

# **CHILD WELFARE DECREE FORM**

Note: Questions with asterisk (\*) are mandatory

- a) DATE OF REPORTING \*: \_\_\_\_\_
- b) CHILD'S NAME \*: \_\_\_\_\_
- c) CHILD'S DATE OF BIRTH \*: \_\_\_\_\_
- d) CHILD'S BIRTH REGISTRATION NUMBER: \_\_\_\_\_
- e) DATE OF INCIDENT \*: \_\_\_\_\_
- f) CHILD'S GENDER \*: ☐ Girl ☐ Boy ☐ Other (specify) \_\_\_\_\_
- g) CHILD'S ETHNICITY: ☐ I-Taukei ☐ Indo-Fijian ☐ Rotuman's ☐ Other (specify) \_\_\_\_\_
- h) CHILD'S RELIGION: ☐ Christian ☐ Hindu ☐ Islam ☐ Other (specify) \_\_\_\_\_
- i) CHILD EDUCATION School : \_\_\_\_\_ (Class/ form): \_\_\_\_\_
- j) PRESENT RESIDENCE OF CHILD \*: \_\_\_\_\_
- k) DOES THE CHILD HAVE AN IMPAIRMENT? \* ☐ Yes ☐ No
- l) IF YES, WHAT TYPE OF IMPAIRMENT? (Tick as many as apply) \*

<input type="checkbox"/> Have difficulty seeing	<input type="checkbox"/> Have fits or convulsions
<input type="checkbox"/> Have difficulty hearing	<input type="checkbox"/> Have difficulty learning
<input type="checkbox"/> Have difficulty speaking	<input type="checkbox"/> Have any amputations
<input type="checkbox"/> Have difficulty moving or walking	<input type="checkbox"/> Have any other difficulties
<input type="checkbox"/> Show strange behavior	<input type="checkbox"/>

- m) NAMES OF CHILD'S PARENTS: (Fill as many as you can)
- a. Father's Name: \_\_\_\_\_
- b. Mother's Name: \_\_\_\_\_
- c. Guardian's Name: \_\_\_\_\_
- n) RESIDENTIAL ADDRESS OF PARENTS AND THEIR CONTACTS: (Fill as many as you can)
1. Father- (Name, address, mobile and landline) \_\_\_\_\_
2. Mother- (Name, address, mobile and landline) \_\_\_\_\_
3. Guardian- (Name, address, mobile and landline) \_\_\_\_\_
- o) LOCATION (where incident occurred) \*:
1. Division: \_\_\_\_\_
2. Province: \_\_\_\_\_
3. Tikina: \_\_\_\_\_
4. Village/ Settlement/Suburb: \_\_\_\_\_
- p) DETAILS OF THE HARM THE PROFESSIONAL IS AWARE OR THE PROFESSIONAL SUSPECTS
- i. **Nature of case? \*(Only Tick ONE)**

<input type="radio"/> Sexual abuse/ exploitation	<input type="radio"/> Sexual harassment/ molestation
<input type="radio"/> Domestic violence/ violence in the home/ physical abuse/ violence by other children	<input type="radio"/> Neglect (lack of supervision, evident failure to provide food, clothing, shelter, medical care, emotional stability)
<input type="radio"/> Exposure to harm (in secondary care circumstances)	<input type="radio"/> Rape/attempted rape
<input type="radio"/> Assault occasioning actual bodily harm	<input type="radio"/> Act with Intent to Cause Grievous Harm
<input type="radio"/> Teenage pregnancy	<input type="radio"/> Murder/ attempted murder
<input type="radio"/> Corporal punishment (at school/ home)	<input type="radio"/> Theft
<input type="radio"/> Aggravate /Robbery	<input type="radio"/> Fraud and false pretense
<input type="radio"/> Burglary	<input type="radio"/> Attempted suicide

<input type="radio"/> Drug abuse	<input type="radio"/> Truancy
<input type="radio"/> Verbal abuse	<input type="radio"/> Child labor
<input type="radio"/> Malnutrition	<input type="radio"/> Beyond control
<input type="radio"/> Child Beggar	<input type="radio"/> Abducted
<input type="radio"/> Absconded	<input type="radio"/> Available for adoption
<input type="radio"/> Abandoned	<input type="radio"/> Emotional abuse
<input type="radio"/> In need of care for protection	<input type="radio"/> Commercial Sexual Exploitation of Children
<input type="radio"/> Other (specify)	<input type="radio"/>

**ii. Who is Suspected Perpetrator? (tick one) \***

<input type="radio"/> Within immediate family (parent, brother, sister etc.)	<input type="radio"/> Neighbor
<input type="radio"/> Step mother/ Step father	<input type="radio"/> Relatives (Aunt, Uncle, etc.)
<input type="radio"/> Stranger	<input type="radio"/> Community member
<input type="radio"/> Teacher	<input type="radio"/> Religious member
<input type="radio"/> Friend	<input type="radio"/> Co-worker
<input type="radio"/> Another child	<input type="radio"/> Don't know
<input type="radio"/> Other (Specify)	<input type="radio"/>

**iii. Gender of Perpetrator \*: ☐ Female ☐ Male ☐ Other (specify)**

**iv. Age of Perpetrator (years): \_\_\_\_\_**

**v. PROFESSIONAL'S NAME, ADDRESS & TELEPHONE NUMBER:**

- i. Department/ organization \*: ☐ Ministry of Education ☐ Ministry of Health  
☐ Ministry of Employment ☐ Police  
☐ Ministry of Women, Children, and Poverty Alleviation  
☐ Other (Specify) \_\_\_\_\_

ii. Rank/ designation: \_\_\_\_\_

iii. Name: \_\_\_\_\_

iv. Tel No. \_\_\_\_\_

**vi. OTHER DETAILS**

- i. Date and time reported \*: \_\_\_\_\_
- ii. By whom \*: \_\_\_\_\_
- iii. Report number/ case reference/ File reference \*: \_\_\_\_\_

**vii. ACTION TAKEN**

- i. The case is referred \*: ☐ Yes, ☐ No

If YES, then i. The date of referral: \_\_\_\_\_

ii. Referred to: \_\_\_\_\_

iii. Current status of the victim \*:

- ☐ Child is safe with parent ☐ Child is placed in Social Welfare Residential home  
☐ Child is with relative ☐ Child has been counseled ☐ Child is admitted  
☐ Child is assisted financially ☐ Child is placed with other - Please specify  
☐ Child is detained ☐ Other (Specify)

.....  
**(Signature of professional)**

\_\_\_\_\_  
**(Date)**

**Contact number of Permanent Secretary's office: phone 3312199; fax 3303829**