



IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
OIM Organización Internacional para las Migraciones

**UNACCOMPANIED MIGRANT CHILDREN (UMC) CONSENT FOR FAMILY TRACING AND FAMILY ASSESSMENT**

**FOR IOM STAFF/PARTNERS :** Each individual who may be considered/be eligible for IOM voluntary return assistance must be able to understand and consider the content of this form before signing. Please allow the individual to read the form (or ensure it can be translated in a language understood by the applicant); and explain it before asking him/her to sign it.

I hereby declare my consent that the International Organization for Migration (IOM) will, based on the provided information, conduct family tracing and family assessment for the purposes of my voluntary return and family reunification.

Signed on [date] at [place]: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_  
[Name]

Signature of the legal guardian: \_\_\_\_\_  
[Name]

Interpreter's signature: \_\_\_\_\_  
[if applicable] [Name]

Signature of the Representative of IOM or delegate partner: \_\_\_\_\_

[IOM STAMP]

## General information on the UMC

### Section 1

This information is to be withdrawn from the initial tracing-request received from the UMC and his/her legal guardian in the host country.

#### 1.1 Information about the child

<b>Name of the child</b>	
<b>Date of Birth (DDMMYYYY)</b>	
<b>Age in years</b>	
<b>Sex</b>	
<b>Place of Birth</b>	
<b>Citizenship</b>	
<b>Ethnicity</b>	

#### 1.2 Place of residence:

☐ in an accommodation centre

☐ with family members

☐ with friends

☐ with a fostering family

☐ other

Specify: \_\_\_\_\_

#### 1.3 Legal Guardian:

Name:

Address: Phone

Number:

Email:

#### 1.4 Partnerships

*(Please specify if any local or national partnership – eg. local social dept./workers, NGOs etc. - was needed to carry out the interview)*

☐ no

☐ governmental

☐ other

Specify: \_\_\_\_\_

### 1.5 General information on the location of the family

<b>Name of the mother:</b>	
<b>Name of the father:</b>	
<b>Name of any other possible care taker:</b>	
<b>Address:</b>	
<b>Telephone number:</b>	
<b>Mobile number:</b>	
<b>E-mail address:</b>	
<b>Any other information that might be relevant at this stage:</b>	

**Section 2 - Family assessment** (to be completed by the IOM Mission or responsible partner carrying out the family assessment)

#### 2.1 List all non IOM-staff participating in the interview

**(\*) Relation with the minor:**

- 1) Grandfather;
- 2) Grandmother;
- 3) Mother;
- 4) Father;
- 5) Brother;
- 6) Sister;
- 7) Uncle;
- 8) Aunt;
- 9) Male cousin;
- 10) Female cousin;
- 11) Other relative;
- 12) Local authority;
- 13) Community leader;
- 14) Religious leader;
- 15) Other,

specify: \_\_\_\_\_

(*)	First/family name, address and telephone of respondent

#### 2.2 List of all the members of the household (even if not present at the interview)

Year of birth	Relation	Guardian (Yes/No)	Activity	Health problems	First and family name

#### 2.3 Do the parents live together in the same household? [ ] Yes; [ ] No

**If not, why?**

[ ] separated / divorced

[ ] deceased

[ ] emigrated

[ ] other,

specify: \_\_\_\_\_

## Section 3 - Living and socio-economic conditions of the household

### 3.1 Indicate who, among the above listed, is or are the “bread winner/s”

### 3.2 The family income: *(Please refer to the guidelines for additional clarifications on basic/secondary needs)*

- ☐ is enough to also meet the secondary needs of the family
- ☐ meets just the basic needs
- ☐ is not sufficient to meet the family’s basic needs
- ☐ there is no family income

### 3.3 Location of the family dwelling:

- ☐ village
  - ☐ city
  - ☐ rural context
  - ☐ slums
  - ☐ other,
- specify: \_\_\_\_\_

### 3.4 Type of family dwelling:

- ☐ single-family unit house
  - ☐ apartment
  - ☐ slum
  - ☐ other,
- specify: \_\_\_\_\_

### 3.5 Please describe briefly the physical conditions of the neighborhood:

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### 3.6 Does the family stay permanent or temporary in this dwelling?

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## Section 4 - Information around the departure of the UAM

### 4.1 If the interviewer considers it possible, please provide the context around the departure of the child?

- ☐ for economic reasons
  - ☐ the family could not follow/raise the child
  - ☐ the family/the child had relatives
  - ☐ because his/her family encouraged him/her to do so
  - ☐ because of conflicts/problems between the child and the family
  - ☐ other,
- specify: \_\_\_\_\_

**4.2 How often has there been contact with the child since he/she left the household?**

- ☐ daily
- ☐ weekly
- ☐ monthly
- ☐ few times a year
- ☐ never
- ☐ other,

specify: \_\_\_\_\_

**4.3 If the child wanted to come back home, would the family accept him/her back into the family unit?**

- ☐ yes
- ☐ do not know
- ☐ no
- ☐ other,

specify: \_\_\_\_\_

**4.4 If not, why?**

- ☐ because of economic reasons
- ☐ because family/parents have split
- ☐ the family cannot raise him/her
- ☐ the family has invested a lot of money in his/her journey
- ☐ the family needs his/her money (remittances)
- ☐ because of conflicts/problems between the child and the family
- ☐ other,

specify: \_\_\_\_\_

**Section 5 - Any other comments that might be relevant**

Please invite the respondents to add on the above listed questions, if they so desire.

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**On behalf of the respondent:**

\* I have been informed that the information recollected during the interview will be used to determine what alternatives are the best in the interest of \_\_\_\_\_(name of the child).

\* I have been informed that the information gathered during the interview will remain strictly internally within IOM and used only for the purpose stated above.

\* I certify that the information shared during the interview is correct to the best of my knowledge.

I hereby declare my consent that the International Organization for Migration (IOM) will, based on the provided information, conduct family tracing and family assessment for the purposes of my voluntary return and family reunification.

Signed on [date] at [place]: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_  
[Name]

Signature of the legal guardian: \_\_\_\_\_  
[Name]

Interpreter's signature: \_\_\_\_\_ [if  
applicable] [Name]

Signature of the Representative of IOM or delegate partner: \_\_\_\_\_

[IOMSTAMP]

**On behalf of the interviewer:**

I confirm that the participant was given an opportunity to ask questions about the project, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Place and date**

*\* NOTE: The child's consent is also necessary where the child's age and maturity reasonably dictate that his/her own consent is owed consideration. The consent of the parent or legal guardian must also always be obtained.*

*Age and maturity of the child is to be determined on a case-by-case basis. In case of doubts or for assistance refer to the RTS.*