



Kids and Teens Court Awareness Program (KTCAP)

Date Accomplished: / / 2020

I. CLIENT PROFILE

1. Client's Name (as written on the birth certificate):

First Name Middle Initial Last Name

2. Age: Sex: Date of Birth (Month/Date/Year):

3. Is s/he a victim OR a witness ?

4. Client's Present Address:

5. Educational Background: In-School Out-of-School (Date of last enrollment:)
Grade Level: Name of School

6. Case:

Place of Incidence:

7. Case Category: Child Sexual Abuse Physical Abuse Child Trafficking Neglect/Abandonment
 Child Sexual Abuse Images Others: (Specify)

8. Relationship of the alleged offender to the child:

Last known whereabouts of offender?

9. Case Status: (Please check)
 Filed (Filed means a formal complaint or information) Date: / /

Specify: Police Prosecutor/Fiscal Court / RTC Branch: City:

Not yet filed (Please indicate the reason i.e. still deciding on it, logistical and financial concerns, etc.)

Brief update on the case (i.e. case proceedings in view of quarantine restrictions):

II. PROFILE OF ASSISTING PERSON/AGENCY

1. Who is/are assisting the child? *(Please indicate all that applies)*

Individual Full name Profession/Line of Work

Agency / Institution
Full name of Agency

2. What type(s) of assistance is/are being done? *(i.e. support from individual, group, organization) (Please indicate date when service or intervention(s) was/were given)*

3. Name of Referring Party: *(Note: The referring party is the person/agency who referred the client to JCMPPF.)*

Contact number of Referring Party:

Office / Agency of Referring Party:

III. PHYSICAL CUSTODY OF THE CHILD

1. Who is the current physical custodian/primary carer of the child?

(Person/Agency who has custody of the child exercises parental authority and serves as the guardian of the client. S/he is also presumed to assist the client during the conduct of online KTCAP.)

Full name of individual:

Immediate family *(i.e. father, mother, siblings)* Relationship to client:

Relatives

Child Protection Agency *(Please indicate full name of the agency):*
 Public Private

2. Length of stay in the institution / center (start to projected end) _____

3. Nature of Current Custody of the Child:

a. Permanent

If permanent, do the parents of the child still exercise parental authority* over the client? Yes** No

b. Temporary

If temporary

i. Protective (under the case of DSWD, rescued from unsafe living environment)

- Do the social workers/center head of the institution exercise parental authority over the client? Yes No** Who exercises parental authority? _____

ii. Voluntary** (by parents, immediate relatives)

iii. Other reasons (please specify) _____

For these cases, we would like to request a **written consent from the parents/guardian/person exercising parental authority for the client to participate in the online KTCAP video conference.

3. Contact details (cellphone/landline):

Working email(s):

(Please ensure that you can access this phone and email on a regular basis as these will be used as main line for communication)

Postal Address:

IV. LOGISTICS

1. Where will the client attend KTCAP and all its pre-KTCAP activities?

at home at the agency where s/he resides at the office of the referring /assisting party

2. Internet provider(s):

PLDT Converge Sky Smart Globe Others: _____

3. What is your Internet connection? Metered with Data plan Unlimited (LAN or Wifi connection)

4. How will the client access the gadgets and the internet connection?

Individual internet connection and gadget

Shared Internet connection but with individual gadgets

How many clients will share the same internet connection simultaneously during KTCAP?

Shared Internet connection and shared gadgets

How many clients will share the same internet connection and gadgets simultaneously during KTCAP? (e.g. two children per gadget and eight children from our center)

5. What is your preferred platform? (preferably those you have tried/ knowledgeable to use) (Indicate all possible answers.)

Zoom Google Meet Microsoft Teams Skype Facebook Messenger Others: _____

6. Who will facilitate/assist the client on the actual online KTCAP? (Name and designation)

IV. PRE-KTCAP ASSESSMENT

1. Has the client used a computer, laptop, tablet or smart phone before? Yes No
2. Has the client experienced participating in a video conference before? Yes No

If yes, please describe her behavior (e.g. experienced head ache, had a short attention span, etc.)

3. Has the client any inquest or court proceedings before? Yes No

* If yes, when? _____

Please describe briefly how it was conducted and how the client behaved:

4. What does the client know about his/her case and its status? Please describe briefly.

5. What do you think your client should know after the online KTCAP?

6. What are your client’s expectations for this online KTCAP?

7. What possible concerns should we, as organizers, be aware of?

8. Are you willing to participate in a dry-run/tech-check as part of the pre-KTCAP activity? Yes No

If yes, when is your preferred date and time?

Data Privacy Consent Statement

The consortium of Justice Cecilia Muñoz Palma Foundation (JCMPF), Center for the Prevention and Treatment of Child Sexual Abuse (CPTCSA) and Action against Violence, and Exploitation (ACTVE), in partnership with Marikina RTC Br. 168, are the primary organizers of the online KTCAP. The program, originally conducted physically before the pandemic, has now shifted online in response to the restrictions brought about by the existing community quarantine.

The organizers of this event value your data privacy and protect the personal and sensitive data of data subjects, in accordance with the Data Privacy Act of 2012 (DPA), its Implementing Rules and Regulations (IRR), other issuances of the National Privacy Commission (NPC) and other relevant laws of the Philippines.

By submitting this form, I, as the guardian/assisting social worker of the minor whose details are contained herein,:

consent to the collection, generation, use, processing, storage and retention of the minor’s personal data. This will be stored by JCMPF for a maximum of 1 year upon submission for the purposes of communicating to me the details related to this event;

understand that I have the right to access, make corrections, object to the processing, to erase or block, to be informed of the existence of processing of my personal information;

have completely read and understood the terms above before signing;

authorize the organizers to disclose my information to accredited/affiliated third parties or independent/non-affiliated third parties, whether local or foreign, in the following circumstances:

§ As necessary for the proper execution of processes related to the declared purpose;

§ The use or disclosure is reasonably necessary, required or authorized by or under law.

Prepared and submitted by:

Name, Signature and Designation

Date: