1. **CASE INFORMATION**

|  |  |
| --- | --- |
| Date form completed dd/mm/yyyy | Case ID number |

1. **CHILD PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| First name | ***(Optional)****Middle name / Father's name )* | Last name/ Family Name | Other names or spelling of name the child is known by |

1. **CONSENT AND ASSENT – PLEASE avoid editing this section**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.a** Legitimate basis for collecting and documenting information on this case   * Consent * Vital interests *(The requirement for consent from both parents or caregiver and the child can be overridden if it is in the best interests of the child)*   **Note: If consent overriden by vital interest, not need to fill out section below 3.b and 3.c** | | | | |
| **3.b** Consent or assent obtained from (select all that apply) | | | | |
| Consent   * Child * One parent/ caregiver * Both parents/aregivers * Other, *please specify relationship to the child:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Assent   * Child * One parent/caregiver * Both parents/caregivers * Other, *please specify relationship to the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| *Reminder: do not forget to obtain consent or assent from the child when possible noting that for children age 0-5 this may vary based on development of the child,, see notes in the CM Guidelines and Training package.* | | | | |
| **3.c** I (*name of person giving consent*), give my permission for the following | | | | |
|  | Participation in the case management process | * Yes | | * No |
|  | Collection and storing of personal information about the case *(e.g., name, photo, family, and incident details)* | * Yes | | * No |
|  | Sharing of personal information for the purpose of service provision | * Yes | | * No |
|  | Sharing of non-identifiable information for reporting | * Yes | | * No |
| ***(Optional, only when tracing required)*** Consent given to disclose information for tracing purposes | | * Yes | | * No |
| **3.d** Is there any specific information you would like to withhold and not share with any service provider? | | * Yes | | * No |
| **-** If yes, please specify which information and/or which agency or service provider: | | |  | | --- | |  | | | |
| - ***(Optional)*** *Specify the reason for withholding this information:* | | |  | | --- | |  | | | |

1. **AUTHORIZATION**

|  |  |  |
| --- | --- | --- |
| Child name (when possible due to age) | Date dd/mm/yyyy | Signature |
| Parent/ Caregiver Name | Date dd/mm/yyyy | Signature |
| Caseworker name | Date dd/mm/yyyy | Signature |
| Supervisor name | Date dd/mm/yyyy | Signature |