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| Reference for office use only |
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**Pre-appointment questions for children in Children’s Social Care who are claiming asylum**

To be completed by the child’s social worker with the help of an interpreter, if required.

Please ensure all bio-details are completed correctly and advise if an age-assessment has been, or will be, completed.

Please write N/A if the question is not applicable.

## Once completed please email this document so that an appointment can be arranged to: MIUminor@homeoffice.gsi.gov.uk

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| **1** | **What is the child’s full name?** |  |
| **2** | **Are they male or female?** |  |
| **3** | **What is the child’s date of birth? *(Please include regional calendar date if necessary)*** |  |
| **4** | **To the social worker:**  **Has the DOB / age above been accepted? Has, or will, an age assessment**  **be carried out?** |  |
| **5** | **What is the child’s**  **nationality?** |  |
| **6** | **What language will the child require at interview?** |  |
| **7** | **Where was the child born?** |  |
| **8** | Does the child have any documents to confirm their identity? *(Please provide a copy and bring originals on the day of interview)* |  |
| **9** | **What is the child’s religion?** |  |
| **10** | **Does the child have any medical conditions or health issues?** |  |
| **11** | **What was the date of the child’s arrival in the UK?** |  |
| **12** | **Do you know how the child entered the UK?**  ***(e.g. Concealed in a lorry etc)*** |  |
| **13** | **Did the child come to the UK of their own free will or did someone force them to come?**  ***This question is to establish if the child was trafficked in any way and been referred to the NRM. If the Social Worker establishes that the child was a potential victim of modern slavery, as a first responder a referral must be made to the NRM and confirmed here before interview.*** |  |
| **14** | **What is the child‘s address in the UK?** |  |
| **15** | **Name of child’s Social Worker?** |  |
| **16** | **Telephone number for child’s Social Worker?** |  |
| **17** | **Email address for child’s Social Worker?** |  |
| **18** | **Name & Address of Local Authority caring for the child?** |  |

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| **Name of person completing this**  **form?** |  |
| **Job Title / Role of person completing this form?** |  |
| **Date form completed?** |  |