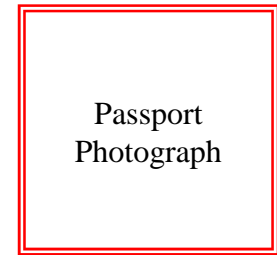




**NATIONAL AGENCY FOR THE PROHIBITION OF
TRAFFICKING IN PERSONS (NAPTIP)**

VICTIM'S DATA FORM



ID NUMBER: (*file number*):.....

A. PERSONAL DATA

Agency control Number:

1. Surname:.....
2. Other Names
3. Alias (a.k.a)
4. Date of birth:
5. Age:
6. Sex
7. Religion: Muslim Christian
8. Place of Birth:
9. Town/Village:.....
10. Local Government Area.....
11. State:.....
12. Country:
13. Place of Residence:
14. Current address:
15. Permanent address:
16. Email
17. Telephone number:
18. Tribe:
19. Nationality.....
20. Number of Language(s) spoken
21. Special peculiarities:

22. Height.....
23. Complexion:
24. Weight:
25. Highest educational qualification
- First School Leaving Certificate Secondary School Certificate
- Ordinary National Diploma/National College of Education
- Tertiary Institution Post graduate
- Others:
26. Last School Attended
27. Vocational skills:
28. Marital status: Single Married Divorce Widowed
29. Have you ever been arrested before by any law enforcement agents?
- Yes No
30. If yes, Who? Police immigration DSS EFCC
- ICPC NCDSC NAPTIP
- Others:
31. Why?
32. When?
33. Where?
34. Were you convicted? Yes No
35. Have you ever been stopped from traveling? Yes No
36. If yes, Who? Police Immigration
37. Why?
38. When?
39. Where?
40. Have you ever been refused entry? Yes No
41. If yes, Who? Police Immigration Customs

Others:

42. Why?

43. When?

44. Where?

45. Have you ever been deported before?

46. If yes, Who? Police Immigration

Others:

47. Why?

48. When?

49. Where?

50. Have you ever been returned from a foreign country before? Yes No

51. If yes, do you have a valid document? Yes No

52. If No, how? Voluntary Forced

53. Have you been trafficked before? Yes No

54. If yes, By Whom?

55. When?

56. Where?

57. National ID Number:

58. Driver's License Number:

59. Passport Number (Local or International):

Next of Kin(s):

60. Name:.....

61. Relationship

62. Address:.....

63. Phone No.

64. Email address:

65. Age:.....

- 66. Sex:.....
- 67. Name:.....
- 68. Relationship
- 69. Address:.....
- 70. Phone No.
- 71. Email address:
- 72. Age:.....
- 73. Sex:.....

2. FAMILY BACKGROUND

- 74. Name of father:.....
- 75. Age:.....
- 76. Is your father living or dead? Yes No
- 77. Religion: Muslim Christian Pegan Others specify
- 78. Current Address:.....
- 79. Permanent address:
- 80. Email:
- 81. Telephone number:
- 82. Educational Qualification:.....
- 83. Occupation:.....
- 84. Number of wives? 1 2 3 4
- 85. Name of Mother:.....
- 86. Age:.....
- 87. Is your Mother living or dead? Yes No
- 88. Religion: Muslim Christian Pegan Others specify
- 89. Current Address:.....
- 90. Permanent address:

91. Email:
92. Telephone number:
93. Educational Qualification:.....
94. Occupation:.....
95. Are you living with your parent? Yes No
96. If No give details of guardian
97. Name of guardian
98. Address of guardian
99. Current address
100. Permanent address:
101. Email:
102. Telephone number:
103. Educational Qualification:.....
104. Occupation:.....
105. Number of children in the family:
106. Position of the victim in the family:
107. Are your parents living together? Yes No
108. Do you have a good relationship with your parents?
109. If No state why?:
110. Date of last contact with family:
111. By what means: Letter Phone Others:
112. Do you have any body living abroad? Yes No
113. If yes, which country?
114. Relationship:

3. RECRUITMENT STAGE

115. How did you get the idea of traveling?

Club members Friends Family Adverts

Others (specify):.....

116. What attracted you to travel?

117. Who assisted you to travel?

1. Name:

Age:.....

Religion: : Muslim Christian Pegan Others specify

Address:

Current address:

Permanent Home address:

Telephone number:

2. Name:

Age:.....

Religion: : Muslim Christian Pegan Others specify

Address:

Current address:

Permanent Home address:

Telephone number:

3. Name:

Age:.....

Religion: Muslim Christian Pegan Others specify

Address:

Current address:

Permanent Home address:

Telephone number:

4. Name:

Age:.....

Religion: : Muslim Christian Pegan Others specify

Address:

Current address:

Permanent Home address:

Telephone number:

118. How were you recruited?

Deception Treat or use of force

Payment to someone in position of authority

Abuse of power or position Willingly Coercion

Abduction

119. Do you have travel document? Yes No

120. If yes who arranged for your travel document: (if any)

Self Family Friends Recruiter Others:

121. How were you prepared for the journey?.....

.....

122. When did you leave home?

123. Any personal financial involvement? Yes No

124. Was there any special training? Yes No

125. If Yes, please state

126. Were you promised anything? Yes No

127. If yes, what were you promised?.....

128. Were your parents/guardian promised anything? Yes No

129. If yes, what were they promised?

130. What were you offered that made you to travel?

131. Were you promised any other thing(s)?
132. If yes, please specify
133. Were your parent and friends promised anything? Yes No
134. If yes, please specify
135. Was there any agreement? Yes No
136. If yes, what are the terms of agreement, please specify:

4. TRANSPORTATION & ROUTES:

List all modes of transportation used from your home to your final destination.

