

TOOL 41

Rapid registration list, Inter-agency Working Group on Unaccompanied and Separated Children

 Agency

 Name of interviewer

 Date

 Location (State/Province)

No.	Child's full name	Date of birth	Sex	Name of caregiver	Relationship to caregiver	Status	Location/contact	Comments (include priority/urgency)
1								
2								
3								
4								
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TOOL 42

Registration Form for UASC, IAWG

Inter-Agency Working Group
on Unaccompanied and Separated Children

REGISTRATION FORM

NOTE: The shaded areas of the form are for you to complete without asking directly these questions to the child.

Does the child understand why the information is collected, how it will be used and agrees to be registered? yes no

① Data Confidentiality

Have you re-explained to the child what the information will be used for and what the process will be? yes no

Does the child/caregiver agree to the public disclosure (on posters, radio, Internet, etc.) of his/her:

a. name yes no b. photo yes no c. names of relatives yes no

(Explain how information will be made public, how their identity will be kept confidential and how sharing information may increase chances of successful tracing)

Specify what information should be withheld:

Additional information (state if permission given by caregiver):

Does the child agree that the information collected can be shared with:

a. Family yes no b. Authorities yes no c. Other Organizations yes no

d. Others yes no Specify who:

Reason for withholding information (can select multiple)

fear of harm to themselves or others

Want to communicate information themselves

Other reason - specify:

Additional information (state if permission given by caregiver):

② Child's Personal Details**Registration ID** (generated by the database):**Other Agency ID** (No.): **Name of Agency:****Personal ID document** (Type and No.):**Is the child:** ☐ Separated ☐ Or Unaccompanied **Urgent protection concern** ☐ yes ☐ no**Child's First name** **Second name** **Third name****Nickname** **Other name** (after separation) **Sex:** F M**Age:** **Estimated:** yes no **Birth date:****Nationality:** **Religion:** **Languages:****Arrival date:** **Description:****Address before separation:** Country: Region: District:

Village: Street: Landmarks:

Description:

Current address: Country: Region: District:

Village: Street: Landmarks:

Telephone Number:**Distinguishing Physical Characteristics** (eg birthmarks of visible disabilities):
.....
.....
.....

③ Wishes of the Child

If the child DOES want family reunification: adults child wishes to locate

1st preference: Relationship:

First name: Second name: Third name:

Last known address: Country: Region: District:

Village: Street: Landmarks:

Telephone Number:

Does the child wish to continue in the current care arrangement? yes no If No, why:

Type of care arrangement child wishes to have:

Independent living	Alternative interim care
With Husband/wife/partner	Don't know
Other family	

④ Family Details

Who was the child living with before separation: Father Mother Other:

Father's First name: Second name: Third name:

Is father alive? yes no don't know

Mother's First name: Second name: Third name:

Is mother alive? yes no don't know

Name of Caregiver (other) before separation (if not mother or father)

First name: Second name: Third name:

Relationship: Is caregiver before separation alive? yes no don't know

Family members (adults or children) child is separated from (other than those named above):

A. First name: Second name: Third name:

Relationship: Sex F M Alive: yes no don't know Occupation:

B. First name: Second name: Third name:

Relationship: Sex F M Alive: yes no don't know Occupation:

C. First name: Second name: Third name:

Relationship: Sex F M Alive: yes no don't know Occupation:

Family members/other important persons child is with (adults or children):

First Name	Second Name	Third name	Relationship	Database ID	Other ID	Sex (F/M)	Age
.....
.....
.....
.....
.....

5 Current care arrangements**What are the child's current care arrangements?**

Residential Care Centre

Independent Living

Name of current caregiver:

ID Type and No:

Stays with related caregiver

Child Headed Household

Other (Please specify):

Relationship of this person to the child:

Age: Contact details (telephone):

Stays with unrelated caregiver

Lives with peers/other children

6 History of Separation

Date of separation:

Place of separation: Country: Region: District:

Village: Street: Landmarks:

.....

.....

