

**THE MINISTRY OF EMPLOYMENT AND SOCIAL AFFAIRS
SOCIAL AFFAIRS DEPARTMENT
Social Services Division**

Unity House, P.O.Box 190, Victoria, Mahe, Republic of Seychelles
Telephone: (248) 4281500 Fax: (248) 4225656 E-mail: blaboudallon@gov.sc



Please address all correspondence to the Principal Secretary

Date:

CONSENT FORM

This is to certify that I

agree to take the responsibility of

.....

.....

Thank you.

Name:

Signature:

Witness:



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Date:

CONSENT FORM

I

of

hereby consent for my child

.....

to be interviewed by the Police and Social Worker as part
of the Child Protection Procedure.

Name:

Signature:

Witness:



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hereby consent for my child

.....

to be placed at

.....

Name:

Signature

Witness:



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to be medically assessed.

Name:

Signature:

Witness:



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to be interviewed by the Police and Social Worker.

Name:

Signature:

Witness:
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