137. BY LAND

- | | | | |
|----------------------------|--------------------------|----------|--------------------------|
| Motorcycle (Okada, Achaba) | <input type="checkbox"/> | Bicycle | <input type="checkbox"/> |
| Car | <input type="checkbox"/> | Bus | <input type="checkbox"/> |
| Train | <input type="checkbox"/> | Trekking | <input type="checkbox"/> |
| Animal | <input type="checkbox"/> | | |

138. BY AIR: Plane

139. BY SEA (drop down)

- | | |
|-------|--------------------------|
| Boat | <input type="checkbox"/> |
| Canoe | <input type="checkbox"/> |
| Ship | <input type="checkbox"/> |

140. Name of Carrier

141. Did any suffer any injury or illness during the journey? Yes No

142. If yes, How?

143. Where?

144. When?

145. What were the town and villages you passed?.....

146. Who sponsored the trip (principle)?

147. Who paid for the trip (agents)?
148. Address:
149. Phone number:
150. What is the your relationship with the sponsor/agents?.....
151. How did you come in contact with the sponsor/agents?.....
.....
152. How long was the trip?.....
153. Were you engaged in any form of employment? Yes No
154. Was there any form of harassment on the way/during the trip? Yes No
155. If yes, please specify.....
156. List the places you rested/slept
1.
2.
3.
157. How did you cross the border? (if applicable).....
- With the help of law enforcement agent
- Community Leader Others specify
158. Which people did you come in contact with?.....
.....
159. Did the trafficker come in contact with other persons during the journey?
- Yes No

5. DESTINATION

160. Where was your intended destination?
161. Where is your actual destination?
162. How many of you arrived safely as a team?.....
163. What happen to the rest who did not arrive?

164. What is your physical/ health state when you arrived?
165. Where were you kept on arrival?.....
166. Where did you stay?.....
167. Who owns the place?.....
168. Did you later start paying rents? Yes No
169. Do you receive regular meal? Yes No
170. If No, how often were you feed? Please specify

6. JOBS

171. What job did you do at destination?.....
172. Did you like the job? Yes No
173. Was it the job you were promised at home? Yes No
174. How many hours in a day did you work?.....
175. How were you paid? Daily Weekly Monthly
Annually Others specify
176. How much were you paid?.....
177. Who collects the money? Self Oga/Madam
Others specify:
178. If self, how much do you given to oga/madam and others?
179. Was your contract agreement during recruitment kept? Yes No
180. If No, what are the changes?

7. CONTROL MECHANISM

181. Did you have a travel document? Yes No
182. If yes, what happened to your travel document on arrival?.....
183. Did you take any oath? Yes No
184. If yes, Where?

185. How?
186. By whom?
187. Name of the persons:
188. Address:
189. Location:
190. Was there freedom of movement? Yes No

191. How are you controlled?

- | | |
|--|--|
| Food denial <input type="checkbox"/> | Treat to life <input type="checkbox"/> |
| Seizure of travel document <input type="checkbox"/> | Treat to families and friends <input type="checkbox"/> |
| Monitoring <input type="checkbox"/> | Restriction of movement <input type="checkbox"/> |
| Treat by juju (to kill or make you mad) <input type="checkbox"/> | Physically assaulted <input type="checkbox"/> |
| Emotionally assaulted <input type="checkbox"/> | Sexual assault <input type="checkbox"/> |

Others specify.....

192. Did you try to escape? Yes No
193. If Yes, Why?
194. When?
195. How?
196. What happen?
197. Was there any attempt to stop you from escaping? Yes No
198. If Yes, how?.....

8. FREEDOM/PROSECUTION

199. How did you get out of the situation?.....
-
200. Where you assisted? Yes No
201. If yes, by whom?
202. Name:
203. Organization:

204. Contact Address:.....
205. How were you assisted?
206. Was your Oga/Madam arrested? Yes No
207. Are you ready to testify against your Oga/Madam? Yes No
208. If No, why?.....
209. How do you feel coming out of the situation?.....
.....
210. Date of Escape/rescue
211. Place of Rescue
212. Name of the Agency/Organization
213. Where have you been staying?

9. REHABILITATION/PREVENTION

214. Where have you been staying and sleeping since your freedom?.....
215. Date received in shelter
216. Date left the shelter
217. Would you like to go back home? Yes No
218. If No, why?
219. What help do you need?
- | | |
|--|---|
| Return to school <input type="checkbox"/> | Vocational training <input type="checkbox"/> |
| Relocation assistance <input type="checkbox"/> | Financial assistance <input type="checkbox"/> |
| Medical care <input type="checkbox"/> | Counseling services <input type="checkbox"/> |
| Integration <input type="checkbox"/> | Others: |

10. ASSESSMENT

220. Type of case: Domestic International
221. If international, Nigeria a: Source Transit Destination

222. Types of exploitation

- Forced labour Hawking Begging
House Help Quarrying Manufacturing
Agriculture Sexual exploitation Sales of baby
Organ harvesting

Others please specify:

11. INTERVENTION

223. Type of intervention

- Return to school Empower with trade equipment
Vocational training Temporary Financial assistance
Medical care Counseling
Integration Referral
Shelter Family tracing
Family reunion Family monitoring
Family empowerment Skill acquisition
Business Professional psychotherapy
Micro-credit facility Life skill training

Others please specify:

224. Responsible Agency, Organisation/Partner:

225. Have you ever heard HIV test? (drop down) Yes No

226. If No, will you like to have the test? (drop down) Yes No

227. Has your health assessment been done? Yes No

228. If No will you like to have an assessment? Yes No