NOTE: the below must not be asked as direct question but through general dialogue with the child or if they are raised by the child directly

7 Protection Concerns**Is there any urgent/immediate concern the child would like to raise?****Protection Concerns** (Tick all that apply):☐ Sexually Exploited☐ GBV survivor☐ Trafficked/smuggled☐ Statelessness☐ Arrested/Detained☐ Migrant☐ Disabled☐ Serious Health issue☐ Refugee☐ CAAFAG☐ Street Child☐ Child Mother☐ Physically or Mentally Abused☐ Living with vulnerable person☐ Worst Forms of Child Labor☐ Child Headed Household☐ Mentally Distressed☐ Other

Please provide more information where possible

Other (please specify)

Assessment: ☐ urgent intervention ☐ ongoing monitoring ☐ no further action needed

If further intervention is required, by when (date):

8 Details of Interviewer

Name: Signature:

Position: Agency: Date:

Location of interview: Country: Region: District:

Village: Street: Landmarks:

Information obtained from: ☐ child ☐ caregiver ☐ other (specify):

TOOL 43

Extended Registration Form for UASC, IAWG

Inter-Agency Working Group
on Unaccompanied and Separated Children

EXTENDED REGISTRATION FORM

NOTE: The shaded areas of the form are for you to complete without asking directly these questions to the child.

Does the child understand why the information is collected, how it will be used and agrees to be registered? yes no

Who referred the child to the caseworker?

Has the child been interviewed by another organisation? yes no Please Specify:

Place of previous interview..... Date:

(NOTE: If child has already been interviewed by another organisation, only collect additional information but do not ask the same questions again)

① Data Confidentiality

Have you re-explained to the child what the information will be used for and what the process will be? yes no

Does the child/caregiver agree to the public disclosure (on posters, radio, Internet, etc.) of his/her:

a. name yes no b. photo yes no c. names of relatives yes no

(Explain how information will be made public, how their identity will be kept confidential and how sharing information may increase chances of successful tracing)

Does the child agree that the information collected can be shared with: a. Family yes no b. Authorities yes no

c. Other Organizations yes no d. Others yes no Specify who

Specify what information should be withheld:

Reason for withholding information (can select multiple): fear of harm to themselves or others

Want to communicate information themselves

Other reason

Specify:

Additional information (state if permission given by caregiver):

Signature of child: and/or (optional) caregiver:

2 Child's Personal Details

Registration ID (generated by the database):

Other Agency ID (No.): Name of Agency:

Personal ID document (Type and No.):

Is the child: ☐ Separated ☐ Or Unaccompanied Urgent protection concern ☐ yes ☐ no

Distinguishing Physical Characteristics (eg birthmarks of visible disabilities):.....

.....

.....

Child's First name..... Second name..... Third name

Nickname (also known as) Other name (after separation)..... Sex: F M

Age: Estimated: yes no Birth date:

Nationality: Place of Birth:..... Country:.....

Ethnic Affiliation: Religion: Arrival Date:

Address before separation: Country:..... Region: District:

Village: Street: Landmarks:

Telephone Number:

Description:

Current address: Country:..... Region: District:

Village: Street: Landmarks:

Telephone Number:

③ Wishes of the Child

Does the child want to trace family members? yes no

If the child DOES want family reunification, adults child wishes to locate:

1st preference: Relationship:

First name: Second name: Third name:

Last known address: Country: Region: District:

Village: Street: Landmarks:

Telephone Number:

2nd preference: Relationship:

First name: Second name: Third name:

Last known address: Country: Region: District:

Village: Street: Landmarks:

Telephone Number:

If the child does NOT want family tracing, explain why:

Does the child want family reunification? Yes, as soon as possible Yes but later Not sure No

if 'No', 'Not sure' or 'Yes, but later', explain why:

Does the child wish to continue in the current care arrangement? yes no If No, why:

Type of care arrangement child wishes to have:	Independent living	Alternative interim care
With Husband/wife/partner	Other family	Don't know

Other (please specify):

Where does the child wish/plan to live? Country: Region:

District: Village: Street: Landmarks:

Give any other information of relevance that may assist with tracing for the child (such as key persons/locations in the life of the child who/ which might provide information about the location of the sought family – ex. names of religious leader, market place, etc.)

Please ask the child where he/she thinks his/her relatives, including siblings might be or whether the child is in contact with any family friend (include as well any useful information the caregiver might provide)

List details of any documents carried by the child:

4 Family Details**Who was the child living with before separation:** Father Mother Other (please specify):**Father's** First name: Second name: Third name:

Is father alive? yes no don't know Profession/Occupation

Last known address: Country: Region: District:

Village: Street: Landmarks:

Telephone Number:

Mother's First name: Second name: Third name:

Is mother alive? yes no don't know Profession/Occupation

Last known address: Country: Region: District:

Village: Street: Landmarks:

Telephone Number:

Is the child still in contact with his/her parents? yes no If yes, with whom:

If yes, when was the last contact (date): and how?

If father/mother believed dead, give details, including whether information has been verified:

Name of Caregiver (other) before separation (if not mother or father)

First name: Second name: Third name:

Relationship: Is caregiver before separation alive? yes no don't know

Last known address: Country: Region: District:

Village: Street: Landmarks:

Is the child in contact with his/her caregiver? yes no

If yes, when was the last contact (date): and how?

Family members (adults or children) **child is separated from** (other than those named above):**A.** First name: Second name: Third name:

Relationship: Sex: F M alive? yes no don't know Occupation:

Last known address: Country: Region: District:

Village: Street: Landmarks:

Date of Separation: Comments:

B. First name: Second name: Third name:

Relationship: Sex: F M alive? yes no don't know Occupation:

Last known address: Country: Region: District:

Village: Street: Landmarks:

Date of Separation: Comments:

C. First name: **Second name:** **Third name:**
Relationship: **Sex:** F M **alive?** yes no **don't know** **Occupation:**
Last known address: **Country:** **Region:** **District:**
Village: **Street:** **Landmarks:**
Date of Separation: **Comments:**

Family members/other important persons child is with (adults or children):

NOTE: these are different from the current care giver, whose information is collected below in section 5.

If the child is travelling with other separated or unaccompanied children, a separate registration form will need to be completed for each UASC

First Name	Second Name	Third name	Relationship	Database ID	Other ID	Sex (F/M)	Age
.....
.....
.....
.....

What is the child's intended address:

Country: **Region:** **District:**
Village: **Street:** **Landmarks:**

5 Current care arrangements**What are the child's current care arrangements?**

Residential Care Centre

Independent Living

Stays with related caregiver

Child Headed Household

Other (Please specify):

Stays with unrelated caregiver

Lives with peers/other children

Name of agency providing or supporting care arrangement (if applicable):**Current caregiver:** **First name:** **Second name:** **Third name:****Relationship to the child:** **ID Type and No:** **Age:****Contact details (telephone):** **When did this care arrangement start?:****If current address is temporary, where does caregiver plan to live (repatriate, move, etc):****Country:** **Region:** **District:****Village:** **Street:****Is caregiver willing to continue taking care of the child?** yes no **If yes, for how long:****Does the caregiver know the family of the child?** yes no**Give any information that the caregiver may provide on the child and his/her family:****6 History of Separation****Date of separation** (approximate if child does not know exact date):**Place of separation:** **Country:** **Region:** **District:****Village:** **Street:** **Landmarks:**

Describe the circumstances of separation:

Describe additional movements between place of separation and current location:

Did the child face or witness any type of violence, threat or harm during his/her journey?

