)
MINISTRI NG EDUKASYON AT KULTURA
(MINISTRY OF EDUCATION AND CULTURE)
Manila

September 19, 1978

MBC MEMORANDUM
No. 256, s. 1978

SURVEY OF THE NUMBER, NEEDS AND PROBLEMS OF
WORKING STUDENT'S BELOW 21 YEARS OLD

To: Bureau Directors
Regional Directors
Coordinator, State Colleges and Universities
Schools Superintendents
Heads of Private Schools, Colleges
and Universities

1. In preparation for the celebration of the International Year of the Child (1979), the Bureau of Women and Minors is conducting a survey to determine the number, needs and problems of working minors.
2. For this purpose survey forms are herewith provided which should be accomplished by all working students below 21 years old now enrolled in all elementary and secondary schools, colleges and universities, and special training and vocational schools or systems throughout the country.
3. It is further requested that the accomplished survey forms be submitted direct to the Director, Bureau of Women and Minors, Ministry of Labor, 5th Floor, Phoenix Building, Intramuros, Manila before December 31, 1978.
4. Your cooperation in this regard is enjoined.

(SGE.) JUAN L. MANUEL
Minister of Education and Culture

Incl.:
as stated

Reference:
None

Allotment: 1-2-3-4--(D.O. 1-76)

To be indicated in the Perpetual Index
under the following subjects:

~~BUREAUS & OFFICES~~ ~~UNIVERSITIES~~
~~CELEBRATIONS & FESTIVALS~~ ~~SCHOOLS~~ and COLLEGES
~~FORMS~~ ~~STUDENTS~~

Republic of the Philippines
Ministry of Labor
BUREAU OF WOMEN AND MINORS
Manila

SURVEY OF WORKING MINORS

PERSONAL DATA

1. Name _____ 2. Sex _____ 3. Age _____ 4. Civil Status _____
4(1) If married, no. of children _____
4(2) Occupation and monthly income of husband/wife _____ P _____
4(3) If single, how many children are you in the family? _____
4(4) Occupation and monthly income of parents _____ P _____
5. Change of residence during the last 5 years: _____

6. Provincial address _____ City address _____

7. Highest grade/year completed _____

8. School/Year last attended _____

9. In school Out of school

10. If out of school, do you desire to go back to school? Yes _____ No _____

10(1) If yes, what course would you like to take? _____

10(2) If no, why? Please check:

- _____ Lack of interest
_____ Lack of financial support
_____ feels too old to go back to school
_____ conflict of work and class schedule
_____ others, please write _____

11. Please write your hobbies _____

12. Needs and aspiration in life _____

INFORMATION ON EMPLOYMENT

1. Age started working _____ 2. Type of present job _____

2. Job experiences - Please state 2 previous employment

Position/Occupation: _____ Average Income _____ Reason for transfer or resignation _____

