



## TACT SCREENING INTERVIEW FORM

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### **Informed Consent**

Has the individual been informed that IOM and/ or (name of partnering organization) reserves the right to share her/ his individual case data for assistance purposes and only with IOM missions and partnering organizations involved in direct assistance?

(Yes/ No)

Has the individual further been informed that IOM reserves the right to make a limited disclosure of non-personal data based on the information collected at the interview to law enforcement for the purpose of rescuing other victims that remain under the control of traffickers or preventing other potential victims from being trafficked?

(Yes/ No)

Has the individual further been informed that IOM reserves the right to use (only anonymous, aggregate) data for research purposes?

(Yes/ No)

Has the individual's full and informed consent been obtained to conduct the screening interview based on information given regarding the role of the organization, the voluntary nature of the interview and the use of the information provided by the individual as outlined above ?

Note: Informed consent is necessary for all services, such as medical examination and procedure, health assessments, assisted voluntary returns and reintegration assistance.

(Yes/ No)

If the individual is a minor, has the consent of the parent(s)/ guardian(s) been obtained?

(Yes/ No)

Signature of interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

## Registration Data

First name(s):  
Family name(s):  
Sex: (M/ F)

Country of birth:  
Place of birth:  
Last place of residence in country of origin:

Date of birth:  
Is date of birth an estimate? (Yes/ No)  
Age:

Identity document (Type, country, number and expiry date):

Citizenship:  
Ethnicity:  
Current legal status:

## Additional Data - If the individual is an unaccompanied migrant children (UMC)

Contact details of the guardian:

Contact details of the centre hosting the UMC:

Contact details of the parents / family in the country of origin:

Are the parents / the family aware of the minor current situation? (Yes/ No – Please explain)

Circumstances of arrival in the EU host country (when, how, why, with whom the UAM arrived):

## Case and Interview Data

Type of referring organization/individual: (NGO/ International organization/ Law enforcement/ Immigration/ Government/ Embassy/ IOM Mission/ Hotline/ Self-referral-walk-in/ Family/ Friend/ Client/ Other/ Not applicable (NA)/ Not Known (NK))

Specify - Name:  
- Location:

Screening date: (dd-mm-yyyy)  
Screening location:

First name and family name of Interviewer:

Name of Organization/ Institution:  
Contact Details of interviewer:

Address and telephone number of referring organization:

Interviewee's language:  
Interpreter? (Yes/ No)  
First name and surname of interpreter:

## PROCESS: ENTRY INTO TRAFFICKING

1. How did the individual enter the process (indicate multiple options if necessary)?

Kidnapping	<input type="checkbox"/>	Friend visit/	<input type="checkbox"/>
Sold by member of family	<input type="checkbox"/>	Family visit/	<input type="checkbox"/>
Sold by non-family member	<input type="checkbox"/>	Marriage	<input type="checkbox"/>
Adoption	<input type="checkbox"/>	Other/ NA/ NK	<input type="checkbox"/>
Educational opportunity	<input type="checkbox"/>	Please specify:	<input type="checkbox"/>

2. Did entry in to the process involve recruitment? **YES** **NO**

2.1 If YES, how was contact initiated between the individual and her/his recruiter?

Personal contact	<input type="checkbox"/>	Radio advertisement	<input type="checkbox"/>
Employment agency	<input type="checkbox"/>	Internet advertisement	<input type="checkbox"/>
Travel agency	<input type="checkbox"/>	Television advertisement	<input type="checkbox"/>
Newspaper advertisement	<input type="checkbox"/>	Other/ NA/ NK	<input type="checkbox"/>
		Please specify:	

3. What activity did the individual believe s/he was going to be engaged in following arrival at the final destination (indicate multiple options if necessary)?

Agricultural work	<input type="checkbox"/>	Prostitution	<input type="checkbox"/>
Begging	<input type="checkbox"/>	Restaurants and hotel work	<input type="checkbox"/>
Child care	<input type="checkbox"/>	Study	<input type="checkbox"/>
Domestic work	<input type="checkbox"/>	Small street commerce	<input type="checkbox"/>
Construction	<input type="checkbox"/>	Trade	<input type="checkbox"/>
Factory work (please specify)	<input type="checkbox"/>	Transport sector	<input type="checkbox"/>
Low-level criminal activities	<input type="checkbox"/>	Other/ NA/ NK	<input type="checkbox"/>
Mining	<input type="checkbox"/>	Please specify:	

