adolescent registration form

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| Individual registration number | *Number generated by the project database* |
| Date of registration |  |
| Location |  |
| Family name |  |
| First name |  |
| Gender | ☐ Female ☐ Male ☐ Other |
| Age |  |
| Address + Phone number |  |
| Name of parent/caregiver 1 + phone number |  |
| Name of parent/caregiver 2 + phone number |  |
| If not with parents/caregivers, name of other guardian + phone number |  |
| Number of siblings below the age of 18 years in the same household |  |
| Total number of people (children + adults) living in the same household |  |
| Enrolled in education? If yes, mention type of education and grade/year | ☐ Yes, grade/year: ☐ No |
| If yes, how many days per week? |  |
| Working? | ☐ Yes, type of work: ☐ No |
| If yes, how many hours per week working? |  |
| Marital status | ☐ N/A ☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Other: |
| Children / pregnant? (tick all that apply) | ☐ Yes, how many children: \_\_\_\_\_\_\_\_\_ ☐ No  ☐ Pregnant |
| Impairment or disability? Visual, hearing, physical, verbal, intellectual | ☐ Yes, description: ☐ No |
| Medical conditions? | ☐ Yes, description: ☐ No |
| Other special needs? | ☐ Yes, description: ☐ No |
| Protection concerns? *N.B. Never ask this question directly to the child/parent but fill out what is known about the participant.* | ☐ Unaccompanied ☐ Separated ☐ Orphaned ☐ CAAFAG  ☐ Survivor of SGBV ☐ Child labour ☐ MHPSS  ☐ Child/early/forced marriage ☐ Teenage pregnancy/parenthood  ☐ Other, description: |
| Parental / Guardian consent that the adolescent can participate in the programme | ☐ Yes ☐ No  (signature on separate consent form) |
| This form was completed by: | Staff name: Date: |