What was the main cause of separation? (Tick all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Conflict | <input type="checkbox"/> Poverty | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Death | <input type="checkbox"/> Natural Disaster | <input type="checkbox"/> Repatriation |
| <input type="checkbox"/> Family abuse/violence/exploitation | <input type="checkbox"/> Sickness of family member | <input type="checkbox"/> Population movement |
| <input type="checkbox"/> Lack of access to services/support | <input type="checkbox"/> Entrusted into the care of an individual | <input type="checkbox"/> Migration |
| <input type="checkbox"/> CAAFAG | <input type="checkbox"/> Arrest and detention | <input type="checkbox"/> Divorce/remarriage |
| <input type="checkbox"/> Other (please specify): | | |

NOTE: the below must not be asked as direct question but through general dialogue with the child or if they are raised by the child directly

7 Protection Concerns and related follow up action required

Is there any urgent/immediate concern the child would like to raise?

Protection Concerns (Tick all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Sexually Exploited | <input type="checkbox"/> Disabled | <input type="checkbox"/> Physically or Mentally Abused |
| <input type="checkbox"/> GBV survivor | <input type="checkbox"/> Serious Health issue | <input type="checkbox"/> Living with vulnerable person |
| <input type="checkbox"/> Trafficked/smuggled | <input type="checkbox"/> Refugee | <input type="checkbox"/> Worst Forms of Child Labor |
| <input type="checkbox"/> Statelessness | <input type="checkbox"/> CAAFAG | <input type="checkbox"/> Child Headed Household |
| <input type="checkbox"/> Arrested/Detained | <input type="checkbox"/> Street Child | <input type="checkbox"/> Mentally Distressed |
| <input type="checkbox"/> Migrant | <input type="checkbox"/> Child Mother | <input type="checkbox"/> Other |

Please provide more information where possible

Recommended follow up action/referral: ☐ ongoing monitoring ☐ no further action needed ☐ urgent intervention If intervention required, by when (date):

Services required	Officer/Agency	Comments
<input type="checkbox"/> Medical assistance
<input type="checkbox"/> Psychosocial support
<input type="checkbox"/> Education
<input type="checkbox"/> BID or BIA / Care-Plan required
<input type="checkbox"/> NFI/Clothes/Shoes
<input type="checkbox"/> Water/Sanitation
<input type="checkbox"/> Care arrangement review/change
<input type="checkbox"/> Refer to Refugee Registration
<input type="checkbox"/> Food
<input type="checkbox"/> Other

8 Details of Interviewer

Name: Signature:

Position: Agency: Date:

Location of interview: Country: Region: District:

Village: Street: Landmarks:

Information obtained from: ☐ child ☐ caregiver ☐ other (specify):

TOOL 44

Guidance note on registration form for UASC, Inter-agency Working Group on Unaccompanied and Separated Children

This guidance note is aimed at supporting field/social workers in completing the agreed inter-agency registration form for unaccompanied and separated children. It should be read together with the form, before starting to register children, and be used as part of the training for field/social workers on techniques for interviewing children in emergency contexts. The extended registration form includes similar content but collects more complete information to support the full case management process. Both of these forms can be used as they are or adapted to a particular context.

1. **Before starting the interview as well as at the end, you should explain to the child, using child-friendly language, what information about them is being collected and why.**

Include:

- Your name, who you work with and what your agency does.
 - You will ask some questions about the child – ask if that is OK and explain that he/she doesn't have to answer.
 - Explain that you will be taking notes so that you remember what is said – ask if that is OK.
 - Explain that you need to share some information – explain with who and why – and ask if that is OK.
 - Reassure the child that if there is any information he/she does not want to share, to say so.
2. **Before starting the interview, review what information is already available on the child.** If the child has already been interviewed by another organization, try to find that information and make sure you do NOT ask the same questions again.
 3. **The shaded areas of the form are for you to complete without asking these questions directly to the child.** This information should reflect case coding and the analysis of the child that the field/social worker makes and his/her recommendations for follow-up and next steps.
 4. **The wording of the questions on this form should serve as a guide.** The way questions are phrased and how they are asked should be adapted according to the age of the child being interviewed, how willing he/she is

to give information, the nature and sensitivity of the question, and the local context and culture.

5. Section 1 – Data confidentiality:

- a. In order to be able to answer these questions, please explain to the child what the information will be used for, what information will be made public, how his/her identity will be kept secure and confidential, and how sharing certain information may help with successful tracing. Ask the child what he/she agrees to.
- b. Ensure that the child understands and feels free to say if he/she does not want certain information to be made public – you can get this information in various ways, either by asking the child whether he or she would feel safe or would have any reason to worry if you shared the information with specific people or authorities, or observing the child and understanding what information he or she may/may not want to share and with whom.

6. Section 2 – Child's personal details:

- a. A *separated child* is any person under the age of 18, separated from both parents or from his/her previous legal or customary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.
- b. An *unaccompanied child* is any person under the age of 18, separated from both parents and other relatives or from his/her previous legal or customary primary caregiver and who is not being cared for by an adult who, by law or custom, is responsible for doing so.
- c. *Orphans* are children, both of whose parents are known to be dead. In some countries, however, a child who has lost one parent is called an orphan. Most children who are separated from their families are not orphans and should not be referred to as such. It is important that a local-language term or phrase be found and used that conveys the sense of 'children separated from their families'.
- d. Urgent protection concern – please state here whether the child requires urgent intervention or not. The type of intervention required is further explored in Section 7.
- e. Names – the structure provided on the forms is first, second and third name throughout. The name format will need to be adapted to each context.
- f. If the child does not remember her/his address before separation, please note other relevant information, such as descriptions of mosques, churches, schools or other landmarks. (Allow the child to draw on the back of the form if you think this will help).

7. Section 3 – Wishes of the child:

- a. If the child DOES want family reunification – only enter details if they are different from the details collected in the previous sections. The registration form gives you enough space to collect information about two people the child would like to trace/locate. If you need additional space to enter more people, please use the back of the form, ensuring you collect all the necessary fields.

8. **Section 4 – Family details:**

- a. If the addresses of the father and mother are the same, only enter them once and put 'same as above'.
- b. If the child has been in contact with the mother and/or the father, state how this contact was made (telephone, letter, through a third party, etc.)
- c. Only enter details of primary caregiver if he/she was not the father or the mother.
- d. Family members the child is separated from: Please write down names or nicknames of significant others mentioned by the child. The registration form gives enough space to enter three people. If the child mentions more people that need to be recorded, please use the back of the form, ensuring you collect all the necessary fields.
- e. Family members/other important persons the child is with: Please list any family members or other important persons, including children of adults the child is travelling with. **If the child is travelling with other separated or unaccompanied children, a separate registration form will need to be completed for each separated or unaccompanied child.** If the child is traveling with other adults, please include any ID registration numbers collected that may help with identification. Do not record here details of the current caregiver – this information is collected in Section 3. The table gives enough space to record details of seven people.

9. **Section 5 – Current care arrangements:**

- a. Only record the address if it is different from the address entered in the previous sections.

10. **Section 6 – History of separation:**

- a. Please give as much detail as possible here regarding the circumstance of separation, which may help in tracing, remembering to use child-friendly language and interview techniques.

11. **Section 7 – Protection concerns:**

- a. First, ask the child if there are any immediate concerns he/she would like to raise.
- b. This section, or parts thereof, should only be completed if contextually relevant and/or appropriate (respecting security and confidentiality).
- c. **The list of protection concerns should be answered by the field/social worker, and not asked directly to the child.** Information should be sought through conversation with the child, during which relevant information is elicited, and observation of the child. If there is no evident concern (or if the interviewer is not able to detect non-obvious protection concerns), further information on protection concerns may be collected at a later stage beyond registration.
- d. 'Serious health issue' is any health issue that requires urgent medical attention.
- e. Disabled children include children that may have physical, mental, sensory (blind, deaf, deaf-blind), learning or psychosocial impairments. Note that GBV stands for 'gender-based violence'; GAAFAG stands for 'children associated with armed forces or armed groups'.

12. Section 8 – Details of interviewer:

- a. Please ensure you have again informed the child of how the information will be used and what the next steps in the tracing process will be.
- b. All field/social workers interviewing children must sign and date the registration form.