4. What was the individual told would be their benefits following arrival at final destination?

4.1. Salary (Equivalent in EUR per month)

4.2. Other benefits:

5. In which month/year did the individual enter into the process?

6. Minor at time of entry into the process: **YES** **NO**

7. From which place/country did the individual enter into the process?

8. What place/country is the last (or intended) destination?

9. Did the individual travel alone?      **YES**      **NO**  
        

9.1. If NO, who did the individual travel with (indicate multiple options if necessary)?

Husband/ Wife	<input type="checkbox"/>	Recruiter	<input type="checkbox"/>
Partner	<input type="checkbox"/>	Transporter	<input type="checkbox"/>
Relative	<input type="checkbox"/>	Unknown persons	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Other/ NA/ NK Please specify:	<input type="checkbox"/>

10. Did the individual spend any time in transit place(s)/ country(ies)?      **YES**      **NO**  
        

10.1. If YES, please specify in chronological order:

10.2. Did s/he engage in any activity in this place(s) country(ies)?      **YES**      **NO**  
        

10.3. If YES, which activity in transit place/ country:

Agricultural work	<input type="checkbox"/>	Prostitution	<input type="checkbox"/>
Begging	<input type="checkbox"/>	Restaurants and hotel work	<input type="checkbox"/>
Child care	<input type="checkbox"/>	Study	<input type="checkbox"/>
Domestic work	<input type="checkbox"/>	Small street commerce	<input type="checkbox"/>
Construction	<input type="checkbox"/>	Trade	<input type="checkbox"/>
Factory work (please specify)	<input type="checkbox"/>	Transport sector	<input type="checkbox"/>
Low-level criminal activities	<input type="checkbox"/>	Other/ NA/ NK Please specify:	<input type="checkbox"/>
Mining	<input type="checkbox"/>		

11. Were any of the following means used to control the individual?

	YES	NO	NK
Physical abuse If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological abuse If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual abuse If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats to individual If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threat of action by law enforcement If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats to family If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
False promises/deception If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied freedom of movement If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving of drugs If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving of alcohol If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied medical treatment If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied food/drink If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withholding of wages If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withholding of identity documents If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withholding of travel documents If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debt bondage If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive working hours If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If OTHER means of control, specify:

## THE EXPLOITATION PHASE

12. What activity has the individual undertaken since her/his arrival in the last destination (Indicate multiple answers if necessary)?

Agricultural work	<input type="checkbox"/>	Prostitution	<input type="checkbox"/>
Begging	<input type="checkbox"/>	Restaurants and hotel work	<input type="checkbox"/>
Child care	<input type="checkbox"/>	Study	<input type="checkbox"/>
Domestic work	<input type="checkbox"/>	Small street commerce	<input type="checkbox"/>
Construction	<input type="checkbox"/>	Trade	<input type="checkbox"/>
Factory work (please specify)	<input type="checkbox"/>	Transport sector	<input type="checkbox"/>
Low-level criminal activities	<input type="checkbox"/>	Other/ NA/ NK Please specify:	<input type="checkbox"/>
Mining	<input type="checkbox"/>		

13. How old was the individual when the activity began? (Age)

13.1 How long did the only/ most significant activity occur? (Years/ Months/ Weeks/ Days and/or hours)

14. Were any of the following means used to control the individual during the activity?

	YES	NO	NK
Physical abuse If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological abuse If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual abuse If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats to individual If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threat of action by law enforcement If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats to family If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
False promises/deception If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied freedom of movement If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving of drugs If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving of alcohol If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied medical treatment If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied food/drink If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withholding of wages If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Withholding of identity documents If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withholding of travel documents If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debt bondage If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive working hours If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If exploited for prostitution (sexual exploitation):</b>			
Denial of freedom to refuse client If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denial of freedom to refuse certain acts If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denial of freedom to use a condom If YES, who by? (Recruiter/ Transporter/ Harbourer/ Receiver/ Other-specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If OTHER means of control, specify:

15. Did the individual experience exploitation?

**YES** **NO** **NK**

16. If NO exploitation took place, was there any indication of a real and substantial threat of exploitation?

**YES** **NO** **NK**

16.1. If YES, what were the reasons that exploitation never took place?

Rescue	<input type="checkbox"/>	NK	<input type="checkbox"/>
Escape	<input type="checkbox"/>	Other Please specify	<input type="checkbox"/>

## CORROBORATIVE MATERIALS

17. Additional corroborative materials	YES	NO	NK
Police or other official reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identity documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of employment contract or recruitment offer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal writings by the individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotline reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If OTHER, please specify:

## DECISION

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18. Is this individual a VICTIM of TRAFFICKING?

YES

NO

18.1. If yes, decision made by whom:

<b>IOM</b>	<input type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>
<b>Police</b>	<input type="checkbox"/>	<b>Other</b> Please specify	<input type="checkbox"/>

19. Please justify why this individual is a Victim of Trafficking:

20. Additional Remarks:



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