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| Form1 - General Registration Form Individual Protection Case Management for Persons with Specific Needs | | |
| 1.Personal Details | | |
| First Name {{first\_name}} | Middle Name {{middle\_name}} | Last Name {{last\_name}} |
| Gender | {{Check\_1}} Female {{Check\_2}} Male {{Check\_3}} Other: {{gender}} | |
| Date of birth (DD/MM/YYYY) | {{birth\_date}} | |
| Nationality | {{nationality}} | |
| UNHCR ID | {{unhcr\_id}} | |
| Phone Number | {{phone}} | |
| What is your preferred mode of communication? | {{Check\_4}} Phone {{Check\_5}} WhatsApp  {{Check\_6}} E-mail {{Check\_7}} In-person at home {{Check\_8}} In-person at another agreed to location {{Check\_9}} Through the Community Focal Point  {{Check\_10}} Other designated individual  {{Check\_11}} Other  Explain: {{explain\_1}} | |
| If by phone, who owns the phone?  (Check whether it is safe for you to contact, and get authorization to identify yourself to the contact provided) | {{Check\_12}} Owned by Self  {{Check\_13}} Borrowed/shared | |
| What is your preferred time and day to contact you? |  | |
| 2.Address in details | | |
| Country {{country}} | Governorate {{governorate}} | Caza {{caza}} |
| City {{city}} | Precise Physical location {{precise\_location}} | |

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| 3.Family Members and Dependents معلومات افراد الأسرة | | | | | |
| Full Name | | Relationship to Applicant | Gender (M/F/other) | Date of Birth (DD/MM/YY) | Specific needs |
|
| 01 |  |  |  |  |  |
| 02 |  |  |  |  |  |
| 03 |  |  |  |  |  |
| 04 |  |  |  |  |  |
| 05 |  |  |  |  |  |
| 06 |  |  |  |  |  |
| 07 |  |  |  |  |  |
| 08 |  |  |  |  |  |

**Case Code: {{case\_code}}**

{{birth\_place\_1st\_letter}} - place of birth, first letter Tripoli = T

{{birth\_year\_4th\_num}} - birth year, 4th number 1982 = 2

{{mother\_1st\_name\_2nd\_letter}} - Mother first name, 2nd letter Mary = A

{{1st\_name\_1st\_letter}} - His/ Her first name, 1st letter Said = S

**Case ID: {{case\_id}}**

Case worker code + number of incident

Example: C12-001