Ministry of Social Affairs Veterans and Youth Rehabilitation

RESIDENTIAL CARE INSTITUTION NOTIFICATION FORM

ID-Form ☐☐☐☐☐☐ (For Data Entry complete)

Purpose of Notification Form

The present Notification Form has been developed to gather basic information on the existence of all type of residential care institutions in Cambodia to facilitate the implementation of the Sub-decree on the management of residential care institutions which was endorsed by the Prime Minister on 11 September 2015 and launched on 14 December 2015. The information gathered through this Notification Form will be used by the Ministry of Social Affairs, Veterans and Youth Rehabilitation to create a directory of all residential care institutions that notify their existence. Only the residential care institutions present in the directory will be able to apply for registration to be authorized for operating as a residential care institutions.

1. General information of the residential care institution

1.1 Name of the person filling the form: ☐ Position ☐

1.2 Date of filling the form: ☐☐☐☐☐☐ DD-MM-YY

1.3 Name of residential care institution: ☐

1.4 ☐ International NGO-run: ☐ Local NGO-run:

1.5 ☐ Faith-based run institution: ☐ Non-Faith-based run institution:

1.6 Type of residential care facility:

☐ Residential Care Institution ☐ Boarding school ☐ Pagoda and other religious building

☐ Group Home ☐ Transit home and temporary emergency accommodation

1.7 Name of the residential care Director/Representative: ☐

1.8 Telephone: Office ☐ Mobile: ☐

1.9 Email address: ☐

1.10 Address of the residential care:

House #:	Street #:	Village:	Commune:
District:			Province:

1.11 Is your residential care institution already registered with the government? ☐ Yes ☐ No

If yes, please specify with which Ministry/authority and provide the registration number: ☐

		DD MM YY			DD MM YY
☐ MoI	Date,	☐☐☐☐☐☐	☐ MoEYS	Date,	☐☐☐☐☐☐
☐ MoF	Date,	☐☐☐☐☐☐	☐ MoCR	Date,	☐☐☐☐☐☐
☐ MoSVY	Date,	☐☐☐☐☐☐	☐ Provincial authorithy	Date,	☐☐☐☐☐☐
☐ Other Minitries and local authorities please specify:		☐		Date,	☐☐☐☐☐☐

1.12 Does your residential care institution already have a MOU with the government? ☐ Yes ☐ No

If yes, please specify with which Ministry/authority and provide the MOU number: ☐

		DD MM YY			DD MM YY
☐ MoI	Date,	☐☐☐☐☐☐	☐ MoEYS	Date,	☐☐☐☐☐☐
☐ MoF	Date,	☐☐☐☐☐☐	☐ MoCR	Date,	☐☐☐☐☐☐
☐ MoSVY	Date,	☐☐☐☐☐☐	☐ Provincial authorithy	Date,	☐☐☐☐☐☐
☐ Other Minitries and local authorities please specify:		☐		Date,	☐☐☐☐☐☐

1.13 Please clarify if there is any intention to:

☐ Close the residential care institution

☐ Reintegrate children into family and community-based care

☐ Transform the institution into community- based service

2. Children's information

The purpose of this Section is to provide basic data on children who live in the center. This means children who sleep at the center every night or most nights a week, not children who are just visiting the center during day time.

2.1 Please answer each question for each of the age groups listed below:

Ages of the children	Number of boys	Number of girls	Number of children who are living with HIV/ AIDS		Number of children with a physical disability		Number of Children with an intellectual disability		Number of children with a physical and intellectual disability		Total number of children whose both parents have died		Total number of children with one or both parents alive	
			M	F	M	F	M	F	M	F	M	F	M	F
Aged 0-3														
Aged 4-7														
Aged 8-14														
Aged 15-17														
Aged > 24														
Total														

2.2 Does your residential care institution provide also support to children living with their families or relatives in the community? ☐ Yes ☐ No

If yes, please tick the below box, and indicate number of children

-With their families ☐ Number of children _____

-With foster care ☐ Number of children _____

-With Kinship care ☐ Number of children _____

Note:

Signature: _____

Date: _____

Instructions for completing and submitting the Notification Form:

The Director or any other responsible person of each existing residential care institution in Cambodia should fill in an accurate and precise way reflecting the real situation of the residential care institution and send the completed Notification Form to the District, Provincial focal points in your respective province or to the Child Welfare Department of the Ministry of Social Affairs, Veterans and Youth Rehabilitation (or by email mosvy.cwd@gmail.com or srychandina@gmail.com by 28 February 2016. For additional guidance please call to phone numbers: 023 214 039

	DD-MM-YY		
Date Received Form		Received by	
Data Entry Date		Data Entry by	
Verified Date		Verified by	