**BEST INTERESTS DETERMINATION REPORT**

SECTION 1: OVERVIEW

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| **Camp / Location: Linked Cases:**  **Bid No: Case No:**  **Registration number:**  **Separation Status of the Child Purpose of bid**  unaccompanied 🞎 durable solution 🞎  separated 🞎 Family reunification 🞎  orphan 🞎 temporary care arrangements 🞎  none of above 🞎 Separation from parents/caregiver 🞎  other 🞎  **Priority of the case**   |  |  | | --- | --- | | Emergency  High  Medium  Low | **Reasons** | | Specific needs of the child |  |  Child’s Basic Bio-data *(Refer to Registration Form)*   |  |  | | --- | --- | |  | where relevant, indicate if information is an estimate | | **full name** |  | | **alias** |  | | **age** |  | | **gender** |  | | **date of birth** |  | | **place of birth** |  | | **date of arrival in the country** |  | | **date of arrival at current location** |  | | **nationality** |  | | **ethnicity** |  | | **religion** |  | | **current address** |  | | **registered address** |  | | **current caregiver** |  | | **related case (s)** |  | | **linked bid(s)** |  | | **name of father** |  | | **name of mother** |  | | **siblings** |  |  |  |  |  | | --- | --- | --- | | **tracing** | **started on** |  | | **status** |  | |
| **Interviews**   |  |  |  | | --- | --- | --- | | person interviewed | no. of interviews | date of interviews | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  | | --- | --- | --- | |  | Name | Organization | | Interviewer |  |  | | Reviewing Officer |  |  | | Interpreter |  |  | |  |  |  |   **Documentation attached**   |  |  | | --- | --- | | 1 |  | | 2 |  | | 3 |  | |  |  | |  |  | |  |  | |  |  | |
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SECTION 2: OPTIONS AND RECOMMENDATIONS

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| **Part I- brief summary Information On the Case**  Please briefly summarize key issues, such as current care arrangement, information on parents and family, and the options under consideration. |

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| **Part II- history prior to flight/separation**  Please record the child’s recollections about the flight/separation, and evidence provided by persons close to the child (if interviewed). Indicate how this information has been verified. |
| **Part III- current situation**  Please describe the current living situation of the child, to include:   * Current care arrangement, living conditions, safety, relationships with foster parents/siblings/care-givers/other family members; * Community networks, education and school attendance; * Assessment of child’s age and maturity, physical and mental health and any specific needs assessment.   Please state who has been contacted and who provided information, e.g. child, family, persons close to child, care-givers, teachers, neighbours, social workers/NGO staff. |

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| **Part IV- available options & analysis**  Please indicate all the available options and follow-up mechanisms and analysis of each.  Please refer to all the factors included in the Annex 9 checklist in recommending what is in the child’s best interests, under the following headings:   * Views of child * Family and close relationships * Safe environment * Development and identity needs |

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| **FINAL RECOMMENDATION**  Please provide the final recommendation and reasons. |

**Name of the assessor: Date:**

**Signature of the assessor:**

**Name of reviewer:**

**Comments by reviewer to the report:**

**Signature of reviewer: date:**

SECTION 3: PANEL DECISION

This section should be completed and signed at the BID panel sessions. The signed page should then be scanned in order to protect the information included, attached to sections 1 and 2 of the form and converted into a pdf document.

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| The Panel  🞎 Approves the recommendations  🞎 Defers decison (please explain why)  🞎 Does not approve the recommendations (please explain why and provide the panel’s recommendation)  🞎 Reopens the case (please explain why, and who requested the reopening)  🞎 Closes the case  **FULL REASONS FOR DECISION**  **Follow up actions required (Describe)**    **comments** |

**Signature of panel members**

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| **NAME** | **Organization** | **Signature** |
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