_____ : _____

_____ : _____

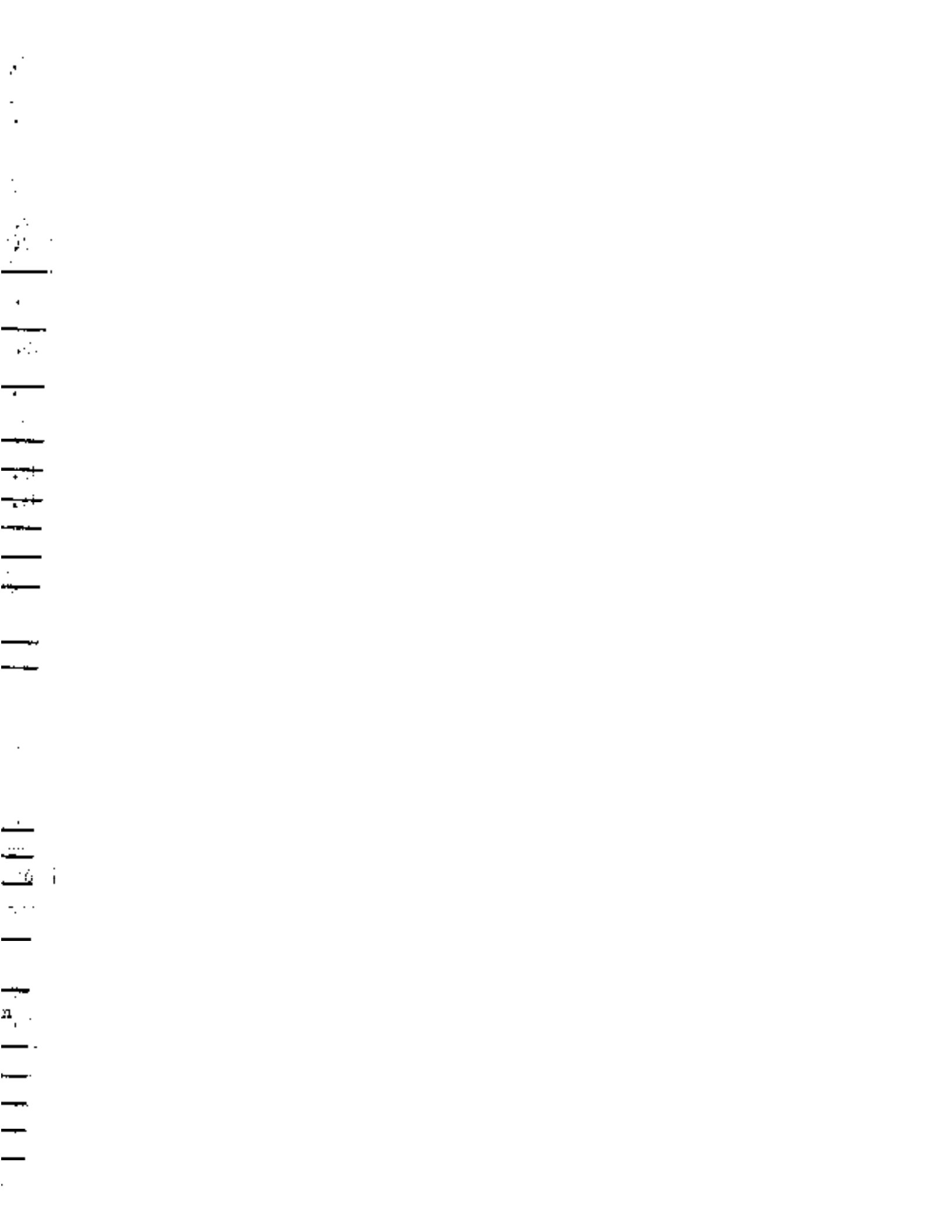
_____ : _____

Status of employment: Permanent _____ Temporary _____ Casual _____

Probational _____ Apprentice _____ Learner _____

Interest in the job: Interested _____ Not interested _____

If interested, why? Please check. If not, why? Please check.



others, please specify _____

7. Time of work: From _____ To _____

8. Name & Address of Establishment _____

9. Mode & Rate of Pay: Daily P _____ Bi-monthly P _____ Monthly P _____

10. Do you have any deductions? Yes _____ No _____

10(1) If yes, for what? Nature _____ How much _____

11. Which of the following benefits do you enjoy?

_____ Emergency living allowance F _____

_____ 13th Month Pay F _____

_____ Holiday Pay F _____

_____ Incentive Leave Pay F _____

_____ Premium Pay F _____

_____ Night Differential Pay F _____

12. Given the choice, would you like to shift to another job? Yes _____ No _____

12(1) If yes, what job? _____ Why? _____

12(2) If no, why? Please write _____

13. Other sources of income _____

14. Facilities given in your place of employment:

_____ Comfort room _____ Lavatory _____ Dressing room _____ seats _____

_____ others, please specify _____

15. Services given in your place of employment: first aid _____

_____ dental _____ medical _____ others, please specify _____

16. Welfare programs offered in your place of employment

_____ family planning _____ nutrition education _____

_____ health education _____ guidance and counselling _____

_____ others, please specify _____ recreational facilities _____

17. Membership in Union/Organization _____ Yes _____ No _____

17(1) If yes, name and address of Union/Organization _____

18. What other occupational skills do you have? _____

(e.g. carpentry, handicrafts, etc.) _____

19. Problems met related to job _____

Date _____

Signature of Respondent _____

Please send to:
BUREAU OF WOMEN AND MINORS
Ministry of Labor
5th Floor, Phoenix Building
Rocelco Street
Intramuros, Metro Manila

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