Inter-Agency Child Protection Information Management System - FTR Forms
REUNIFICATION FORM

SECTION 1 - CHILD'S PERSONAL DETAILS

Registration I/D Number		**Other I/D Number**	

Child's Name	First Name	Middle Name	Last Name

SECTION 2 - IDENTITY OF THE ADULT WITH WHOM THE CHILD WAS REUNIFIED

Adult's Name	First Name	Middle Name	Last Name

Address of adult with whom the child was reunified

Country	Admin Level 1	Admin Level 2
Admin Level 3	Admin Level 4	Village/Area/Physical Address - if not known enter landmarks e.g. hills, trees, names of schools or hospital etc.

Telephone number

Relationship of adult to child

(Father, Mother, Sister, Brother, Uncle, Aunt, Grandmother, Grandfather, other)

SECTION 3 - DETAILS OF REUNIFICATION

Was the child reunified with the Verified Adult?   Yes ☐   No ☐

If not, what was the reason for the change?

Change of Mind ☐	Failed Verification ☐
Death of Adult ☐	Other(Please Specify) ☐

What type of reunification?

Case by case ☐	Informal/Spontaneous ☐
Mass Tracing ☐	Photo Tracing ☐
Mediation ☐	Other(Please Specify) ☐

Additional information about the reunification

Is there a need for follow-up?   Yes ☐   No ☐

Priorities for reintegration support or follow-up including any immediate assistance required

SECTION 4 - FORM COMPLETED BY

Name/Sign.		**Position**	

Agency		**Place**		**Date**	

Location of Reunification

Country	Admin Level 1	Admin Level 2
Admin Level 3	Admin Level 4	Village/Area/Physical Address - if not known enter landmarks e.g. hills, trees, names of schools or hospital etc.

Data Entry Fields for the Database are shaded and enclosed within boxes with thicker borders