



## OVC registration form

### Section A: OVC Information - ZAMFAM

This section is for registering orphans and vulnerable children (OVC).

Full name of child: Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Other name(s): \_\_\_\_\_

Use the full version of your name which is in any official documents, and you may put in nicknames or commonly used names also.

Sex:  Male  Female

Date of birth: \_\_ / \_\_ / \_\_

(dd-mmm-yyyy if not known exactly, put an estimate)

Birth certificate registration number: \_\_\_\_\_ ZAMFAM ID: \_\_\_\_\_

(If the child has a birth certificate, please put the number here)

(If the child is enrolled in a project, put the project ID here)

NRC (if child is 16-18 years and has NRC): \_\_\_\_\_

District where child lives: \_\_\_\_\_

Constituency: \_\_\_\_\_

Ward where child lives: \_\_\_\_\_

Community/village/compound where child lives: U \_\_\_\_\_

CWAC where the child lives: \_\_\_\_\_

CWAC ID or Government-designated community-level supervising unit ID, or name if ID is unknown

Physical address (where applicable street name and house number) / description of where living:

\_\_\_\_\_

If child is a resident of an institution, organisational unit ID of the institution (or name if ID unknown): U \_\_\_\_\_

**Contact details of child:** Child's own contact details or contact details of someone close to child.

Mobile phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Adverse conditions related to OVC:** (Please tick as many as apply, either now or in the past)

- |  |   |
|--|---|
| <input type="checkbox"/> is HIV positive   | <input type="checkbox"/> is exposed to risky environment such as sex work, sale of drugs/illicit beer |
| <input type="checkbox"/> is chronically ill  | <input type="checkbox"/> engages in alcohol abuse or substance abuse                                  |
| <input type="checkbox"/> living in child-headed household (no adult caregiver)         | <input type="checkbox"/> is a child in conflict with the law  |
| <input type="checkbox"/> living in poor household                                      | <input type="checkbox"/> parent(s) in prison  |
| <input type="checkbox"/> is orphan - mother has died                                   | <input type="checkbox"/> living with parent in prison   |
| <input type="checkbox"/> is orphan - father has died                                   | <input type="checkbox"/> is pregnant  |
| <input type="checkbox"/> living in residential institution without family care         | <input type="checkbox"/> is a child who has given birth   |
| <input type="checkbox"/> living in correctional institution                            | <input type="checkbox"/> is a child whose parent(s) are children                                      |
| <input type="checkbox"/> living on street or in public place                           | <input type="checkbox"/> is a child who has been married early  |
| <input type="checkbox"/> has a visual disability                                       | <input type="checkbox"/> is a child who is trafficked to/from other places                            |
| <input type="checkbox"/> has a hearing disability                                      | <input type="checkbox"/> has been sexually abused   |
| <input type="checkbox"/> has a physical disability                                     | <input type="checkbox"/> has been sexually exploited  |
| <input type="checkbox"/> has albinism  | <input type="checkbox"/> has been emotionally abused  |
| <input type="checkbox"/> has a mental  | <input type="checkbox"/> has been physically abused   |
| <input type="checkbox"/> has a learning disability                                     | <input type="checkbox"/> has been abused through neglect  |
| <input type="checkbox"/> is of school age but not in school                            | <input type="checkbox"/> has experienced trauma from involvement in natural disaster                  |
| <input type="checkbox"/> is marginalised, stigmatised or discriminated against         | <input type="checkbox"/> has experienced trauma from involvement in war, riots or violence            |
| <input type="checkbox"/> is involved in child labour as defined by Child Labour Policy |   |

## Section B: Guardian / Primary caregiver information

This section is for registering guardians (i.e. primary caregivers) of orphans and vulnerable children. A guardian or primary caregiver is a parent, a relative who is responsible for taking care of the basic needs of the child, or an adoptive or foster parent.

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Other name(s): \_\_\_\_\_

Use the full version of guardian's name which is in any official documents, and may also include nicknames or commonly used names.

Sex:  Male  Female Date of birth: \_\_ / \_\_ / \_\_

(dd-mmm-yyyy if not known exactly, put an estimate)

NRC number: \_\_\_\_\_

Notes/relationship with child: \_\_\_\_\_

### Guardian Contact details:

Mobile phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Postal address: \_\_\_\_\_

**Adverse conditions related to primary caregiver:** (Please tick as many as apply, either now or in the past)

- |  |  |
|--|--|
| <input type="checkbox"/> is HIV positive           | <input type="checkbox"/> engages in alcohol abuse or substance abuse |
| <input type="checkbox"/> is chronically ill        | <input type="checkbox"/> has a hearing disability                    |
| <input type="checkbox"/> is more than 60 years old | <input type="checkbox"/> has a physical disability                   |
| <input type="checkbox"/> has a visual disability   | <input type="checkbox"/> Other specify: _____                        |

Workforce member registering this beneficiary: ID: W \_\_\_\_\_ Name: \_\_\_\_\_

Date form filled: \_\_\_\_\_ Date captured electronically: \_\_\_\_\_